THE EFFECT OF A WORKSHOP ON SCHOOL COUNSELOR TRAINEE’S CHILD-CENTERED PLAY THERAPY KNOWLEDGE, SKILLS, AND ATTITUDES, AND SELF-ESTIMATE OF COUNSELING ABILITIES

By

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To my family and friends who supported me on this journey.
I appreciate all the effort spent to make me laugh and relax.
To my parents for their never-ending support,
To my sister for the check in phone calls and funny stories,
and to Lucia who was able to wait until the very end of Aunt Jenny’s work
to make her appearance
Thanks!
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### DEFINITION OF TERMS

**ASCA:** American School Counseling Association

**ASCA National Model:** A structured framework for the role and function of the school counselor, the implementation of services, and the knowledge, skills, and attitudes necessary for the job of school counselor

**ASCA) School Counselor:** An individual who is uniquely qualified to address all students’ academic, personal/social and career development needs by designing, implementing, evaluating and enhancing a comprehensive school counseling program that promotes and enhances student success. Professional school counselors support a safe learning environment and work to safeguard the human rights of all members of the school community, and address the needs of all students through culturally relevant prevention and intervention programs that are a part of a comprehensive school counseling program (ASCA)

**Attitudes toward children:** As measured by Attitudes subscale of the PTAKSS, measures counselors attitudes regarding children and adult-child interaction patterns

**Child-Centered Play Therapy:** A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development (Landreth, 2000, p.16)

**Core Facilitation Skills:** The three main core conditions that Carl Rogers considered essential for effective counseling are: Unconditional Positive Regard, Empathy, and Congruence
Counselor-In-Training: For the purposes of this research a counselor in training is a person currently enrolled in a master’s level school counseling program.

Counselor Self-Estimate of Abilities: As measured by the COSE, examines counselor trainees confidence in using counseling micro-skills such as, attending to the therapeutic process, dealing with difficult client behaviors, behaving in a culturally competent way, and being aware of one’s values.

Counseling Self-Estimate Inventory: The Counseling Self-Estimate Inventory (COSE) (Larson et al., 1992) is a scale designed to measure counselor estimates of counseling ability.

Culture of Children: Is defined here as the collection of behaviors, beliefs, rules, and norms that are typical of and similar between people ages birth to 15 years of age.

Dependent Variables: The variables being measured in the current study: attitudes toward children, knowledge of play therapy, skills in play therapy, counselor self-estimate of counseling abilities.

Guidance Programming: A program of services specifically designed to improve the school adjustment of the individual pupils for whom it was organized (Costar, 1980).

Knowledge of play therapy: As measured by the Knowledge scale of the PTAKSS, refers to specific information that trainees should learn regarding child-centered play therapy theory and practice.

PTAKSS: Play Therapy Attitudes, Knowledge, Skills Scale (Kao, 2009 revised) was created to measure change in counselors attitude toward children, knowledge of the philosophy of play therapy, and skills in child-centered play therapy.

School Counselor: Professional school counselors are certified/licensed educators with a minimum of a master’s degree in school counseling making them uniquely qualified to address all students’
academic, personal/social and career
development needs by designing,
implementing, evaluating and enhancing a
comprehensive school counseling program that
promotes and enhances student success.
Professional school counselors are employed
in elementary, middle/junior high and high
schools; in district supervisory positions; and
counselor education positions (ASCA)

Skills in play therapy: As measured by the Skills subscale refers to
trainees’ confidence in using specific child-
centered play therapy skills.
The results of this experimental study have demonstrated that following participation in a 12-hour training in Child-Centered Play Therapy (CCPT), school counselor trainees significantly increased their CCPT knowledge and skills in employing CCPT, as compared to a control group. Participants reported that they had learned enough of the philosophy of CCPT to be able to employ it in their work with children. Participants also reported higher comfort levels in using the specific skills of tracking, reflective listening, limit-setting and returning responsibility to help children in the counseling process. There was positive growth observed on workshop participants’ attitudes toward children and self-estimate of counseling ability, these changes were also found to be statistically significant. Although future research into child-Centered approaches and school counselors is necessary and recommended, the results of the current study suggest that providing even abbreviated training in CCPT philosophy and techniques to school counselor trainees allows for greater skill development and attitude change for their work with children. This allows school counselors to be successful in
their work with children in the school setting, helping them to better align with the ASCA National Model of Service Provision.
CHAPTER 1
INTRODUCTION

Counseling programs strive to educate counseling students in all facets of their upcoming work with clients. For school counselor preparation this entails not only the mastery of basic core counseling skills, but also knowledge of the organizational and administrative aspects of the role within the school setting. The school counselor faces myriad challenges in his or her role such as: collaborative communication with administration, teaching staff and parents, navigation of classroom operations and school politics, administration of academic and classroom assessments, and the provision of timely, empirically-based interventions designed to help students succeed academically (ASCA, 2004; Pereira & Mullen, 2004).

The American School Counseling Association (ASCA) addressed role complexity by creating a national model of service provision that focuses’ attention on academic success for all students and addressed the impact of social and emotional development on academic success (ASCA, 2004). In response to the guidelines set out in the ASCA model, school counseling programs have changed course to prepare counselors-in-training for their role in the academic success of students (Dollarhide, 2007). The ASCA model and related counselor education program changes are geared toward creating school-based programming that prepares students as successful learners. Therefore, in school counseling programs, there has been recent attention paid to preparing school counselors to design and implement curricula to close the achievement gap in their schools.

It is the growing opinion of many in the school counseling field that placing a strong focus on academic outcomes may put at risk fundamental core facilitation and
relational skills that are critical to the success of counselors working in school settings (Dollarhide, 2007; Van Velsor, 2009; Zins, Bloodworth, Weissberg, & Walberg, 2007). School counseling students might learn how to establish relationships with others and practice core facilitation skills during their initial coursework, but then often move quickly into learning how to implement empirically-based, brief and directive interventions with children. As outlined in the ASCA National Model (ASCA, 2004), intervention-based strategies are to be offered through "structured developmental lessons and systemic activities" (p.166). While the directive and brief interventions recommended by ASCA (e.g., CBT, brief therapy, and REBT) have been shown to be effective in ameliorating social and academic student concerns (Fitch et al., 2001), research since the 1950s also has shown the importance of core facilitation skills with clients of all ages including children (Aubrey, 1977; Bratton, Ray, & Rhine, 2005; Glauser & Bozarth, 2001; Najavits & Strump, 1994; Van Velsor, 2009). Therefore, counselor educators need to develop coursework and other curricular experiences that help school counseling students practice core facilitation skills that are appropriate with children throughout their training program.

Theoretical Framework

To gain an understanding of the specific developmental needs of children, they must be approached from a unique perspective. Conceptualizing childhood as a cultural perspective that is different from adulthood can assist the counselor when working with children. The culture of children operates from a distinctly different set of rules, values, customs, and language than adult culture. Children also vary from each other in their level of understanding of their world and their ability to successfully navigate the world of adults. For example, even children with high verbal abilities lack
the level of verbal acuity of adults, thus often rendering them unable to adequately orally express their life experiences, concerns, fears, struggles, and enjoyment. Children also are less likely to generalize outcomes from past experiences to current or future experiences because they have a limited repertoire of experiences as compared to adults. These developmental limitations can become a hindrance when children are asked to interact with their environment in a way that makes more sense to the verbal and analytical adult world. For example, when children become school-aged and begin a formal learning process, adults often frequently engage them in extended discussions regarding the problematic behaviors, academic concerns, or social/emotional difficulties they may be experiencing. Predominately verbal and analytical approaches do not adequately acknowledge the developmental stages of young children, nor do they typically allow for a young child’s primary mode of communication and expression - experiential play.

Children are not miniature adults, and therefore adult ideals, values, and strategies will not be helpful in counseling children (Landreth, 2002). Unlike adult culture, whose natural medium for emotional and social expression is verbalization; the natural medium of expression for children, as Landreth (2002) has asserted, is play and activity (p.9). Play, therefore, is seen as a critical part of the language and culture of children, and toys and other active mediums as their words. Successfully working with and relating to children may require some counselors to shift their mindset regarding how they conceptualize and counsel children toward less verbal and more experiential approaches. Counselors working with children benefit from having the skills to communicate with children using play.
Grounded in the Person Centered theory of Carl Rogers, Child-Centered Play Therapy (CCPT) purports that the client is the expert, even when the client is a child. The philosophy of CCPT adheres to the central tenet that the relationship between client and counselor, client resources, and the micro-skills of the counselor are primary change agents. Bratton et al. (2005) have asserted that play therapy is a mode of therapy widely used to treat children’s emotional and behavioral problems because it is responsive to their unique and varied developmental needs. In play therapy, play is viewed as the vehicle for communication between the child and therapist based on the assumption that children will use play materials to directly or symbolically act out feelings, thoughts, and experiences that they are not able to meaningfully express through words (Axline, 1947; Bratton, et al, 2005; Kottman, 2001; Landreth, 2002; O’Connor, 2000). Play therapy is defined by Landreth (2002) as:

A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development (p.16)

Beginning with the writings of Rousseau in the 1700s, play has long been recognized as vital to the healthy growth and development of children. However, it was not until the 1900s that play was formally introduced as a therapeutic medium for children’s self-expression and healing. Anna Freud and Melanie Klein are generally acknowledged as the originators of play therapy, using play as a substitute for verbalizations and as a tool for relationship building in the effort at apply analytic techniques typically used with adult clients in their work with children. In 1947, Virginia Axline, trained in child development and a student of Carl Rogers, extended client-
centered therapy and began to apply non-directive play techniques to her therapeutic work with children. Labeled non-directive play therapy, this approach to counseling children heralded the next, and perhaps most significant development in the field of play therapy (Bratton et al., 2005). Axline believed fully in play as a child’s natural medium of expression and believed in a child’s capacity to find resolution to their concerns and struggles through the use of play.

The play therapy field continued to grow and develop throughout the 20th century as authors like Clark Moustakas (1953), Haim Ginott (1961), Louise Guerney (1983), and Garry Landreth (1991) built on Axline’s work. These scholars made significant contributions to the widespread acceptance and practice of what is now commonly referred to as Child-Centered Play Therapy (Landreth, 2002). During the 1980s and 1990s numerous theorists, academicians, and practitioners developed and researched specific approaches to play therapy based on their theoretical views of children’s development. Although there are a vast number of play therapy contributors, and many approaches are directive, most play therapy approaches are based on the belief that a relationship with the child is vital to the child’s healing and development, success in therapy, and effectiveness of interventions (Landreth, 2002). Though play therapy approaches may differ philosophically and technically, they all fully embrace the developmental and therapeutic properties of play as a powerful medium to promote healing and growth in children (Bratton et al., 2005).

**Child-Centered Play Therapy**

Child-Centered play therapy (CCPT) is based on Rogerian Client-Centered therapy and therefore shares the same core counseling values as outlined by Rogers (1959). The basic rationale of CCPT is based on Roger’s (1959) belief that all
individuals, including children, have the innate capacity to develop in a positive direction if a growth-promoting climate is provided. According to Landreth (2002) it is the task of the therapist to facilitate a climate in which the child can safely express and explore their feelings, thoughts, experiences, and behaviors. Child-centered play therapy is a non-therapist directed therapeutic relationship as compared to other theoretical orientations. More specifically, eight basic principles of CCPT as outlined by Axline (1947) help to distinguish it from other play therapy approaches; these principles are summarized below.

In CCPT, the therapist approaches the relationship from a place of mutual respect, where the development of a warm, genuine relationship is established as a first goal. Effort is made by the therapist to communicate that the child is “ok” as she is. This is done through reflection of empathy and acceptance of the child’s verbalizations and actions. It is the therapist’s role to act as a partner on the child’s journey of healing, accepting the child exactly as she is in each moment, not as the counselor would like the child to be. The child is granted permission to do whatever they need within established limits. This feeling of permissiveness is established in the relationship so that the child feels free to express his feelings completely. Play is viewed as an expression of the child’s world and the therapist is responsible for working to understand that perspective, being alert to recognize the feelings the child is expressing, and reflecting those feelings back in such a manner that the child gains insight into their behavior.

A key component of CCPT is that the therapist at all times maintains a deep respect for the child’s ability to solve her own problems. The responsibility to make
choices and to institute change is the child’s. The therapist remains non-directive throughout the therapeutic relationship and does not attempt to direct the child’s actions or conversation in any manner. The child leads the way. The provider follows. This means that the child is not hurried through the counseling process. It is a gradual process that is recognized and valued as such by the therapist. Finally, the therapist only establishes limits when they are necessary to ground the child to reality and to make the child aware of his responsibility. It is these tenets that make Play Therapy and CCPT in particular, different from directive counseling approaches.

CCPT: A Foundation for School Counseling Practice

In the child-centered approach, children are assumed to be resilient, to possess an inherent tendency to move toward growth and maturity, and to be fully capable of inner self-direction. As with more directive approaches CCPT places emphasis on providing children the support and guidance necessary to allow them to experiment with new ways of being and create new versions of self. However CCPT does not rely on the use of directive tasks and activities that target a goal deemed important by the therapist. While directive methods such as cognitive behavioral techniques, manualized curricula for social skill development, and brief counseling have been found to be effective in school counseling (Whiston & Sexton, 1998), these interventions can be made more successful if students are invested in the goal and have rapport with their counselor. This connection to task and therapist is achieved through the use of core therapeutic skills. Children show more investment when they are included as key players in their counseling (Landreth, 2002; Drewes & Schaefer, 2010).

Divergent views on what constitutes effective counseling are not new, nor are the difficulties in identifying the fundamental aspects or attributes of counseling, or what
approach is most appropriate for a specific population. Glauser and Bozarth (2001) contended, “the variables most related to success in counseling outcome research are the client-counselor relationship and the personal and situational resources of the client (i.e., extratherapeutic variables)” (p.143). When these factors are relegated to the background, there is a tendency for the focus to shift away from the client as the expert on their experience, to the counselor as the expert. Thus, a situation arises wherein the counselor is ‘doing’ rather than ‘being’ and there is a shift from the wisdom and capacities of the client to those of the counselor.

A counseling relationship is developed through the use of connection, empathy, and genuineness, or core counseling skills. Child-Centered Play Therapy (CCPT) is one example of a non-directive approach that is based on a counselor's ability to connect with a client through the use of core counseling skills. These relational abilities, often demonstrated through reflective listening, can provide the foundation for more directive techniques that a therapist may feel inclined to use (Glauser & Bozarth, 2001). An important factor in CCPT is that while it is a complete therapeutic approach in its own right, it can also be the starting place for school counselors more comfortable using directive techniques and approaches. Therefore, it is a foundational approach that can be integrated throughout counselor education to better prepare school counselors to work with children. One way to enrich the practice and mastery of core facilitation skills is the adoption of play therapy coursework to school counseling training programs. The heavy reliance on core counseling skills in the application of play therapy, specifically Child-Centered Play Therapy, makes this particular approach a practical choice to enhance school counselor preparation.
Statement of the Problem

School counselor preparation, according to the American School Counseling Association (ASCA) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires that students’ coursework include basic counseling skills, human growth and development, and counseling theories as the core courses prior to moving into more intervention-focused coursework in assessment, research and program evaluation, group work, and organizational programming (CACREP Standards, 2009; ASCA, 2004). While these courses cover necessary knowledge and skills for counseling, minimal curricula specifically addresses the knowledge, skills, and attitude shifts that are helpful in successfully working with children. In addition to learning to select interventions, school counseling students would be well served to continue active practice of and attention to core facilitation skills, as appropriate to their work with children throughout their preparation program.

For school counselors to effectively work with children, ongoing instruction in core facilitation skills such as reflective listening is of utmost importance because it allows the counselor to better experience the child’s inner world and gain insight into how best to support pro-social change. In using core facilitation skills with children, counselors work to reflect content and feeling, track behaviors and intent, reflect meaning, recognize and interpret themes in play, use metaphor, recognize stages in play, and engage in therapeutic limit-setting. Van Velsor (2004) has suggested that these core skills are ways in which child-centered counselors can acknowledge and successfully navigate the differences between adult and child clients, thereby providing developmentally appropriate counseling intervention to children in schools.
Counselor preparation coursework is often designed to follow the guidelines set out by the ASCA National Model and CACREP. Both models have created frameworks for the transformation of the school counseling profession and program guidelines that reflect the knowledge, skills, and practice competencies that are required for school counselors to be key players in guiding school improvement (ASCA 2007; CACREP, 2001, 2009; Wilkerson & Eschbach, 2009). The ASCA model includes domain areas of student growth and achievement (academic development, career development, and personal/social development). The personal/social domain is designed to assist students in developing pro-social social skills, self-advocacy, and personal coping skills, which help them to function as a contributing member of their environment. ASCA has several sub-standards and requisite skills and competencies for school counselors under this particular domain. The sub-standards include: students will acquire the knowledge, attitudes, and interpersonal skills to help them understand and respect self and others; students will make decisions, set goals and take necessary actions to achieve goals; and students will understand safety and survival skills (ASCA, 2004; p. 5). Counselor education preparation programs are designed to help counselors to meet their obligations to all students; and child-centered counseling skills establish a foundation for connecting to and successfully working with children.

While many school personnel, including school counselors, recognize the relationship between academic success and social and emotional well-being of students, it has been suggested that the current trend in the schools is toward a myopic focus on academic development (VanVelsor, 2009; Zins, Blood-worth, Weissberg, & Walberg, 2007). Van Velsor (2009) has suggested that in an atmosphere where
academics are the focal point, essential elements to children’s social and emotional development may be relegated to a supporting role. A parallel process can be seen in counselor education programs in the minimal focus on developing relational models for working with children. In addition, it is arguable that emphasis also is placed on directive interventions and academic outcomes in the preparation of school counselors, much as it is in schools. This omission in their preparation potentially leaves school counselor trainees struggling to attend to the social and emotional competencies of both themselves and the students with whom they work.

Need For the Study

School children have the task of coping with challenging problems that affect their achievement. For example, there continues to be an increasing number of referrals from teachers and parents of children struggling with emotional issues and disruptive classroom behaviors (Drewes & Schaefer, 2010; Surgeon General’s Report, 2001). Young children, because they are more action-oriented than verbally oriented, typically express their understanding or reactivity to a situation physically rather than by talking. When there is a mismatch between emotional understanding and regulation of feelings, the result is frequently a challenging behavior. Resolving students’ behavioral challenges demands a large portion of educators’ time, as the number of students with behavioral problems appears to be growing (Sousa, 2009). Because of their role in the social and emotional adjustment of students, school counselors become responsible for dealing effectively with these behavioral issues, while also working to assist students to engage in the curriculum and maintain a safe and positive school climate.

Many authors have suggested that students will not be successful academically if attention and support is not first provided that directly addresses social and emotional
problems (Drewes & Schaefer, 2010; Landreth, 2001; McCombs et al., 2008; McLaughlin, 2008). Adherence to the core principles (i.e., genuineness, empathy, congruence) of person-centered theory (i.e., or child-centered) allows the school counselor to understand the inner person of the student, providing insight, congruence, empathy, and positive regard, thus empowering the student to address underlying social and emotional issues. This creates an environment that in turn fosters the student’s personal investment in the relationship, in his or her own uniqueness and capabilities, and finally, in making lasting change. Literature on childhood development suggests that children store memories and information faster and more deeply when it is emotionally tinged, and they connect to situations and people who address their emotional needs (Bloom, 2000). It is therefore imperative to student’s academic success to provide them with the support necessary to help them overcome the obstacles they carry with them through their school day, thus allowing them to be ready for classroom learning experiences.

Application of a child-centered philosophy in schools is dependent upon recognition by educators that the individual child (i.e., the self), and his or her social experiences play an important role in development and learning (Berk & Winsler, 1995). Consequently, as an individual, the child thrives when encouraged to freely explore and construct personal meaning through making choices and experiencing consequences. Educators have called for strong recognition of the need for continued attention to child-focused instruction and professional development to better target student motivation and socio-emotional growth. When educational practices are consistent with learner-centered principles, children have greater confidence in their academic abilities, are less
anxious, demonstrate pro-social skills, like school more, and receive better grades than those in non-child-centered settings (Perry & Weinstein, 1998).

Research and literature in education demonstrates that attention is being paid to the use of child-centered principles for working successfully with children. However, limited research has examined the relevance of learner-centered or child-centered approaches to the work of the school counselor, who is charged with supporting children’s social and emotional development and helping teachers to adopt social-emotional interventions that encourage learning. Therefore, the difficulty becomes identifying, creating, and implementing, effective timesaving strategies that create emotionally positive and growth-oriented climates for schoolchildren. Furthermore, directive interventions designed to address specific school-based issues (e.g., behavior plans/charts, behavior monitoring and correction, social skills curriculum, peer group work, assessment) can be improved by creating connection through the use of child-centered counseling skills. School counselors need specific learner-centered, or child-centered, skills that will allow them to successfully communicate and work with children. Bratton et. al., (2005) found play therapy can be comfortably initiated in schools and placed student well-being at the forefront of school counseling. However there appears to be limited literature documenting school counselor preparation coursework that provides this attitude, knowledge and skill in counseling children.

The anticipated contributions of the proposed study to the school counseling and play therapy literatures are two-fold. The study will add to current literature in the preparation of school counselors in play therapy philosophy and techniques. Training in child-centered play therapy will provide school counselors with an additional counseling
modality for working efficiently and successfully with children. The current study is also
designed to examine the learning and application of relationship skills (i.e., reflective
listening, empathy, themes and stages, limit-setting, and use of child-centered
therapeutic skills) in school counselor trainees perceived ability to work with children. It
is anticipated that the results of this study will assist in supporting child-centered play
therapy principles as a viable and important addition to current school counseling
curriculum and practice.

**Purpose of the Study**

Child-centered play therapy requires the counselor to hold certain beliefs
regarding children, to be knowledgeable about the tenets of the philosophy, and to be
adept in using specific skills. The purpose of this study is to examine the effects of a
brief training in child-centered play therapy on school counselor trainees beliefs about
their competence to work with children of varying developmental levels. Also as
mentioned above, there are specific beliefs about the culture of children that a school
counselor must hold to adopt a child-centered framework. This CCPT training
experience is also designed to assist counselor trainees in developing new skills. The
proposed study therefore will examine counselor self-estimates of their facilitative
counseling ability to assess possible changes made through training in CCPT. The
study also will examine differences between school counselor trainees who participate
in a CCPT workshop and a control group of comparable students who do not in terms of
play therapy attitudes, skills, and knowledge, self-estimates of facilitative counseling
skills, and humanistic theoretical orientation.

**Research Questions**

The following research questions will be addressed in this study:
1. Do school counselor trainees who participate in CCPT training differ in their attitudes as compared to those without CCPT training?
2. Do school counselor trainees who participate in CCPT training differ in their knowledge as compared to those without CCPT training?
3. Do school counselor trainees who participate in CCPT training differ in their skills as compared to those without CCPT training?
4. Do school counselor trainees who participate in CCPT training differ in their self-estimation of their facilitative counseling skills as compared to those without CCPT training?
5. Do school counselor trainees who participate in CCPT training differ in directive versus non-directive orientation to working with children as compared to those without CCPT training?

**Overview of Remainder of the Study**

Chapter 1 presented an introduction to the present study based on the theoretical framework. Chapter 2 includes a review of the relevant literature. The methodology is described in Chapter 3. The results of the study are presented in Chapter 4. Chapter 5 includes a summary, a discussion of the results and implications, and well as recommendations for future research.
Presented in this chapter is a review of the literature relevant to this study. The first section of this chapter includes a brief historical perspective of school counseling. The next section discusses the ASCA model and the provisions of services for children’s social and emotional development. Lastly, literature on counselor preparation, including training in facilitative counseling skills, counselor self-efficacy in facilitative counseling skills, and humanistic theory development is reviewed.

A Brief Historical Perspective of School Counseling

Historically, numerous changes in the field of school counseling and guidance are reflected in literature. Up until the early 1940s, the professional guidance literature focused on topics detailing assessment, vocation, record keeping, and various other practical concerns. A sudden conceptual shift occurred in the field in the 1950s with the influence of humanistic approaches, which brought attention to the methods of counseling, research in the efficacy of the methods, selection and training of new counselors, and the nature of client goals and objectives. Over the course of several years, school counselor educators began working to incorporate the core fundamental concepts of Rogers' client-centered approach into guidance programs and the training of new school guidance professionals. In making this philosophical and practical shift, there was some difficulty in integrating traditional assessment theories with person-centered counseling aspects into a workable framework. Reference to guidance and personnel programming would practically disappear from the literature for a decade or more and in its place, humanistic and developmental models of counseling emerged.
The middle of the 20th century saw the field of school counseling attain status as a profession in its own right. This milestone was enhanced by the formation of the American School Counselor Association (ASCA) in 1952. During this same time period, as the profession continued to grow in size and influence, the American Personnel and Guidance Association (APGA), forerunner to the American Counseling Association (ACA) was formed. APGA was inaugurated and became the fifth division to formally join the larger organization of ACA in 1953.

The importance of the field of school counseling also was reflected in a parallel movement to develop and implement state counseling certification standards. To this end, there have been years of debate concerning the roles and functions of the school counselor and how to integrate those functions into their preparation. Much of the debate concerning school counselor preparation followed the progression of historical movements over the course of several decades from guidance workers and high school career guidance, to the recognition of the need for social and emotional counseling at the secondary level, and finally to the need for guidance and counseling at the elementary school level.

Most recently, ASCA has developed and implemented a National Model for school counseling. The model cites a framework for the role and function of the school counselor, the implementation of services, and the knowledge, skills, and attitudes necessary for the job of school counselor. School counselors have many duties and responsibilities related to designing and implementing comprehensive school counseling programs. These duties look differently depending on the setting (high school, secondary, elementary) of the counselor. The guidelines set forth in the
national model are established to assist school counselors in framing their roles so that they and school staff have a clear understanding of the ways in which school counselors support student development. It is this role definition that assists in school counselors being able to meet their goals for student support.

The ASCA Model

In 2001, ASCA developed the National Model for School Counseling Programs to provide a framework for designing, developing, implementing, and evaluating standards-based, data-driven school counseling programs (ASCA, 2004). The ASCA National Model, released in 2004 and revised in 2007, outlined how school counselors could connect their work to student achievement data and demonstrate their results as connected to the academic mission of their schools (Hatch & Chen-Hayes, 2008). The ASCA National Model also details the provision of support for students’ academic, career, and personal development. The creation and implementation of the ASCA Model for school counselors led to research regarding the specific roles of the school counselor, school-based programming, and the most effective ways in which to prepare school counselors to assume their different roles.

ASCA describes the role of the school counselor as follows:

School counseling programs are collaborative efforts benefiting students, parents, teachers, administrators and the overall community. School counseling programs should be an integral part of students’ daily educational environment, and school counselors should be partners in student achievement (Executive Summary, p. 1).

The ASCA National Model is a framework for a comprehensive, data-driven school counseling program (ASCA, 2004). The National Standards, ASCA’s framework for school-based counseling programs and training, are based on outcomes for students. The standards reflected in the model are summarized as, “assisting counselors in
developing and implementing programs that establish school counseling as an integral component of the academic mission of schools” (ASCA, 2004, p. 1). Toward this end, the ASCA model outlines four components of comprehensive school counseling programs: foundation, management, delivery, and accountability.

School counselors are expected to provide responsive services within the domains of academic, career, and personal/social development. According to ASCA’s National Model (2004), responsive services comprise “prevention and/or intervention activities to meet students’ immediate and future needs, which can be necessitated by events and conditions in students’ lives and the school climate and culture” (p.1). These services include: individual or group counseling, consultation with parents, teachers and other educators, referrals to other school support services or community resources, peer mentoring, psycho-education, and intervention and advocacy at the systemic level (ASCA, 2009). Professional school counselors provide responsive services through creating and implementing school guidance curriculum, individual student planning, development of confidential relationships with students, and system support. To successfully meet the needs of students through service delivery, ASCA promotes school counselor engagement in professional development, consultation, collaboration, supervision, and program management and operations (ASCA, 2009).

Since the ASCA model was first published in 2001, few studies have specifically addressed its implementation. Hatch & Chen-Hayes (2008) conducted a study to assist in developing the ASCA National Model: A Framework for School Counseling Programs, and led to the creation of the School Counseling Program Component. These researchers surveyed 3,000 school counselors to “assess their beliefs about necessary
components of a school counseling program” (p. 34). They were interested in assessing national data on the importance of certain school counselor program components and roles (e.g., use of data for programming and monitoring, administrative support, counseling specific tasks, non-counseling tasks, and school-based programming) to practicing counselors. Results of the Hatch & Chen-Hayes study indicated that school counselors believed strongly in the importance of having explicit goals for the school counseling program, addressing student-to-counselor ratios in the school counseling program, using school data to identify achievement gaps, monitoring students' academic development, and monitoring students' personal/social development. This is one of the few studies that have addressed the beliefs of school counselors regarding the changes brought by implementing the ASCA model. Though ASCA has called for more data-driven approaches to program planning and academic programming, many school counselors valued the continued importance of traditional counseling activities.

In an additional study concerning school counselor’s readiness to deliver comprehensive programs as outlined by the ASCA model, Dahir, Burnham, & Stone (2009) examined any gaps in counselors’ ability to provide school-based programming. Dahir et al. were specifically interested in whether school counselors had expanded their role from facilitators of student academic success to one of “theoretical and practical applications of comprehensive developmental, and results based-school counseling” (Dahir et al., 2009, p. 182). The researchers mailed surveys to 1, 691 public school counselors. School counselors rated the importance of specific aspects of school based programing. Dahir et al., found that elementary school counselors rated
personal-social development and program management as most important. For middle school counselors, academic development was rated as most important. The researchers also found that elementary school counselors scored significantly lower than middle school counselors in their self-estimate of readiness to provide both academic and personal-social domain areas, while scoring significantly higher on program management. Elementary school counselors rated tasks such as supporting student personal and social growth, counseling students about personal and social issues, counseling students who have behavioral problems in class, managing emotions, and program management as having both a high priority for implementation and as a need for professional development. Dahir et al., (2009) concluded that middle school counselors were more in line with the ASCA model than either elementary or high school level counselors in the areas of personal-social development and academic development. However, elementary school counselors placed more importance on the personal-social domain than middle school counselors.

Taken together, these recent research studies have shown that elementary school counselors value the delivery of responsive services to address all areas of student development. Therefore, there is tentative evidence suggesting that school counselors have the ability to implement the components of the ASCA model, however the authors also have stated that there is a need for further study on best practices in helping school counselors attend to the academic and social-emotional needs of students.

**School Counseling and Children’s Social and Personal Development**

A priority goal at this time in the school counseling profession is the need to close the achievement gap and increase the academic success of students. However, as noted by many authors (Drewes & Schaefer, 2010; McLaughlin, 2008; Ray et al., 2005;
VanVelsor, 2009), numerous personal and social-emotional factors need to be addressed that negatively impact student’s ability to be academically successful. If these social and emotional difficulties are not addressed, students are not likely to be academically successful. Though ASCA’s national standards for student development call for programs to target academic, career, and personal/social domains (ASCA National Standards for Students, 2004), creating developmentally appropriate interventions can often be challenging.

In her recent article, Van Velsor (2009) has asserted that school counselors are primarily responsible for the promotion of students’ social and emotional learning (SEL). Van Velsor stated, "while recognizing the importance of SEL, many school stakeholders view it as secondary and/or important for only some students" (p. 50). The framework provided by the ASCA National Model (2004) calls on school counselors to provide leadership, advocacy, and collaboration working toward systematic change. Van Velsor (2009) suggested that the call for academic accountability that followed the U.S. Department of Education's 2002 No Child Left Behind Act, academic performance became a focal point and social and emotional development was relegated to the background. As a result, many school counselors and school counselor educators began working to justify the need to focus on SEL because of its importance on academic learning. Therefore, Van Velsor strongly encouraged school counselors to reposition themselves as SEL consultants and renew their commitment to the development of students’ social and emotional skills. Van Velsor (2009) contends that enhancing students’ personal and social development is at the very heart of school counseling. Several authors have supported the notion that children who are helped to
develop emotional and social competencies are less likely to engage in inappropriate
behaviors, and experience emotional difficulties during the school day (Drewes &
Schaefer, 2010, Poulou, 2005). School counselors know that both teaching academic
skills and building students' social and emotional competencies are important. Van
Velsor (2009) recommended,

It is well known that many schools across the United States are struggling
to improve the academic achievement of their students. The approach to
enhancing school performance often emphasizes academic instruction
(e.g., individual tutoring, more classroom instruction) and overlooks learning
as a social process (p. 50).

The importance of addressing students' social and emotional competencies in
schools is beginning to emerge through research. SEL is based on the principle that
learning is also seen as an emotional process, as feelings and their expression can
facilitate or impede academic achievement (Zins et al., 2007). Children who carry into
school with them a host of emotional difficulties (i.e., home stressors, emotional
disabilities, pressing responsibilities) likely have difficulty engaging appropriately in their
learning. Studies conducted in elementary, middle, and high schools have shown that
early variations in social and emotional functioning significantly predict current or later
academic achievement (Greenberg, Kusché, & Riggs, 2004). Furthermore, Perry &
Weinstein (1998) have asserted that children exposed to the practices of social-
emotional learning exhibit more “confidence in their academic abilities, are less anxious,
have more highly developed pro-social skills, like school more, and receive better
grades than those in non-child-centered settings” (p.185).

In a review of literature, McLaughlin (2008) found that there was developing
interest in establishing policy and programming for promoting students’ emotional well-
being through classroom management, school based interventions, and counseling
strategies. As McLaughlin (2008) has asserted "many of the current initiatives such as consulting and involving pupils in decision making are sound… stemming from the idea that emotional well-being permeates all aspects of a student's daily life in schools" (p. 358). Resilience or emotional well-being factors such as the number of positive relationships, individual strengths, level of social competence, problem solving skills, independence, and self-help skills are thought to be key factors in children's development. More specifically, McLaughlin's review suggests that the process of emotional development could be largely supported in the school setting where children spend much of their time. In fostering resilience and emotional well-being in children, school counselors are in a unique position to institute educational practices that encompass mastery through academic challenge, curricula relevant to the lives and experiences of students, and counseling techniques that instill emotional well-being and supportive relationships (McLaughlin, 2008).

In 2007, a report was released by the Collaborative for Academic, Social, and Emotional Learning (CASEL) providing empirical evidence on the importance of social and emotional learning in schools. A meta-analysis of 700 studies of intervention programs promoting social and emotional development of school-aged children was completed by CASEL researchers. The meta-analysis examined the impact of school based SEL programs carried out by classroom teachers and other school staff including school counselors. In their conclusions, the researchers cited multiple benefits of SEL interventions including improved personal and social skills and reduced problem behaviors (CASEL, 2007a). Therefore, the study shows that an overall goal in attending to and addressing development of students' social and emotional domains is to not only
promote pro-social behaviors, but also to strengthen their ability to be active and successful in their own learning process.

In another meta-analysis conducted by CASEL, the impact of 270 school-based SEL programs targeting social emotional development and learning was studied. Researchers found SEL programs were related to significant effects in numerous areas including student achievement test scores (CASEL, 2007b). Although SEL interventions and school counseling is in need of further study, these findings show what many in the field already believe, that students emotional well-being plays a direct role in their academic success. Studies done by CASEL have demonstrated the importance of social-emotional development as a cornerstone of academic success. These studies also point to the need for further examination of social-emotional programming in the schools. As such, if the goal of schools is to improve student academic achievement, it makes little sense to neglect the development of students’ social and emotional learning (Van Velsor, 2009; Zins et al., 2007).

In their 2008 study, McCombs, Daniels, and Perry focused on school-based practices in grades kindergarten through 3rd grade that were consistent with the American Psychological Association’s (APA) Learner-Centered Psychological Principles. These principles were designed to promote the impact of social-emotional development on academic development. This large-scale study was conducted with 2,097 students and 124 teachers from seven states. The K-3 Assessment of Learner-Centered Practices surveys were used to examine children’s and teacher’s perceptions of classroom practices (McCombs et al., 2008). Specifically, student perceptions regarding the teachers’ ability to create positive interpersonal environment, motivational
support for learning, and facilitating thinking and learning were measured. Students also were assessed on their perceptions of their own competency and motivation. Teachers were surveyed concerning their learner (child-centered) and non-learner centered beliefs, as well as teacher perceptions of the same three categories given to students. Children’s perceptions of three teacher practices (creation of climate, support, and facilitation) significantly predicted their interest in school and competence at all grade levels. Teacher’s perceptions of their own classroom practices were less strongly related to student motivation than were students’ (McCombs et al., 2008). Therefore, as expected, student reports of their teachers’ ability to create positive interpersonal relationships were found to correlate with academic success. Knowing that children’s perceptions of classroom climate significantly predict perceptions of their own success is useful, but may fall short of making lasting social-emotional change. The broad conclusion drawn by most authors in the literature is that when child-centered, social-emotional practices are provided to support academic learning, emphasis is placed on the development of the whole child.

In sum, recent research suggests that school personnel, including schoolteachers and school counselors, value fostering of social-emotional learning and development in students. SEL studies have demonstrated a need for further research on interventions that target academic development along with social and emotional development. Researchers also have concluded that the field of education is looking for ways in which to better attend to the social and emotional development of students.

**Child-Centered Play Therapy**

Developed in 1947, Child Centered Play Therapy (CCPT) has been a cornerstone of numerous play therapy and play-based approaches being used with children today.
CCPT, originally coined non-directive play therapy, maintains a basic assumption that children can develop their inner resources for successful and pro-social growth when they are provided a nurturing environment. Additionally, the main tenets underlying play therapy and the child centered philosophy can broadly be considered as the following: children are innately capable of developing resiliency, emotional well-being, emotional intelligence, autonomy, self-direction, and have the ability to be positively self-directing within their environment (Landreth, 2002). Play therapy has gained momentum over the past several decades as a viable and efficacious therapy modality for children (Bratton et al, 2005; Leblanc & Richie, 2001), due in part to the continued efforts to apply rigorous descriptive and experimental designs to the study of play therapy.

In their 2005 comprehensive meta-analytic review of 93 play therapy outcome studies, Bratton et al. found that there was support for the use of play therapy as an intervention with children dealing with various emotional and behavioral difficulties. The authors concluded, “after play therapy, the average treated child was functioning at 0.80 standard deviations better than children not treated” (p. 385). Bratton et al. (2005) also found that although there are numerous theoretical orientations within play therapy that have demonstrated efficacy, some factors seemed to be more indicative of a positive outcome than others. Specifically, the authors concluded, “humanistic-nondirective play therapy approaches produced significantly larger treatment effects than nonhumanistic-directive approaches” (p. 385). Additionally, the majority of treatment studies were completed in a school (36) or outpatient (34) setting, with the school treatments being found to be more effective relative to those in other settings. Results of this meta-analysis suggest a need for further research not only to document the efficacy of child-
centered (humanistic) play therapy, but also the use of play therapy in varied settings such as schools.

In 1995, Phillips & Landreth conducted a survey of the play therapy literature and found that most play therapists had not received formalized training at the university level. While the play therapy field continues to produce efficacy research, there is a noticeable gap in training research. In response to this gap, Kao & Landreth (1997) conducted a study on the impact of child centered play therapy training on counseling students. The researchers selected participants in a master’s level counseling program with a specialty in child counseling who had never taken a play therapy course. The control group participants were matched to the experimental group. Graduate students (37 in total) participated in a semester long child-centered play therapy course at the University of North Texas. The researchers developed and used the Play Therapy Attitude, Knowledge, and Skills Survey (PTAKSS) as the pre and post-test measure. Kao & Landreth (1997) found that the experimental group achieved significantly higher mean total, attitude, knowledge, and skills scores than did the control group. The authors concluded that the intensive review and practice of core facilitation skills increased trainee ability to work effectively with children. Additionally, counselor trainee self-efficacy toward counseling children and knowledge of children increased. The authors suggested that an important factor in the successful outcomes of the play therapy training was the attention paid to the theoretical tenets of CCPT and the use of core facilitative skills with children.

Similar to core counseling skills found in theoretical approaches to working with adults, building rapport, reflective listening, empathic responding, genuineness,
congruency, and provision of feedback are also foundational skills in child-centered play therapy. The development of deeper meaning response skills and the use of core facilitative counseling skills in play therapy is fostered by a combination of didactic coursework, role play, practical experience with children, and supervision (Bratton, Landreth, & Homeyer, 1993; Garza, Falls, & Bruhn, 2009; Kao & Landreth, 1997). Regarding play therapy skills training, Garza, Falls, and Bruhn (2009) asserted that trainees must “translate knowledge accumulated in didactic courses into theory-based and process oriented interactions with real clients…” (p. 147). Counselor educators work to assist trainees in developing basic skills such as listening and responding to children’s affect and meaning at a deeper level.

It is well established in the supervision literature (Bernard & Goodyear, 2004; Garza et al., 2009; Haynes, Corey, & Moulton, 2003) that a primary goal of counselor educators and supervisors is promoting counselor trainee development through training in core facilitative skills. For school counselor trainees it is important to develop the ability to translate the core skills learned for work with adult clients into skills appropriate for work with child clients.

Research conducted by Garza, Falls, and Bruhn (2009) was designed to create a common terminology between play therapy and core counselor education (which often begins with a focus on adults). Garza, Falls, and Bruhn (2009) created a scale “designed to measure empathic understanding in interpersonal process with play therapy constructs and skills for deepening the meaning” embedded within the client’s story (p. 148). Based on Truax and Carkhuff’s (1967) scale, which distinguished between reflective responses that mirror a client and responses designed to target the
complexity and emotion within the client’s story, advanced reflection techniques (metacognition, using the metaphor, tentative hypotheses, providing insight or feedback) were assessed. The researchers hypothesized that development of this scale would create a common terminology for instructors and students to work from similar frameworks, even when they have differing theoretical orientations and/or when working with adult clients versus child clients. The results of the study showed that advanced reflection skills when working with adults were also the core conditions considered essential to successful counseling practice with children. Additionally, the authors concluded that regardless of theoretical orientation to play therapy, foundational core counseling skills are necessary for enlarging and deepening the meaning of client stories.

CCPT is considered the foundational approach to play therapy. The central tenet of the philosophy states that children will engage in pro-social behaviors when a growth promoting environment is provided (Landreth, 2002). Research on the efficacy of CCPT supports this belief (Ray et al., 2005). Core facilitative skills, similar to those used with adults, are the building blocks of CCPT. The use of these counseling micro-skills allows children to fully participate in and benefit from the counseling process. Given the success of this modality with children, current research documents the efficacy of using CCPT in schools.

**School-Based Play Therapy**

Decades of research have shown play therapy to be a viable and efficacious modality for work with children (Drewes & Schaefer, 2010; Leblanc & Richie, 2001; Ray et al, 2005). Additionally much of the current research (Ray et al., 2005) has addressed the efficacy of CCPT specifically in the school setting. The use of appropriate
counseling techniques to meet the varied needs of children is recommended for all school counselors (Van Velsor, 2004; Drewes & Schaefer, 2010). The techniques cited as most pertinent to work with children are core counseling microskills (i.e., building the relationship, reflection of content and feeling, reflecting meaning, using metaphor, setting limits/boundaries, and understanding stages and themes in counseling) (Bratton, 2005; Drewes & Schaefer, 2010; Landreth, 2002). Van Velsor (2004) stated that counselors should take into account that children possess different cognitive levels and more limited verbal communication skills than adults. Providing successful school counseling intervention programs relies on first establishing a relationship with the student(s), building trust, and engendering motivation within the student to change a behavior or situation (Drewes & Schaefer, 2010). Lasting change often does not occur in children until they see the intrinsic value of adopting a new set of behaviors or attitudes, most effectively done through adjusting their sense of self into one that is positively growth oriented (Bloom, 2000). In the school setting, however, counselor-directed curricula are often the rule, with a high percentage of student self-exploration and learning being controlled by the counselor in an effort to extract a specific plan or intervention. Bratton (2005) cites evidence of the need for school-based play therapy because it has been shown to be an effective way to meet the social and emotional needs of children.

Regarding the need for play therapy in schools, Drewes & Schaefer (2010) further stated, “Children continue to need psychological services and there continues to be an ever increasing number of referrals from teachers and/or parents of children struggling with emotional issues and disruptive classroom behavior”(Drewes & Schaefer, 2010,
The child-centered philosophy can provide school counselors with a deeper understanding of children, allowing them to see student behaviors, thoughts and feelings through a new lens. Specifically it provides a working philosophy that promotes healthy supportive relationships, social skills, empathy for others, and learning to successfully engage with the environment. Adoption of a child-centered philosophy can create an environment where academics, interpersonal, and intrapersonal skills are taught and valued (Pereira & Mullen, 2004).

There is therefore a growing field of research and literature supporting the efficacy of this theoretical approach to working with children in all settings including schools. Current literature has identified play therapy as a viable therapeutic medium for elementary school counselors (Ray et al., 2005; White & Flynt, 1999). With the efficacy literature, has come an increase in literature touting the need for continued training in play therapy for those working with children, as well as research on formalized training.

Ray, Armstrong, Warren, and Balkin (2005) studied 381 school counselors regarding their beliefs about using play therapy in the schools, training in play therapy, efficacy of play therapy, and perceived limitations of using play therapy. The researchers found that although many school counselors believed in the usefulness of play therapy in the school setting, they also reported certain barriers to its implementation such as lack of time and training. Additionally, Ray et al. (2005) posited that play therapy is a responsive service that is consistent with the National Standards developed by the American School Counselor Association (ASCA). Ray et al. suggested that play therapy appears to be a developmentally appropriate intervention to assist students in developing “the attitudes, knowledge and interpersonal skills to help...”
them understand and respect self and others” (ASCA, 2004, p. 2). Findings of the study also showed a strong relationship between school counselor’s beliefs in the efficacy of play therapy, its implementation in schools, and their amount of training in child-centered philosophy and play therapy. The amount of time school counselors spent counseling students (providing responsive services) was positively related to their use of play therapy. When school counselors had limited play therapy training, the majority of respondents strongly endorsed a developmental and child-centered approach to counseling children. The researchers concluded that many school counselors already believe that play therapy is an efficacious and appropriate way to provide counsel to elementary-aged children. The study findings support the need to address the barriers to play therapy use in schools as well as the provision of increased training in play therapy for school counselors.

Fall, Balvanz, Johnson and Nelson (1999) examined the use of child-centered play therapy in schools and whether children exposed to a brief play therapy-oriented intervention would display improved classroom learning behaviors and self-efficacy for coping and learning behaviors. Fall et al. (1999) hypothesized that increasing a child’s beliefs about their ability to change would lead to additional positive changes in their classroom behaviors. Therefore, in these researchers’ framework, if play therapy assisted children in developing positive coping behaviors in general, this change might lead to performance mastery, which would have a resulting positive effect on the child’s learning. Fall et al., (1999) stated, “the relationship between the counselor and child in play therapy allows the child to play out conflictual issues in any way that the child chooses” (p. 196). This allows children to regulate and activate their own therapeutic
process within the confines of the relationship created with the counselor. Within their
play, children enact their life events while having the opportunity to also witness the
successes or failures of those reenactments.

In the Fall et al. (1999) study, teachers provided the names of children whose
coping behaviors did not facilitate classroom learning. The teachers completed pre and
post measurement scales on the children. Students were then sampled into a no-
treatment control group and an experimental group that received six play therapy
sessions from the school counselor. Fall et al., (1999) found that the children who were
engaged in the play therapy sessions had an overall increase in self-efficacy and a
decrease in disruptive classroom behaviors as compared to the control group. The
authors concluded, “children in this study whose coping skills hindered personal
learning can be assisted with six sessions of child-centered play therapy” (p. 204).

In summary, the research reviewed above supports statements made by Landreth
(2002) that children benefit from the use of CCPT in the school setting. Fall et al.
(1999), Bratton (2005) and Ray et al. (2005) have further asserted that play therapy
helped to increase student awareness of choices, persistence, and effort, which is a
preventative measure that will benefit children and their academic success. Taken
together, these studies suggest that play therapy can be utilized as a viable answer to
the call for school counselors to provide responsive services to students.

**School Counselor Preparation**

The implementation of the ASCA National Model responded to the need for school
counselors to better delineate their various roles within the school setting. Along with
the numerous roles being played by school counselors, there are equally as many skill
sets for school counselors-in-preparation to learn to assist them in being successful.
Therefore, in response to the ASCA model and other historical developments, school counselor educators must continue to innovate and develop curricular methods for addressing the skills and competencies that are needed by school counseling trainees.

Wilkerson and Eschbach (2009) proposed that graduate training programs reflect transformed expectations of the school counseling field, with conversations about the importance of closing the educational achievement gap becoming more commonplace. Addressing the achievement gap requires the school counselor to be adept at both recognizing emotional difficulties and underlying issues in children and implementing appropriate interventions. Wilkerson and Eschbach (2009) have noted that outcome studies designed to investigate the impact of the actual curricula being used in training programs are largely non-existent. Additionally, these authors asserted that little has been done to investigate the extent to which training approaches are successfully preparing school counseling students to be accountable for their changing roles as agents of academic success.

Presently, many state education departments and school counselor education programs are attempting to make changes that are consistent with the ASCA Model and CACREP. Preparatory programs are beginning to look at how well prepared counselors are to take on these complex roles. School counselors are currently practicing in an environment shaped by the need for accountability, which is defined as demonstrating to others the effectiveness of the program in data-based (or measurable) terms (American School Counselor Program [ASCA], 2004). Accountability through demonstrated effectiveness is reflected in the standards for school counselors outlined by ASCA (2004), as well as in counselor education accreditation by the Council for the
Accreditation of Counseling and Related Educational Programs (CACREP, 2009). The ASCA National Model and CACREP have been instrumental in defining specific aspects of the school counselor role and consequently, ideals for training school counselors to meet their roles.

The 2009 CACREP Standards for Guidance Counseling Programs were designed to delineate the role of the school counselor into: Foundations in school counseling (10 sub-skills), Contextual dimensions of school counseling (7 sub-skills), Knowledge and skill requirements for school counselors (17 sub-skills), Consultation (4 sub-skills), and Clinical skills (2 sub-skills). Within these five critical overarching areas and subsequent sub-skill areas of training and skill development, only two sub-skills were related to specific counseling skills needed by the school counselor. Standard 2a of Counseling and Guidance states the following: individual and small-group counseling approaches that promote school success, through academic, career, and personal/social development for all; and Standard 2b states: individual, group, and classroom guidance approaches systematically designed to assist students with academic, career, and personal/social development.

In the 2009 standards, there is a call for data-driven, intervention-focused interactions with school children with little attention being given to fundamental core counseling skills. While the CACREP Standards reflect the need for school counselors to have counseling skills and techniques, there is little literature on the consistency of coursework being offered, how specific coursework is aimed at developing advanced core counseling skills, or how counseling theories are adapted for use with children. In
truth, there seems to be little literature on how school counselor preparation is being approached nationwide.

In an attempt to take an in-depth look into the course components of school counselor preparation, Perusse, Goodnough, and Noel (2001) conducted a national survey of school counselor preparation programs. The authors investigated how counselor educators nationwide prepare school counseling students to fulfill their future roles. In structuring their school counseling programs counselor educators primarily used the CACREP and ASCA guidelines, however programs often use the guidelines quite differently. In addition to credit hours offered, instructor experience in schools, and fieldwork requirements, Perusse et al., (2001) were interested in specific course content areas. Findings from the 189 programs surveyed suggested that most programs required one or two specialized courses designed specifically for their school counseling students. Respondents were asked to supply the course names of any additional coursework required of their students, which resulted in 370 different course titles. The researchers found that a limited amount of coursework required for school counselors is designed specifically for them, with most programs averaging one to two school counseling specific courses. Of the 189 programs surveyed, the results show that 121 programs require a course in Counseling Children and Adolescents and 4 of the 181 programs consider coursework in Play Therapy to be a specialized requirement. The authors concluded that the structure of school counseling preparation programs across the nation seems similar. Specifically, they found that most programs required limited specialized coursework for their school counseling students. The authors noted that while there are similarities among preparatory programs, there is also a great deal of
disparity in terms of what course content is required and the areas students can choose for further specialization. This leads to differences in application of the CACREP and ASCA guidelines as well as to differences in specific skill sets of school counselors. This study also shows the limited availability of coursework designed specifically to prepare school counselors to work with their primary clients, children.

There is limited research regarding specific counselor preparation coursework that addresses the complexity of the role of school counselor, and even less research regarding the amount of training school counseling students receive in coursework that is specific to counseling children. This lack of information is of critical concern as the field is now calling for increased accountability and as the role of the school counselor demands the use of effective counseling skills and interventions to meet the academic, social, and emotional needs of all children.

**Humanistic Theoretical Orientation**

Theoretical orientation in counselor education has been a highly visible topic in the literature for decades (Worthington & Dillon, 2003). Worthington and Dillon (2003) also have asserted that there is a wealth of evidence showing that counselors working from different theoretical orientations exhibit different philosophical beliefs, reflective response behaviors, and engage in different therapeutic techniques. Some authors (Crutchfield et al., 2000; Garza et al., 2009) have researched the continued importance of facilitative skill development to the practice of counseling regardless of the theoretical orientation ascribed to by counselors. Fitch et al., (2001) take this idea a step further in their assertion that humanistic theories continue to be seen as vitally important to the development of counselor trainees because of their strong adherence to the core facilitative skills for counseling practice.
The purpose of the Fitch, Canada, and Marshall (2001) study was to identify the prevalence of humanistic theories in clinical coursework in programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Fitch et al. (2001) attempted to speak to homogeneity within current training and coursework among counseling programs and concluded that the theories counselor educators choose to teach in coursework greatly influence the practice and orientation of counselors-in-training. Additionally, Fitch et al. (2001) compared the prevalence of humanistic theories taught in coursework versus other more psychodynamic and behaviorally-oriented approaches. Responses were received from 115 department chairpersons, identifying the most frequently used theoretical models in the programs’ clinical coursework. The models ranged from Humanistic theories (e.g., Person-centered, Gestalt, Existentialism), Psychoanalytic (Jungian, Psychodynamic, Psychoanalytic), Cognitive-Behavioral (Cognitive-behavioral, REBT, Behavioral, and Multimodal), and Other. Cognitive-Behavioral or Behavioral theory was the highest ranked and most frequently used throughout counselor preparation coursework. Humanistic theories were the second highest endorsement. Brief therapies were also endorsed by half of the respondents. Because of a growing interest in brief, time-limited models, the authors suggested that proponents of humanistic theories consider integrating brief therapy components into their teaching. The authors were concerned with whether “counselors promote brief models of counseling because of perceived usefulness or simply as a reaction to the restrictions placed on counselors…and the time demands placed on school counselors” (p. 240). Findings of the 2001 Fitch et al. study showed both a growing reliance on movement toward more directive theories and
techniques and continued attention to humanistic approaches throughout counselor preparation. This study is one of a limited number that looks at theoretical orientations taught in counselor education programs. Fitch et al. (2001) demonstrated the variety of coursework and theory being taught within school counselor programming, with students displaying stronger adherence to the theoretical orientation of their professors. It is important therefore for counselor educators to continue to provide curricula that encourage personal theoretical orientation development.

It is often a consensus in counselor education that trainees should develop a theoretical orientation that fits their view of the world as well as one that is appropriate to the populations in which they work. Guiffrida (2005) approaches the concept of theoretical orientation development from the position that counselors need to operate from “a theory, theories, or set of techniques that fit their predisposed notions of human growth and change” (p. 202). The author additionally noted the importance of counselor trainees developing theoretical orientations in self-reflective ways that can contribute to their continued growth and successful counseling practice. The challenge for counselor educators however can often be assisting trainees in finding orientations that fit their beliefs regarding human growth and change, as well as the population with whom they will be working. Guiffrida (2005) also commented on the lack of empirically based research on theoretical orientation development.

Studies have shown that most counselor education programs consider training in humanistic theories during trainee development of theoretical orientation to be crucial for solid development of facilitative counseling skills (Fitch et al., 2001) and therefore all programs require training in humanism in their coursework (Perusse et al., 2001).
literature cited above underscores the importance of facilitative counseling skill-training and theoretical orientation development. Authors have asserted that because humanistic theories tend to emphasize client-counselor relationship variables more than most other models do, they should be especially relevant for use in clinical training. The impetus then is on school counselor educators to create and implement curricula that develop advanced facilitative skills in trainees to undergird their responsive service to children in schools.

**Training in Facilitative Counseling Skills**

Research has shown the need for course content designed to prepare school counselor trainees to work with children (Dahir et al., 2009; Ray et al., 2005), as well as training in facilitative skills (Crutchfield et al., 2000; Garza et al., 2009). As Kurtz et al. (1985) noted, there appears to have been a trend away from learner-centered to skill-centered training where “programs are less concerned about developing learner attitudes and qualities and more concerned with teaching discrete, measurable behaviors” (p. 257). At the same time, counseling programs continue to emphasize the importance of teaching the skills that communicate Rogers' (1957) core conditions of empathy, acceptance and genuineness (Gallagher & Hargie, 1992). Kurtz et al., (1985) stated that most programs involved in the training of counselors place importance on these core conditions.

In their 1992 study, Gallagher & Hargie examined counselors from similar training program backgrounds. Their goal was to assess whether or not specific counseling skill areas could be empirically identified as associated with the communication of the core conditions. Gallagher and Hargie (1992) found significant positive correlations between specific skill areas and the core conditions of counseling (empathy, acceptance, and
genuineness). Gallagher and Hargie’s findings showed that each of these three core conditions was communicated through specific behaviors and techniques used by counselors. Although these researchers found some significant results, they concluded that further research is needed to determine specific micro-skills embedded within the core conditions. For example, previous research cited by these authors suggested that empathy is communicated mainly by the skill of reflecting/paraphrasing. Gallagher and Hargie (1992) state that the findings of their study showed that there are actually a number of microskills embedded within each core facilitative skill. For example, these authors noted that non-verbal behaviors including eye contact, forward leaning, open posture and proximity have also been considered as ways to communicate empathy in addition to reflecting and paraphrasing. These research findings lend support to the idea that facilitative skills may encompass specific micro-skill subsets that can be broken down to better assist counseling trainees in mastering core skills. The authors concluded that the communication of empathy, for example, is more complex than simple reflection. This research informs counselor educators in the creation of coursework that addresses trainee facilitative skill development. Scaffolding micro-skills from basic to advanced will help trainees to have a stronger working knowledge of the counseling process.

In a study completed with 28 experienced play therapists, Nalavany, Ryan, Gomory, and Lacasse (2005) asked participants to rate statements about counselors’ qualities and skills. The statements assessed how important specific qualities and skills are for a counselor to possess, as well as how easy it is to develop the skill or quality. The researchers stated, “the clusters associated with the therapeutic relationship and
facilitative skills (e.g., empathy, warmth, and genuineness) were rated as the most essential skills to possess and also as the most difficult to develop" (p. 27). In contrast to this finding, play therapists in this study rated interventions and theories as the least important skills to possess and as the easiest to acquire. As a catalyst for their study, the authors looked at research on the impact of formal training in either manualized (directive) or competency-based (facilitative skills) theories and concluded that regardless of the type of directive treatment chosen, the degree of training in and adherence to the manual increased the positive effects of the treatment. These authors also stated, “one difficulty found in the literature with this apparent positive result is that with this increased technical expertise, relationship skills may atrophy” (Nalavany et. al., 2005, p. 29).

Nalavany et al. (2005) found that skills associated with the core conditions of counseling and understanding of children were rated as the most challenging skills to develop. The counselors in the study rated “being attuned and reflecting the child’s verbal and nonverbal behavior, respecting the child’s autonomy, and establishing boundaries…as particularly difficult to acquire” (p. 39). In contrast, skills acquired through more formal theoretical knowledge, or specific techniques, were rated as the easiest. Findings of Nalavany et al. (2005) suggested that more time in counselor preparation be spent on the practice of core skills with children. While challenges inherent in the use of facilitative counseling skills with children have been acknowledged in literature related to play therapy, mental health counseling, and teacher education literature, the school counseling literature concerning child-centered methods for working with children continues to be sparse.
Counselor Self-Estimate of Facilitative Skills

Counselor self-efficacy involves a “generative capability in which component cognitive, social and behavioral skills must be organized into integrated courses of action to serve innumerable purposes” (Bandura, 1982, p. 122). In an extensive review of the counselor self-efficacy (CSE) literature, Larson and Daniels (1998) looked at the connection between CSE, counselor characteristics, and interventions designed to increase CSE estimations or counselor performance. Fourteen studies were examined for the relationship of CSE to counselor characteristics and the relationship was found to be minimal with some exceptions. The authors stated, “therapist variables that are cognitively mediated such as self-concept appear to relate moderately to strongly with CSE” (p. 189). Affective arousal and feelings of personal ability and accomplishment also are moderately correlated with CSE. CSE seems to also be different according to level of training, amount of supervision attained, and years of experience of trainees. There is a strong correlation between CSE and self-evaluation of skills in past and future counseling experiences.

One study examined the effectiveness of self-efficacy as a predictor of trainees counseling skills and performance. In an effort to add to the sparse evidentiary literature to be used by counselor educators in creating programming, Sharpley and Ridgway (1993) assessed the value of self-efficacy as a predictor of counseling skills performance in a graduate counseling class. These authors observed, “research on learning-related variables as predictors of success in counselor training may be more beneficial to counselor educators than previous studies of personality characteristics; one such learning-related variable is self-efficacy” (p. 73). The researchers studied 31 counselors in training using three measurements of self-efficacy as pre, mid, and post
testing during a 6-week, 3-hour sessions, micro-counseling skills training program. The researchers compared participants who rated themselves very high in self-efficacy (showing high confidence in skills and abilities) and very low in self-efficacy (showing low confidence in skills and abilities) to determine whether there was a difference in accuracy of trainee self-assessment of skills. The results showed no difference between the groups, with all participants accurately predicting their skill level. Sharpley and Ridgway (1993) stated, “while there were no significant differences in the relative predictive accuracy of those participants who had high versus low levels of confidence in their estimates of grade, both groups were, in fact, quite accurate in their predictions” (p. 78). In their conclusions, the researchers emphasized the predictive value of counselor estimates of self-efficacy on the acquisition and application of core counseling skills. Sharpley & Ridgway (1993) also asserted, “by increasing trainees' levels of self-efficacy, their future counseling skills performances might be enhanced” (p. 78). Although the authors feel strongly about the correlation between counselor self-efficacy and future ability and confidence in counseling skills, they cautioned that there is more research needed.

In a review of counselor self-efficacy research, Larson and Daniels (1998) found that the most effective counselor education techniques were those involving extensive training and skill-centered practice (e.g., role play, vignettes) in both cognitively mediated skills (techniques) and affectively mediated skills (reflective listening). Therefore, it could be concluded that to increase counselor trainee self-efficacy, program curricula should contain numerous opportunities for both theory review and skill practice throughout the length of the program.
Larson, Suzuki, Gillespie, Potenza, Bechtel, and Toulouse (1992) assessed pre-practicum student anxiety in counseling self-efficacy in relationship to micro-skills performance. Twenty-six master’s level counselor trainees participated in the study, completing 5 different measures: self-report of specific skill application, levels of anxiety and self-efficacy, and the usefulness of training interventions. Larson et al. (1992) found that providing trainees with practice-specific scenarios emphasizing core counseling skills correlated positively with higher levels of micro-skill application. Higher levels of micro-skill application then correlated with higher levels of self-efficacy and lower levels of anxiety in students. The results of this study hold several implications for counselor educators. Continuous engagement in practice scenarios throughout training coursework appears to be beneficial in elevating trainee self-reported ability to engage in positive counseling interactions and increase reported feelings of self-efficacy. Additionally, continued practice in core counseling micro-skills appears to result in trainee reports of lowered anxiety regarding application of skills and increased ability to sustain and develop higher level counseling skills.

It is asserted above that extensive training in and understanding of the facilitative skills (empathy, genuineness, reflective listening and responding) help counselor trainees to feel more competent in working with clients. The ability to engage in core relationship skills (warmth, genuineness, congruence, unconditional positive regard) comes, in part, from empathy. Crutchfield, Baltimore, Felfeli, and Worth (2000) stated, “across counselor education programs and training tracks, empathic responding is generally seen as one of the most important basic counseling skills for the counselor in training to acquire” (p. 162). Crutchfield et al. (2000) were curious about the personal
characteristics that may impact a counseling trainee's ability to learn and develop the skill of empathy in relation to others. The researchers surveyed 225 masters' level students from three program tracks (community counseling, school counseling, and add-on certification in school counseling) to explore the possible differences in empathic responding skills in trainees across tracks. The researchers found no significant difference in empathic responding skills across students enrolled in different tracks, however did find that the total mean score for all groups assessed was “slightly less than adequate” (p. 165). The study authors noted several important points in regard to the lack of significance: the tracks are similar in nature, and students entering this profession may self-select because they feel they are good listeners and would make good helpers. With regard to the less than adequate empathic responding skill level of trainees, the authors suggested that counselor educators reexamine current methods of training in core facilitative counseling skills to provide more consistent micro-skills counseling practice. In sum, research suggests that counselor trainees are often need further preparation in core counseling skill levels, which in turn may negatively impact their estimation of self-efficacy.

Although acknowledgement of the core facilitative skills is widespread, there continues to be a lack of discussion in the school counseling literature concerning training specifically with child client populations. In contrast, there is discussion in the play therapy literature on training in core relationship skills with children, which can be applied to school counseling. For example, Tanner and Mathis (1995) conducted research on the training of novice play therapists in non-directive approaches. The authors stated, “initially, training novice counselors in an approach which emphasizes
relationship building skills makes sense strategically because almost all other approaches value the therapeutic relationship and the counselor behaviors which foster this relationship” (p. 2). The researchers concluded that a child-centered approach develops further acquisition of core counseling skills and relationship-building through skills such as tracking, reflective responding, returning responsibility to the child, and therapeutic limit-setting. Counselors-in-training learned to adapt child-centered play therapy into responses for children ranging from facilitative of the relationship to non-facilitative. Following training in specific child-centered play therapy skills, counselor trainees showed more evidence of facilitative responses, reflection of content and feeling, therapeutic limit-setting, and displays of empathy. As a result, participants reported feeling more confident in their relationship skills.

The move toward teaching directive and data-driven theoretical approaches is an attempt to meet the challenge raised by the ASCA National Model and CACREP Standards for school counselor preparation. Several authors (Brammer & MacDonald, 1999; Capuzzi & Gross, 1999; Cormier & Hackney, 1999; Fitch et al., 2001) have indicated that person-centered and relationship-building skills are more significant in positive counseling outcomes than are the techniques and models used. Authors also have asserted that because humanistic theories tend to emphasize client-counselor relationship variables more than most other models do, they should be especially relevant for use in clinical training (Capuzzi & Gross, 1999; Fitch et al., 2001). Additional research is needed into how best to prepare school counselors in core facilitative skills. Child-centered counseling and play therapy offer one solution.
Summary

This review of literature has provided a closer look at the overarching theoretical framework for this study, the importance of facilitative skill development for counselors in training, as well as the current state of training and training needs in school counseling programs and how these needs might be met through training in the philosophy and techniques of Child-Centered Play Therapy.

The current study will examine a brief instructional training in child-centered play therapy philosophy and techniques in relation to school counselors-in-preparation’s attitudes, knowledge, and skills in play therapy, self-estimation of micro-skills, and theoretical orientation. The curriculum designed for the current research study will specifically target training in core facilitative counseling skills (empathy, acceptance, genuineness) through intensive review and instruction in reflective listening/responding, making meaning, providing feedback, limit-setting, and using metaphor. Providing instruction in child-centered play therapy is intended to help school counselors develop knowledge, skills, and attitudes and to feel more successful in their work with children.
CHAPTER 3
METHODOLOGY

The current study was designed to examine the effects of a 12-hour child-centered play therapy training on school counseling trainees attitudes, knowledge, and skills in using play therapy. Change in school counselor trainee attitude, knowledge, skills of child-centered play therapy, self-estimate of facilitative skills and directive/non-directive orientation were assessed prior to and following the 12-hour training. Additionally, a control group was compared to the treatment group to further examine the effects of the training. This chapter describes variables, sampling procedures, a child-centered play therapy training module, and data analysis of the study.

Relevant Variables

The Independent variable for this study was participation in a 12-hour professional training in Child-Centered Play Therapy. The study was designed to include five main dependent variables: school counselor trainee play therapy (1) attitude, (2) knowledge, (3) skills, and (4) counselor self-estimate of ability regarding the micro-skills of counseling, (5) directive/non-directive orientation. Three variables (attitude, knowledge, and skills) were measured by the subscales and total scale score of the Play Therapy Attitude-Knowledge-Skills Scale Revised which can be found in Appendix A (PTAKSS; Kao & Landreth, 2009). The Attitudes subscale, as measured by the PTAKSS, measures counselors attitudes regarding children and adult-child interaction patterns. The Knowledge subscale refers to specific information that trainees should learn regarding child-centered play therapy theory and practice. The Skill subscale refers to trainees’ confidence in using specific child-centered play therapy skills. The Counseling Self-Estimate Inventory (COSE) (Larson et al., 1992) (located in Appendix B) was used
to examine counselor trainees confidence in using counseling micro-skills such as, attending to the therapeutic process, dealing with difficult client behaviors, behaving in a culturally competent way, and being aware of one's values. Orientation to humanistic theoretical approaches was assessed through two questions in the demographic inventory section (located in Appendix C).

Population

The population for the study included master’s level students currently enrolled in CACREP accredited School Counseling programs (n=40) located in Florida and New York. For inclusion in the study the students had to have completed at least a basic introductory counseling course and have had no prior experience in play therapy. The participants were students in Counselor Education programs at three universities with a focus on School Counseling: University of Florida, University at Buffalo, and Niagara University.

The School Counseling program at the University of Florida is CACREP accredited and is a 72 credit hour program with extensive requirements for practicum and internship hours and supervision.

The School Counseling program at the University at Buffalo is CACREP accredited as well. UB’s program educates students across elementary, middle, and high school work settings. The program is 60 credit hours and has several mandatory practicum and internship placements.

The School Counseling program at Niagara University also CACREP accredited, educates graduate students to become school counselors at the elementary, middle or secondary level. Niagara’s program is 48-60 credit hours of course work and 700 clock hours of field work.

Sampling Procedures

Following approval of the doctoral committee, and the University of Florida Institutional Review Board (IRB) 19 universities were contacted and invited to participate in the study. Chairpersons, program directors, and several faculty members
from each of the participating universities were contacted through several emails and
phone calls to inquire about student participation. Program administrators were asked
to allow students to volunteer for the study. Students in the school counseling programs
were invited to participate through email containing descriptive flyers and through
professor explanation during class time. Where available, student listservs were used
to contact potential participants.

Six universities agreed to participate, however of the six only three were able to
recruit interested participants. The three participating universities are: University of
Florida (n=10), University of Buffalo (n=20), and Niagara University (n=11). Following
agreement to participate at each location, a sample of volunteers was drawn from
school counseling students currently enrolled in the CACREP-accredited school
counseling master's degree programs. The participating universities have similar
acceptance requirements for students and use similar school counselor education
curricula. Study participants were screened for prior play therapy knowledge and
experience and had completed at least one basic counseling skills course. Students
with no prior training in play therapy were selected to participate in the study.

Once participants were obtained at each university, students were randomly
assigned to either experimental or control groups. Identifying information of participants
was collected on the demographic questionnaire and each piece of the survey.
Identifying information was then removed by the experimenter from assessment
measures following the matching of pre and post-test data. Only the researcher had
access to the data, thereby protecting confidentiality of the participants.
Research Design

The research design used in this study was a pretest posttest experimental design with a control group, where participants scores were used to determine the effectiveness of the intervention.

All participants completed the Play Therapy Attitude-Knowledge-Skills scale (PTAKSS), and the Counselor Self-Estimate Inventory (COSE) online through the Zoomerang survey site. All participants received a link to Zoomerang© which housed the consent form, two assessment measures, and demographic questionnaire to be completed. Email addresses obtained were used for sending a confirmation email regarding assignment to either the experimental or control group. The week prior to the scheduled training, each participant was sent an email reminder to access the survey site and complete the two pre-test assessments and demographic questionnaire. All participants were then divided into control and experimental groups. The Monday following the training, each participant again received the emailed link and reminder to complete the post-test assessments. Both instruments included in this study are self-report measures.

To control for the effect of the trainer, the researcher provided the training for two of the university groups, and a 2nd trainer provided training at the remaining university setting. Additionally, to ensure the consistency of the treatment provided to experimental groups, the 2nd trainer attended the pilot training and was debriefed immediately following to respond to any questions or concerns. The researcher was available during the 2nd trainer’s on-site training to respond to any questions or concerns. The 2nd trainer was provided with a detailed training agenda, instructional materials, and detailed instructions for all training activities and content.
Pilot Study

The pilot study was run prior to the initiation of the full study. The pilot study was approved by the University of Florida IRB, and was completed at a nearby university in Florida. Master’s level students (7) from the school Counselor program participated in the two-day pilot training. The study was designed to assess the feasibility of the measurement tools for ease of use and relevance to the research questions. The researcher was interested in determining the ease of use of scales provided, length of time to complete the scales, and goodness of fit between the scales, variables in the study, and content provided during the training. The 7 students completed pre and post assessment measures and responded to questions following the training regarding the measurements and training content. Participants responded that the measures allowed them to accurately report their skills and knowledge both prior to and following the training, however they weren’t able to report changed attitudes on the scale provided. The scales each took 15 minutes for participants to complete. The pilot study assisted the researcher in creating a training agenda that is in line with the proposed research. Additionally, the alternate CCPT training presenter was in attendance at the pilot study to view how the training was conducted and have any questions answered regarding the training or the study.

Research Questions and Hypotheses

This study includes five dependent measures (attitudes, knowledge, skills, self-estimate of general counseling ability, and directive/non-directive orientation), with pre-test, experience working with children, and length of time in the school counseling program being covariates. For all analyses, a Type I error rate is set at 0.05. Research questions for this study are listed below.
1. Do school counselor trainees who participate in CCPT training differ in their attitudes as compared to those without CCPT training?

2. Do school counselor trainees who participate in CCPT training differ in their knowledge as compared to those without CCPT training?

3. Do school counselor trainees who participate in CCPT training differ in their skills as compared to those without CCPT training?

4. Do school counselor trainees who participate in CCPT training differ in their self-estimation of their facilitative counseling skills as compared to those without CCPT training?

5. Do school counselor trainees who participate in CCPT training differ in directive versus non-directive orientation to working with children as compared to those without CCPT training?

The following hypotheses were tested:

HO1: School counselor trainee attitudes toward children in CCPT differ between school counselors who receive a 12-hour training in CCPT and those in the control group.

HO2: School counselor trainee knowledge in CCPT differ between school counselors who receive a 12-hour training in CCPT and those in the control group.

HO3: School counselor trainee skills in CCPT differ between school counselors who receive a 12-hour training in CCPT and those in the control group.

HO4: School counselor trainee self-estimation of their facilitative counseling skills differs between school counselors who receive a 12-hour training in CCPT and those in the control group.
HO5: School counselor trainee orientation to working with children differs between school counselors who receive a 12-hour training in CCPT and those in the control group.

**Instruments**

The outcome of a 12-hour child-centered play therapy training for school counselors was measured with the following two instruments, (a) Play Therapy Attitude-Knowledge-Skills Scale (PTAKSS) Revised, and (b) Counselor Self-Estimate Inventory (COSE).

**Play Therapy Attitude-Knowledge-Skills Scale**

The Play Therapy Attitude-Knowledge-Skills Scale Revised (PTAKSS; Kao & Landreth, 1997, Kao, 2009) was used as a pretest/post-test measure with each of the three subscales being examined to assess change. The Play Therapy Attitude-Knowledge-Skills Scale (PTAKSS) Revised is a self-administered written test (See Appendix A) created by Kao & Landreth (1997) and revised by Kao (2009) for the purpose of assessing the outcomes of child-centered play therapy instruction. The PTKASS-Revised consists of three subscales: attitude scale, knowledge scale, and skill scale, and a total scale score. These specific subscales are defined by the authors as the expected objectives of child-centered play therapy training for novice level counseling trainees. The major objectives of CCPT are consistent with the core counseling skills of humanistic counseling theories. As defined by Kao & Landreth (1997), the items in the attitude subscale (items 1-23) refer to essential belief and interaction patterns that trainees would be expected to obtain from child-centered play therapy training. The items in the knowledge subscale (items 24-41) refer to what trainees should know as a result of attending the child-centered play therapy training.
Items in the skill subscale (items 42-63) evaluate trainees’ confidence in applying child-centered play therapy skills (p.4). The PTAKSS - Revised is a 63-item Likert scale format ranging from 5 (indicates a high level of agreement or ability) to 1 (indicates a low level of agreement or ability).

In measuring the content validity for the PTAKSS, Kao and Landreth (1997) enlisted the assistance of an expert panel of Play Therapy educators to review the scale components. The panel consisted of 4 expert judges holding PhD degrees in counseling who were considered experts in the field of play therapy and were Registered Play Therapist–Supervisors. Agreement was reached between the judges on all items regarding the appropriateness of the questions, correspondence of the question to the topics, and ease of response choice.

The PTAKSS yields four different scores: the total score and three subscale scores (attitude score, knowledge, and skill). The approximate time to administer the test is 20 minutes. Kao and Landreth (1997) reported reliability coefficients (Cronbach’s Alpha) on the PTAKSS for each subscale. The attitude scale = .73, the knowledge scale = .94, and the skills scale = .99 (n = 37). Analysis of the content validity, and criterion validity for the PTAKSS were conducted by Kao (2009) who reported the following correlation coefficients: attitude subscale .34 (P<.0001), knowledge subscale .71 (P<.0001), and skill subscale .68 (P<.0001). Kagan (2003) also assessed the reliability coefficients to support the use of the PTAKSS with a smaller sample size of 18. For the reliability coefficient (Cronbach’s alpha) for the PTAKSS, Kagan’s results were attitude scale .95 (pretest), .97 (posttest); knowledge scale .53 (pretest), .82 (posttest); skill scale .79 (pretest), .83 (posttest).
Counseling Self-Estimate Inventory

The second measure used in the current study is The Counseling Self-Estimate Inventory (COSE: Larson et al., 1992) (see Appendix B). The COSE was developed and studied as a measure of comfort with and acquisition of basic counselor skills, and was designed to be a tool for use in counselor training. A factor analysis ($N = 213$) yielded 5 factors that reflect counselor trainees' confidence in “using micro-skills, attending to process, dealing with difficult client behaviors, behaving in a culturally competent way, and being aware of one's values (Larson et al., 1992)” (p. 105). Reliability estimates indicate that the items are internally consistent ($a = .93$) and stable over time. Initial validity estimates show that the instrument is “(a) positively related to counselor performance, self-concept, problem-solving appraisal, performance expectations, and class satisfaction; (b) negatively related to state and trait anxiety; (c) minimally related to aptitude, achievement, personality type, and defensiveness; and (d) sensitive to change over the course of master's practicum and across different levels of counselors (Larson et al., 1992)” (p. 105). Also, counseling self-efficacy and trait anxiety were significant predictors of counselor trainee performance. The total score will be used in this study. Administration of the COSE takes approximately 15 minutes.

Demographic Questionnaire

Questions in the Demographic Questionnaire (Appendix C) asked participants their gender, length of time in their current school counseling program, experience in working with children, and whether they saw themselves as being more directive or non-directive in their approach to working with children. For gender, participants had the option to choose male or female. With regard to length of time in their program participants had the option of choosing first year or second year as all the programs
included in the study are two year programs. Participants were asked to choose from a list of possible responses when asked about experience with children. Their choices were: none, practicum experience, internship experience, school teacher, child care, social work, and other. Although the question on prior experience with children had 5 categories provided, the experimenter recoded them to be either participants had experience or they had no experience. In regard to whether they consider themselves to be directive or non-directive in their approach to working with children participants were asked to choose either directive or non-directive as the response.

**Twelve-Hour Child-Centered Play Therapy (CCPT) Training**

The 12-hour CCPT training was designed by the researcher to contain elements considered to be optimal preparation in CCPT (Jones & Rubin, 2005) (Appendix D). Jones & Rubin (2005) collected course syllabi from introductory play therapy courses across the country. Their review of syllabi revealed training elements agreed upon by professionals in the play therapy field. Jones and Rubin (2005) found similarities between course syllabi for introductory coursework and workshop agenda’s endorsed by the two primary accrediting bodies in the field of play therapy, Association for Play Therapy (APT, www.a4pt.org) and The National Institute for Relationship Enhancement (NIRE, www.nire.org). The authors found that the training elements thought to be most useful in play therapy preparation were: knowledge of the history of play therapy and the philosophy of play therapy, basic skills training with a supervision and feedback system, experiential components to reinforce the content knowledge of play therapy, role play of skills, and the inclusion of case examples. The 12-hour CCPT training created by the researcher for the current study was submitted to the Association for Play Therapy for assessment of: content, learning objectives, learning methods, and
participant experience. APT approved the 12-hour CCPT training for the provision of continuing education units.

The 12-hour CCPT training provided participants with: knowledge of the history of CCPT, philosophy and theoretical background of CCPT, information on the culture of children (i.e., norms, values, characteristics of play, development stages), the Eight Basic Principles of CCPT, specific skill development (i.e., tracking, reflective listening, limit-setting), experiential practice of skills in large and small group with immediate feedback provided by the instructor, and case examples illustrating philosophy and skill use. To frame the content for the workshop the researcher used syllabi from several introductory courses. The coursework and activities were divided into the main components thought important in introductory training and then scaled down substantially to fit within the time frame of the 12-hour CCPT training. Each unit typically covered in one or two periods in a semester long course was reduced to its main content with one activity and vignette being used to briefly reinforce the topic or skill. For example, limit-setting is a unit that during many courses encompasses several days of instruction and practice. For the training, limit-setting included overview of guidelines and specific language used to set limits with children. A demonstration was then conducted and a videotape vignette shown. Participants were provided a limit-setting script and asked to begin practicing in mock play session groups. The instructor provided individual feedback and supervision to all participants to reinforce skills. Each topic included in the training was broken down in a similar manner.

The history of play therapy unit encompassed a brief look at each of the theoretical orientations to play therapy (e.g., Adlerian, Gestalt, Jungian, Psychodynamic, Eco-
systemic, Child-Centered) with information on the founder and main components of the theory. These orientations to play therapy were then contrasted with the child-centered approach, allowing participants to explore their current directive or nondirective orientation to work with children. From here the participants were provided with a review of the philosophy of child-centered play therapy and its perspective on children (e.g., children can be self-directing, children can heal themselves in a growth promoting environment, children are capable of insight). The Eight Basic Principles of CCPT (Axline, 1947) were reviewed in detail and paired with specific examples of how each principle is seen in the culture of children and during in vivo work with children (e.g., the therapist sets only those limits that are necessary in the moment allowing children to make their own choices, the therapist respects the child’s process by not suggesting materials or activities).

Following the introduction to the history and philosophy of CCPT participants began work with the specific skills of the theory (i.e.; tracking, reflective listening, limit-setting). Each skill was explained, demonstrated live, and shown in a videotaped vignette. To present each skill, the presenter broke participants into groups for practice and feedback. Instruction and group work was integrated in a way that allowed participants to build toward successively more difficult skills (e.g., participants began with the skill of tracking and once mastered were instructed in how to add reflective listening statements, which then folded into using reflective listening during the limit-setting process). As participants were able to build on each skill, the skills were then practiced together, and provided with feedback. Immediate supervision was used during all activities to support participant understanding and skill development. While in
vivo opportunities with children were not available participants engaged in several mock
play sessions with peers and viewed videotaped session vignettes provided by the
presenter.

Activities used in the workshop (detailed in Appendix D) were created by the
presenter during several years of teaching introductory play therapy coursework. The
activities were designed to provide an experiential component to the training reinforcing
knowledge and skills. For example, the ‘Limitless Limits’ limit-setting activity requires
that participants break into their mock play session groups with one participant acting as
‘child,’ one as ‘therapist,’ and one as ‘observer.’ The ‘child’ is given an index card
detailing a limitable behavior that they are to engage in during their session. The
‘therapist’ is invited to try to recognize the limit and set the limit as instructed. The
‘observer’ is charged with assisting the ‘therapist’ should they become confused about
the limit or the appropriate language needed. Throughout this exercise the instructor
provides feedback and supervision.

The training components listed above are also consistent with the measurement
scales used in this study. A complete outline of the training can be found in Appendix
D.

Data Collection Methods

The participant population includes school counselor trainees currently enrolled in
a CACREP accredited program. All participants have completed introductory
counseling coursework and have not been involved in prior play therapy coursework or
formal training. Participants were recruited through email addresses provided by their
program coordinators. Recruitment information was also distributed through the
program listserv at each university setting.
Participants in both the experimental and control groups were asked to make sure the personal email address provided by their department was correct when they consented to participate (Appendix E). Participants were then emailed confirmation of their group assignment and a link to Zoomerang®, which contained the consent form and the instrumentation. Participants received reminder emails regarding time of completion for the instruments prior to both the pre and post-testing. The Zoomerang® link was mailed to experimental and control group participants on the Friday prior to the workshop. Participants were given a window of four days to complete the pre-test measures and were sent a reminder. On the Monday following completion of the workshop, all participants were again e-mailed the link to allow them to complete the two post-test measures on line. They were again given a four day window for completion. Following digital signing the informed consent, all participants were asked to complete a three part survey: Play Therapy Attitudes, Knowledge, Skills Scale (PTAKSS) Revised version (Kao, 2009), the Counseling Self-Estimate Inventory (COSE), (Larson, 1992), and the demographic questionnaire. Completion time for the two measures taken together was estimated to be 40 minutes. Following completion of pre-test measures participants were randomly divided into control and experimental groups by the shuffle key provided on the excel spreadsheet program. All participants included in the study completed both the pre and post-test measures. Two people assigned to the experimental group from Buffalo did not attend the training and were subsequently dropped from the study.
Data Analyses

Data analysis was run using Statistical Package for Social Sciences (SPSS) Version 18. Descriptive statistics were used to describe demographics of participants (i.e. length of time in a school counseling program, experience working with children, and orientation to working with children), and dependent variables used in the study (i.e. play therapy attitudes, knowledge, and skills, and counseling self-estimates of ability).

Analysis of the PTAKSS (Kao, 2009) and the COSE (Larson, 1992) instruments were done to examine the strength of the instruments. Results from the pre-test of both instruments were used to determine the reliability and construct validity of the instruments. Internal consistency of the items on the PTAKSS (Kao, 2009) and the COSE (Larson, 1992) was determined by estimating Cronbach’s Alpha. Cronbach’s Alpha is an appropriate measure of score reliability because of the scale-type responses of both instruments (Shavelson & Towne, 2002; Field, 2009).

In response to the research questions Analysis of Covariance (ANCOVA) was used to determine that there is a statistically significant change in attitudes, knowledge, skills, and self-estimate of general counseling ability from pre-test to post-test. Analysis of covariance is a linear model that can be used to estimate effects of categorical independent variables (i.e., factors) controlling for the effect of continuous covariates. This allows the researcher to account for inter-group variation associated not only with the treatment itself, but also with covariates. In this study it was predicted that there would be a change in: attitudes toward working with children, knowledge of play therapy, and application of play therapy skills from pre to post-testing for the experimental group in relation to a lack of significant change within the control group. It was predicted that that there would be no significant change between pre and post-
testing for the control group. Change in directive/nondirective orientation from pre-test to post-test was tested for significance using a chi-square test. It was predicted that participants would be more likely to choose a non-directive orientation after participation in the CCPT training than they were before participation. The results of these predictions are detailed in Chapter 4.
CHAPTER 4
RESULTS

The purpose of this study was to examine the impact of a 12-hour training in Child-Centered Play Therapy (CCPT) on school counselor trainees (a.) attitudes toward children, (b.) knowledge, and (c.) skills. The study also looked at the impact on trainee (d.) self-estimate of counseling ability and (e.) orientation to working with children. This chapter presents the results of the data analysis including: demographics of the study sample and the pretest posttest results of the Play Therapy Attitude, Knowledge, and Skills Scale (PTAKSS) (Kao, 2009) (Appendix A), and the Counselor Self-Estimate Inventory (COSE) (Larson, 1992) (Appendix B). All scales were based on participant self-report.

Demographic Characteristics

Nineteen universities with School Counseling training programs were contacted to participate in this study. Universities were contacted through emails to the department chair and school counseling faculty members, as well as follow-up email and phone calls. Of the nineteen universities contacted, representatives of eight programs responded, six agreed to participate, and of those six, three had sufficient students to volunteer to warrant inclusion in the study. A total of 46 participants agreed to participate. However, two experimental group participants did not attend on the day of the training, two control group members did not complete the surveys, and two had to be dropped from the data set for incomplete survey data, bringing the total participant number to 40. Of the 40 participants who completed the study, 35 (88%) were female and 5 (12%) were male. All participants were enrolled as full time students in their CACREP accredited school counseling programs, had completed an introductory
counseling course and did not have prior experience with play therapy. All participants completed both the pre and post-test assessments: PTAKSS (Kao, 2009), COSE (Larsen, 1992), and the demographic questionnaire.

Participants in this study have had comparable training experiences to other groups of school counseling students in CACREP accredited programs. Although training programs across the United States provide different required coursework, electives, and practicum/internship offerings, CACREP guidelines ensure that students are receiving comparable training experiences. The three university programs included in this study require similar introductory counseling and theories coursework, provide coursework specific to the field of school counseling, and require at least 500 hours of practicum and internship experience. Additionally, the three programs included are similar in number of school counseling students enrolled.

**Descriptive Statistics**

Analysis of the data for the PTAKSS (Kao, 2009) and the COSE (Larson, 1992) were conducted by the Statistical Package for the Social Sciences (SPSS) version 18, with an Alpha level of $p = 0.05$ being chosen for all data analysis. A total of 40 participants completed a demographic questionnaire, the PTAKSS (Kao, 2009), COSE (Larson, 1992). Twenty participants were assigned to the experimental group and participated in the CCPT training, while 21 participants were in the control group.

Three additional variables were included in the analysis as covariates: participants’ years of study in the school counseling training program, their prior experience with children, and presenter (i.e., a dichotomous variable indicating who administered the CPTT training). To gather information about time in program, all participants responded to a question that asked how long they had been a student in their current school
counseling program, with the choices being first year or second year. Of the 40 participants, 28 (71%) reported being in their first year, while 12 (22%) reported being in their second year. Additionally, participants responded to an item concerning their prior experience with children. Of the 41 participants, 19 (46%) responded “none;” 7 (14%) responded “Practicum Experience;” 8 (20%) responded “Internship Experience;” 1 (0.02%) responded “School Teacher;” and 5 (12%) responded “Child Care.” No participants responded to the Social Work category provided.

Descriptive statistics on the three PTAKSS (Kao, 2009) subscales as well as on the COSE (Larsen, 1992) were calculated. The mean scores for the PTAKSS (Kao, 2009) were: Attitudes scale experimental pre-test: 88.05 (SD = 7.681), experimental post-test: 95.47 (SD = 6.230), control pre-test: 89.95 (SD = 7.283), control post-test: 91.18 (SD = 7.378) with a range of 0-115, Knowledge scale experimental pre-test: 44.05 (SD = 11.491), experimental post-test: 66.47 (SD = 12.312), control pre-test: 47.57 (SD = 14.158), control post-test: 48.59 (SD = 14.975) with a range of 0-90, and Skills scale experimental pre-test: 58.75 (SD = 12.388), experimental post-test: 82.37 (SD = 15.261), control pre-test: 58.29 (SD = 17.330), control post-test: 64.77 (SD = 17.696) with a range of 0-110. The mean score for the COSE (Larsen, 1992) was pre-test: 151.68 (SD = 20.209), post-test: 165.51 (SD = 20.36), with a range of 0-222. Data is also displayed at the end of this chapter in table form: Table 4-1 includes descriptive statistics for the experimental and control group pre-test, and Table 4-2 includes descriptive statistics for the experimental and control groups post-test.

**Reliability Analyses**

An item analysis was completed to assess the reliability of the scales used in the study. Item means were calculated for each of the subscales of the PTAKSS. The item
mean calculations for the 23-item Attitude subscale revealed an item mean of 3.874 with a minimum mean of 2.125 and a maximum mean of 4.625, with a range of 2.50. The Attitude subscale had a variance between means of 0.394. Cronbach’s Alpha was calculated to measure internal reliability of the subscale’s scores and resulted in an alpha of 0.796. Item mean calculations for the 18-item Knowledge subscale revealed an item mean of 2.571 with a minimum mean of 2.050 and a maximum mean of 3.350, with a range of 1.30. The Knowledge subscale had a variance between means of 0.184. Cronbach’s Alpha was calculated to measure internal reliability of the subscale’s scores and resulted in an alpha of 0.941. Item mean calculations for the 22-item Skill subscale revealed an item mean of 2.668 with a minimum mean of 1.850 and a maximum mean of 4.025, with a range of 2.175. The Skill subscale had a variance between means of 0.184. Cronbach’s Alpha was again calculated to measure internal reliability of the subscale’s scores and resulted in an alpha of 0.956. Upon examination of the items no one item significantly impacted the alpha when deleted from any of the PTAKSS subscales.

The item analysis for the 37-item COSE total scale (Larsen, 1993) revealed an item mean of 4.10 with a minimum mean of 2.976 and a maximum mean of 5.073, with a range of 2.098. The COSE (Larsen, 1993) has a variance between means of 0.288. Cronbach’s alpha for the scores of this subscale was 0.939. Upon examination of the items no one item significantly impacted the alpha level when deleted.

**Hypothesis Tests**

To test the hypotheses examined in this study, analysis of the data obtained from the participants was completed using Analysis of Covariance (ANCOVA). The first instrument was the PTAKSS (Kao, 2009) and the second instrument was the COSE
(Larsen, 1992). Additionally, all participants responded to a demographic questionnaire asking about program of attendance, length of time in program (first year or second year), experience with children, and orientation to working with children (directive or non-directive). The three pre-test scales were completed by all participants a week prior to the training session through an online survey program. Participants were then randomly divided into control (n = 21) and experimental (n = 19) groups, with the experimental group attending the 12-hour training. All participants then completed the same three scales as the post-test measures through the online survey system. The assumption of homogeneity of regression slopes of ANCOVA was tested by evaluating the interaction between pre-test and treatment for significance. The interaction was not significant for any of the dependent variables (p = 0.921 for attitudes, p = 0.532 for skills, p = 0.471 for knowledge, p = 0.689 for general counseling ability), and therefore we removed the interaction term from the ANCOVA model. The assumption of homogeneity of variances was also tested with Levene’s test, and a non-significant test was obtained for all independent variables (p = 0.083 for attitudes, p = 0.589 for skills, p = 0.672 for knowledge, p = 0.615 for general counseling ability) indicating that this assumption was not violated.

Research Question One

The first research question was: Do school counselor trainees who participate in CCPT training differ in their attitudes as compared to those without CCPT training? Results of the ANCOVA determined that school counselor trainee attitudes were marginally significant for those who received the CCPT training and those who did not [F(1, 34) = 4.006, p = 0.053, r = .295]. Cohen’s D was calculated to measure the size of the difference between the means and standard deviation of the treatment and
control group. Cohen’s D for the Attitude scale is (d = 0.617). This means that the
treatment group is 0.617 standard deviations above the control group. Additionally,
there was no effect of Time in Program [F(1,34) = 0.219, p = 0.643], Experience with
children [F(1,34) = 0.162, p = 0.690], Attitudes [F(1,34) = 2.749, p = 0.107], and
Presenter at pre-test [F(1,34) = 0.233, p = 0.632] on Attitudes at the post-test. Details
of the ANCOVA for Attitudes are displayed in Table 4-3.

Research Question Two

The second research question asked: Do school counselor trainees who
participate in CCPT training differ in their knowledge as compared to those without
CCPT training? Results of the ANCOVA determined that there was a significant
difference [F(1,34) = 18.577, p = 0.000, r = .584] between participants’ scores on the
Knowledge subscale of the PTAKSS of those who received the 12-hour CCPT training
and those who did not. Cohen’s D for the knowledge scale is (d = 1.440). This means
that the treatment group is 1.440 standard deviations above the control group.
Additionally, there was no effect of Time in program [F(1,34) = 0.004, p = 0.949],
Experience with children [F(1,34) = 0.034, p = 0.854], or Presenter at pre-test [F(1,34) =
0.536, p = 0.469] on Knowledge at post-test. Knowledge [F(1,34) = 4.295, p = 0.046] at
pre-test was found to have a significant effect on knowledge at post-test. Details of the
ANCOVA for Knowledge are displayed in Table 4-4.

Research Question Three

The third research question was: Do school counselor trainees who participate in
CCPT training differ in their skills as compared to those without CCPT training? Results
of the ANCOVA found that there was a significant difference [F(1,34) = 12.057, p =
0.001, r = .484] between the scores on the Skills subscale of those who received the
training and those who did not. Cohen’s D for the Skills subscale is (d = 1.106), meaning that the treatment group is 1.106 standard deviations above the control group. Additionally, there was no effect of Time in Program [F(1,34) = 0.538, p = 0.468], Experience with Children [F(1,34) = 0.129, p = 0.721], or Presenter at pre-test [F(1,34) = 0.977, p = 0.330] on Skills at post-test. Skills [F(1,34) = 5.793, p = 0.022] at pre-test were found to have a significant effect on skills at post-test. Results of the ANCOVA for Skills are displayed in Table 4-5.

**Research Question Four**

Research question four asked: Do school counselor trainees who participate in CCPT training differ in their self-estimation of their facilitative counseling skills as compared to those without CCPT training? Analysis of Covariance (ANCOVA) was used to examine the difference between scores from the COSE (Larsen, 1992) between experimental and control group, while controlling for Time in school Program, Experience with Children, and Presenter. Results of the ANCOVA showed that there was no significant difference [F(1,35) = 2.793, p = 0.104, r = .176] between the Self-Estimate of Counseling Abilities of those who received the 12-hour CCPT training and those who did not. Additionally, there was no significant effect of Time in Program [F(1,35) = 2.446, p = 0.127], Experience with Children [F(1,35) = 1.502, p = 0.228], self-estimate of counseling ability [F(1,35) = 1.228, p = 0.275] on Self-estimate at post-test. Results of the ANCOVA for the COSE Total scale are displayed in Table 4-6.

**Research Question Five**

Research question five was: Do school counselor trainees who participate in CCPT training differ in directive versus non-directive orientation to working with children as compared to those without CCPT training? During the pre-test, participants
responded to a question asking them to choose their orientation (either directive or non-directive). Of those in the experimental group (n=20) 15 participants (75%) responded as directive in orientation toward working with children prior to the training, while 5 participants (25%) claimed to be non-directive in orientation. A chi-square test was used to determine whether there was a significant difference between participant orientation to work with children (directive versus nondirective) after training in CCPT. Following the training, 45% of participants remained directive, while 55% changed their orientation to nondirective. This difference was statistically significant, $\chi^2(1, N=80) = 8.90$, $p = 0.003$.

Summary

This chapter presented: descriptive statistics, results of the pre-test/post-test results on the PTAKSS (Kao, 2009) and COSE (Larsen, 1998), and demographic information detailing length of time in a school counseling program, experience with children, and orientation to working with children. Tables displaying the data were also presented. In the final chapter, a discussion of the limitations, evaluation of research questions, conclusions, implications of the research and recommendations for future research will be presented.
Table 4-1. Descriptive Statistics: Pre-Test

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Table 4-2. Descriptive Statistics: Post-Test

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<td>-------------------------</td>
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</tr>
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Table 4-5. ANCOVA: PTAKSS Skills

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CHAPTER 5  
DISCUSSION

The purpose of this study was to examine a 12-hour training in Child-Centered Play Therapy for school counselor trainees. Chapter 5 is divided into five sections: evaluation of research questions and interpretations, implications, study limitations and recommendations. Recommendations for future research, and a summary of the study results and findings are also presented.

Evaluation of Research Questions and Interpretations

Attitudes Toward Children Post-Training

There was a marginally significant difference in school counselor trainee attitudes toward children following training in CCPT. Therefore, counseling students appear to have made a shift in their view of children following the training. This finding is similar to previous research that showed significant changes in students’ attitudes and beliefs regarding children following training in CCPT (Kao & Landreth, 1997; Phillips & Landreth, 1995). Previous studies used a sample of graduate students enrolled in a semester long play therapy course and measured changes in attitudes over the course of the semester. The current study attempted to show the relative benefits of providing CCPT training to school counseling students through an extended workshop format, rather than in a semester-long course. While it is worth noting that following the 12-hour workshop training, marginally significant changes in attitudes were reported by participants, the semester long course format likely allows for more extensive experiences that cannot be provided in a workshop. A course format allows for not only extensive coverage of CCPT content, but also extended practice experiences, multiple role play opportunities, reading and writing of papers related to pertinent CCPT topics,
process discussion during and outside class time, viewing of in vivo and previously taped play sessions, and review/critique of instructor and peer sessions, and supervision/feedback (Jones & Rubin, 2005; Kao & Landreth, 1997; Kranz et al., 1998). The workshop used for this training included coverage of content, practice/role play opportunities, process discussion during the workshop, viewing of session vignettes, and instructor supervision/feedback, but with only a brief time allotted for each. This leads the researcher to speculate that providing students with ample time to practice and process allows for students to assimilate the new views being discussed with those previously held, however changes can be made during shorter more intense training periods.

Another possible explanation for the attitude change is that the participants all entered the training with preconceived notions regarding children and preferred ways in which to interact and work with them. Due to these fixed attitudes, they may have rated themselves highly on the attitudes subscale at pre-test. Though pre-test scores show that participants came in with positive ideas about working with children, their experience in the workshop may have led them to re-evaluate those pre-existing ideas, thus allowing them to make overall attitudinal changes following a brief training.

**Knowledge of CCPT Post-Training**

Participants in the study reported increased knowledge of the philosophy of CCPT, childhood development in relationship to counseling, and knowledge of the main tenets of working with children through CCPT. This finding supports past research in which trainees were able to increase their fundamental knowledge of how child-centered play therapy concepts work to help children view and interact with their world (Joiner, 2003; Kao, 2009; Kao & Landreth, 1997). Though Kao & Landreth (1997) examined a
semester–long course and the current study assessed participant growth after a 12-hour training, the findings were similar. One explanation for the results may be that rather than being open to interpretation, the philosophy and tenets of CCPT are very clear and structured and therefore lend themselves well to teaching, even in a brief format. There was also a significant effect of counseling knowledge held by participants prior to the training on the outcome. This may mean that students were able to successfully draw from and add to their existing knowledge of counseling theory and skills.

Additionally, the workshop was designed to provide the information and experiences considered essential for teaching play therapy by consensus of the play therapy field (Jones & Rubin, 2005). To this end, the instrument used in this study, the PTAKSS, created initially by Kao & Landreth (1997) and later revised by Kao (2009), also encompassed the essential components of CCPT training. Therefore, the synchronicity between the CCPT workshop and the instrument used to measure its outcomes would have a positive impact on participants’ ability to respond to each instrument item. A third explanation could be that the instructors knowledge of the material, teaching experience, and passion for the subject matter could have been conveyed strongly to the participants within the short time frame of the workshop.

Kranz et al. (1998) found that while CCPT practitioners differed in technique, their training in the fundamentals of CCPT provided a consistent knowledge and theoretical base. Though semester long courses allow for greater depth of material coverage and processing, Kranz et al., (1998) found that 83% of play therapists gained the majority of their CCPT knowledge from a workshop setting. The play therapists participating in the
1998 study all attended workshop-type trainings to gain the necessary education hours to earn their credentialing as play therapists through the Association for Play Therapy. Therefore, it is important to be able to show the extent to which a workshop format can have an impact on the acquisition of knowledge, skills, and attitudes. The current study adds to this knowledge base and shows that workshop formats are one avenue for therapists to gain new knowledge and skills, but may be insufficient to shift attitudes toward working with children.

CCPT Skills Post-Training

Previous research has focused on the importance of training counseling students in core counseling skills for use with clients of all ages (Aubrey, 1977; Bratton, Ray, & Rhine, 2005; Glauser & Bozarth, 2001; Najavits & Strump, 1994; Van Velsor, 2009). Similar to this earlier research, the current study was designed in part to measure whether an increase in CCPT skill development would follow a 12-hour training for school counseling students. Participants reported an increased ability to: track play and other behaviors, use reflective listening skills to provide emotional feedback and insight, recognize needed limits and proficiently use limit-setting techniques, identify themes and stages of play, and connect children’s play outcomes to behavioral concerns. The workshop training was designed to cover much of the material considered important to play therapist education (Kranz et al., 1998; Jones & Rubin, 2005) and allowed for participants to engage with the material through practice and role-play. There was also a significant effect of counseling skills held by participants prior to the training on the outcome. This may mean that students were able to successfully draw from and add to their existing counseling skills during the training.
Van Velsor (2009) makes the case that the skills needed for successful work with adult and child clients are quite different. The researcher of this study similarly hypothesized that introductory counseling coursework would not necessarily have an impact on the acquisition of facilitative skills specific to working with children. The current study shows that a 12-hour training in CCPT allowed school counselor trainees to review and practice previously learned facilitative skills while also building on those abilities to create a skill set specific to working with children. Workshop participants reported high levels of comfort with both general CCPT facilitative skills and new relationship skills for working with children. The results also showed that increased CCPT skills and participant comfort with their new skills were not related to the student's previous experience with children nor the length of time they had been in their counseling program.

**Counselor Self-Estimate Post-Training in CCPT**

Prior research suggests that the amount of courses, training, and practica experiences available to students increases their feelings of self-efficacy (MeiTang, LaSure-Bryant, O'Connell & Stewart-Sicking, 2004). The current study attempted to reinforce this argument by examining counselor trainee self-estimate of ability both prior to and immediately following an intensive training in CCPT, as a supplement to their regular coursework. Though the CCPT training did provide new knowledge and skill development to allow participants to feel more able to apply CCPT, these new skills did not change their overall counseling self-efficacy. The lack of change may also be due to the brevity of the workshop experience and the length of time it may take for people to integrate newfound ideas and skills into increased self-efficacy. For an individual to make true changes in the estimate of their counseling skills they may need ample time
to process novel information, challenge beliefs, and learn new techniques. The findings show that while brief training experiences can provide new knowledge and skill, in order to impact school counselor self-efficacy, it may be necessary to provide more comprehensive and developmental activities such as blending training into pedagogy, in vivo experiences, and providing supportive supervisory relationships.

**Directive Versus Non-Directive Orientation Post CCPT Training**

Participants were asked to respond to a single item concerning whether they see themselves as directive or non-directive when working with children. There was a significant shift toward a non-directive approach to working with children following the training in CCPT. These results imply that the content of the training may have helped participants to make a theoretical shift in their orientation to working with children. A main belief in child-centered work is that children are capable of successfully directing their therapeutic process, as children show more investment when they are included as key players in their counseling (Axline, 1949; Drewes & Schaefer, 2010; Landreth, 2002). A number of student counselors who participated in the workshops reportedly saw the value in approaching children from a more non-directive child-centered stance after two days of learning about the philosophy. This makes the researcher confident that most trainees began to see the importance of child-centered tenets in their work as a school counselor.

**Limitations**

An effect of participant knowledge and skills prior to the training was a factor in the findings of this study. The researcher was unable to assess the types of coursework participants had taken prior to the study. The study did control for previous experience with play therapy content, however participants varied on what they had learned in their
basic counseling skills coursework. Because the factors that may have led to higher levels of knowledge and skills at pre-test were not assessed it may be difficult to generalize the findings of this study. This may be a consideration for future studies.

Generalizability of the results of this study may be limited in other ways. This study was conducted in two states (one in the north and one in the south) in the US thus decreasing the generalizability of the results. Furthermore, the universities agreeing to participate all expressed strong interest in their students receiving play therapy training. The impact of professors’ persuasion is unknown due to the small number of participating schools.

The sample size for this study was smaller than desired. Although several strategies were employed to recruit participants from a number of different locations, the random sampling procedure limited the viability of data collection sites, and thus reduced the total sample. It is possible that the two-day 12-hour format was difficult for students to schedule due to other coursework demands. Future research studies may have better recruitment response using a different format for the training such as the use of webinar software rather than a live presentation format.

The measurements used in the study may also have had an effect on the outcome of the study. The two instruments used in this study [PTAKSS (Kao, 2009); COSE, (Larsen, 1992)] were self-report. Therefore, social desirability may have been a factor. The Play Therapy Attitudes-Knowledge-Skills Scale (PTAKSS) (Kao, 2009) and the (COSE) (Larson, 1992) ask students to rate their own counseling abilities. It is a possibility that when asked to rate their feelings about children and their own counseling skills, participants may have provided a socially desirable response. The methodology
of future studies might include the use of multiple measures, such as clinical rating scales (e.g., showing study participants segments of a CCPT play therapy session and asking them to rate specific skills that are depicted in the session) as well as longitudinal studies to capture change over time.

**Implications**

**Practice**

Jones and Rubin (2005) have asserted, “play therapy continues to grow as a clinically proven approach to working with children” (p. 117). Therefore, play therapy is becoming more widely used to treat children’s emotional and behavioral problems due to its responsiveness to their unique and varied developmental needs (Bratton et al, 2005). The current study was designed to examine the impact teaching CCPT in a brief format has on school counseling students’ attitude, knowledge and skills. The results of the current study demonstrated that school counselor trainees were able to make significant growth in their knowledge, skills, and attitudes following a 12-hour CCPT training.

The ASCA National Model (ASCA, 2004) requires that all programs provide basic clinical coursework in counseling children (e.g., practica, clinical supervision). The current study sought to show that in addition to the required coursework and experiential activities provided to students by their university, an additional format (brief but intensive workshops) could also increase play therapy knowledge obtained by school counseling students. In this study, workshops in CCPT increased both knowledge and skills in child-centered play therapy, which is an efficacious modality for working with children and has been shown to be viable counseling modality for elementary school counseling (Blanco & Ray, 2011).
Within counselor preparation, there has been little attention given to core counseling skills for school counseling trainees beyond the basic introductory coursework. While the CACREP (2009) Standards reflect the need for school counselors to have specific and effective counseling skills and techniques, there is little examination of how specific coursework is aimed at developing advanced core counseling skills, or how counseling theories are adapted for use with children. Though the CCPT training did not significantly impact attitudes and self-efficacy, the results of the current study show that the 12-hour CCPT training allowed trainees to significantly increase their play therapy knowledge and counseling skills. The skills acquired through training in CCPT are consistent with skills that are considered fundamental to all counseling relationships (i.e., reflection of feelings, reflection of content, paraphrasing, summarizing, genuineness, and positive regard for the client) and that are routinely taught to school counseling trainees in their core coursework.

To date, play therapy coursework is not currently offered in a large number of school counseling programs. Perusse et al., (2001) found that 66% of school counseling programs nationwide required a course in Counseling Children and Adolescents, while only 2% considered coursework in Play Therapy to be a specialized requirement. Additionally, Perusse et al. (2001) found that the majority of the curricula in the Counseling Children and Adolescents coursework were designed around directive theories and interventions. While Bratton et al. (2005) found directive play therapy approaches to be effective with children in the school setting, non-directive or humanistic approaches (e.g., CCPT) had higher treatment effect sizes. The current study supports previous research on the impact non-directive (CCPT) modalities can
have on acquisition of counseling knowledge and specific skills (Crutchfield et al., 2000; Gallagher & Hargie, 1992). Therefore, because of the potential benefit to school counseling students of learning this efficacious approach, it may be helpful to include play therapy training as elective or required coursework in preparation programs or to provide intensive workshops that are co-curricular.

Similar to the findings of Kao and Landreth (1997), this research study shows that when provided with training specific to child-centered play therapy, school counselor trainees were able to: increase their awareness of children’s developmental approach to their environment, gain a deeper understanding of how children engage in specific behaviors to meet their needs, and understand how a child’s sense of self, sense of intrinsic motivation, self-responsibility, ability to be self-directing, and ability to self-regulate emotions and behaviors could be activated through child-led therapeutic intervention. Following the CCPT training 73% of participants reportedly made a shift in thinking from a directive to non-directive stance, that is, moving from believing that they need to purposefully direct the course of therapy and provide counselor-led intervention to believing children can play a major role in getting what they most need from counseling and directing the course of their own growth and development. This shift toward a non-directive approach might be interpreted as participants finding value in acquiring CCPT as additional philosophy/modality for their work with children.

The results of the workshop showed a significant increase in participants’ attitudes toward children following CCPT training. At pre-test, most students rated themselves relatively highly on attitudes toward children. In contrast, most participants rated themselves low in knowledge and skills prior to training and high following the training.
A possible conclusion to be drawn is that shifts in attitude may be far more nuanced than shifts in knowledge and skills. In developing future curriculum in play therapy, it is important to examine factors that contribute to attitude change and how these factors can be further utilized in play therapy preparation. For example, direct supervision may be an important component in changing attitudes that cannot be provided in a brief format. Supervisory experiences can lead students to in-depth processing of theory and technique as well as attitudes toward children (Bratton et al., 1993). Curricular experiences that may promote a shift in attitudes include in vivo experience with children, critique of case vignettes, supervision and feedback regarding technique, adherence to the philosophy, and advanced core skill development.

Lastly, the Association for Play Therapy (APT) has been instrumental in supporting play therapy coursework at the graduate level, creating both the designation for universities to become Certificate Training Centers/Programs as well as Approved Provider status for play therapists to train student therapists through workshops and seminars as outlined in their APT Approved Play Therapy Center Guide (Association for Play Therapy, www.a4pt.org). As APT looks to build consistency in future training formats, the findings of this study suggests that workshops may be viable supplements to the accepted course requirements for certification. Though workshops may introduce concepts and increase participants’ knowledge and skills, they appear to be a good supplement for the more advanced instruction and direct supervision in play therapy that leads to shifts in attitude.

Research

Research is needed that examines the quantity and quality of benefits to teaching play therapy to school counselors. For example, further research might examine
whether training in play therapy improves the overall facilitative skills of counseling students, as findings in this study did not show significant changes in counseling self-efficacy. While play therapy training is part of an elective curriculum in many university programs, there is little research detailing the added benefits of play therapy training on counseling students’ core counseling skills. Future research studies also are needed to consider the shifts in attitude toward child clients, gains in knowledge of the counseling process and theory, and the development of specific skills in counseling children. The knowledge and skills specific to counseling are modified to work with children through the philosophy of CCPT. Therefore research might examine coursework and teaching methods that better prepare school counselors in core counseling skills as well as attending skills with children.

In conjunction with Kao and Landreth’s study (1997), which found significant changes in attitude toward children in a semester long play therapy course, the current study found significant changes following a brief 12-hour workshop. This finding may indicate that training garnered from a workshop setting is valuable, possibly allowing for the full-on experience needed for participants to significantly change previously held views regarding children. There is currently a limited amount of research exploring the benefits of differing levels of CCPT training for school counseling training programs (Blanco & Ray, 2011; Bratton et al., 2005; Kranz et al., 1998). Therefore, on-going research in play therapy pedagogy is recommended. The creation of measurement scales also would be an important first step in promoting future research in play therapy pedagogy. Allowing students to both rate their experience with the course or workshop (e.g., length of training related to amount of material presented, use of in vivo
experiences, adequate supervision and feedback) and their interpersonal experience with CCPT (e.g., adherence to the philosophy, understanding of the attitude shifts needed to work with children) are recommended.

The measure used in this study (PTAKSS, Kao 2009) is currently the only CCPT scale that measures the attitudes of play therapist trainees. The PTAKSS-attitudes scale, in particular, is open to social desirability. Many of the items are phrased in such a way as to lead participants toward choosing responses that are clearly positive in regard to children (e.g., “I am a warm and friendly person to children” & “I greatly respect children’s basic rights”), Though the PTAKSS-revised (Kao, 2009) has been used in several research studies, there are limited psychometric studies of the scale (Bratton et al., 2005). Revisions to the attitudes scale on the PTAKSS might yield more significant findings in future studies. Possible changes to the scale might include rewriting of items that are more neutral and do not sway a response in a positive direction, and the inclusion of additional items that reflect the eight Basic Principles of play therapy (Axline, 1949; Landreth, 2002) but are less vulnerable to social desirability (e.g., “I believe children’s thoughts and feelings should be accepted without evaluation during a counseling session”, “I believe that children have an intrinsic capacity to overcome obstacles in their lives”, & “I am comfortable with setting as few limits as possible in counseling with children”).

No matter how much research is generated concerning teaching play therapy in counselor preparation and assessing the usefulness of CCPT in school settings, a major question remains: How will students incorporate their new knowledge and skills of CCPT into their role as school counselors? In the current study, school counselor
trainees entered the training with attitudes that are consistent with those needed for work with children, however the extent to which school counselors will use skills learned through the training in their future work as a school counselor is unclear. There is still work to be done on bridging the gap between how school counselors see their role in the schools and how they can implement play therapy in their work with children, as well as how schools view the role of the school counselor. With the push for more academically oriented job roles (ASCA, 2004), school counselors may not be consistently applying the basic counseling skills they have been taught much less the highly specialized skills related to play therapy. Therefore it would be helpful to examine practicing school counselors (with prior play therapy training) to learn the extent to which they use play, the impediments to the application of skills in the school setting, and how instruction in play therapy skills, which are specific to work with children, help counselors to meet the academic and personal/social needs of their students.

Theory

Past research often points to the discontinuity between directive and non-directive theoretical approaches to counseling (Aubrey, 1977; Crutchfield, et al., 2000). School counseling training programs are working to institute curriculum that responds to the call for increased academic accountability in schools, and brief, focused therapeutic work with students (Dahir, 2009). This seems to lay the groundwork well for directive theoretical approaches. These approaches (e.g., Cognitive Behavioral, Solution-Focused) are often the primary modalities taught to students in school counseling programs following initial coursework in facilitative skills. However, in many ways, these
structured and directive approaches can be consistent with a non-directive (or CCPT) approach.

Findings of the current study support the idea that training in non-directive or humanistic approaches like CCPT can lead to a shift in theoretical orientation from directive to more nondirective approaches when working with children. An interesting discussion about theoretical orientation development then arises. When students are trained in both non-directive and directive approaches, they become able to flexibly use the non-directive approach either alone or as a complement to their directive work. It would, therefore, behoove programs training school counselors to provide intensive instruction in both directive and non-directive counseling theories. Theoretically, non-directive modalities such as CCPT have basic facilitative and relationship skills as their focus. Increasing access to both non-directive and directive theory during counselor preparation can only serve to strengthen school counselor orientation to children, whether they choose to use primarily directive interventions or not.

Child-Centered Play Therapy (CCPT) is based on a humanistic orientation to working with child clients and assumes each child’s ability to lead the progression of their counseling and healing. The basic philosophy of CCPT is for the counselor to follow the client’s personal direction and thus provide the support necessary to build autonomy and develop self-motivation. A relationship-focused, non-directive approach for working with children stresses the need for the counselor to understand child development and to meet children where they are emotionally and cognitively (Van Velsor, 2009). CCPT represents one such non-directive, relationship-focused
approach. Training in this approach might provide a sound theoretical base from which school counselors can further enrich their beliefs and practices in counseling children.

Theoretical transitions take place in many professions. In counseling, we have seen a pronounced shift from humanistic to directive approaches during the last few decades (Fitch et al., 2001; Hoshmand, 2004). What is lost when such a transition is made in training school counselors to work with children? Directive approaches are on solid theoretical ground because of empirical data as well as the increasing focus on academic outcomes in schools. Directive theories lend themselves well to more structured types of treatment such as directive interventions and techniques in the school setting. However, directive interventions and techniques do not stand-alone because the foundation of counseling remains the relationship between therapist and client. What is the potential for using humanistic theory and applying it to school settings and problems? Non-directive theories can stand alone or as a complete therapeutic system unto themselves (Gallagher & Hargie, 1992; Miller, 1989; Rogers, 1959; Van Velsor, 2009). Humanistic approaches, like CCPT, allow for a deep understanding of the developmental levels of clients and the needs of each client. Therefore, there is benefit to school counselors and their child clients when counselor education involves a solid grounding in both non-directive and directive approaches.

**Summary**

The results of this study have demonstrated that following participation in a 12-hour training in Child-Centered Play Therapy (CCPT), school counselor trainees significantly increased their CCPT knowledge and skills in employing CCPT, as compared to a control group. Participants reported that they had learned enough of the philosophy of CCPT to be able to employ it in their work with children. Participants also
reported higher comfort levels in using the specific skills of tracking, reflective listening, limit-setting and returning responsibility to help children in the counseling process. There was positive growth observed on workshop participants’ attitudes toward children and self-estimate of counseling ability, these changes were also found to be statistically significant. Although future research into child-Centered approaches and school counselors is necessary and recommended, the results of the current study suggest that providing even abbreviated training in CCPT philosophy and techniques to school counselor trainees allows for greater skill development for their work with children.
APPENDIX A
PLAY THERAPY ATTITUDE, KNOWLEDGE, AND SKILLS SCALE (PTAKSS)

Part II: Play Therapy Attitude-Knowledge-Skills Survey

From the available choices, please circle one that best fits your response to each question.

1. I am willing to and like to work with children. 1 2 3 4 5
2. I am accepting of the child part of myself. 1 2 3 4 5
3. I enter new relationships with children with confidence and relaxation. 1 2 3 4 5
4. I am a warm and friendly person to children. 1 2 3 4 5
5. Children need to be given correct answers to questions. 1 2 3 4 5
6. I have a high tolerance for ambiguity. 1 2 3 4 5
7. I know myself and accept myself as who I am. 1 2 3 4 5
8. I greatly respect children’s basic rights. 1 2 3 4 5
9. I have a sense that children trust me. 1 2 3 4 5
10. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives. 1 2 3 4 5
11. Children experience the depth of inner emotions that adults are capable of experiencing. 1 2 3 4 5
12. Children are capable of positive self-direction if given an opportunity to do so. 1 2 3 4 5
13. Children are capable of figuring things out. 1 2 3 4 5
14. Children tend to make the right decision. 1 2 3 4 5
15. I have more patience with children than other people do. 1 2 3 4 5
16. A good therapeutic relationship is the most important foundation 
for helping children change. 1 2 3 4 5
17. I find joy in helping people when working with children. 1 2 3 4 5
18. I look forward with pleasure to helping children grow. 1 2 3 4 5
19. I think highly of remaining curious and open to new and playful 
    things. 1 2 3 4 5
20. Play is good for physical and mental health. 1 2 3 4 5
21. Children's emotional disturbance problems are not due to lack of 
education and training. 1 2 3 4 5
22. I often get great inspiration from children. 1 2 3 4 5
23. Children don't need direction from a counselor to work out 
solutions to their own problems in a counseling relationship. 1 2 3 4 5
24. How would you rate your knowledge of play therapy as an 
    approach for counseling with children? 1 2 3 4 5
25. How would you rate your understanding of the reasons for 
    selecting and excluding toys and materials in play therapy? 1 2 3 4 5
26. How would you rate your knowledge of how children 
    communicate? 1 2 3 4 5
27. How would you rate your knowledge of identifying areas where 
    limits should be set? 1 2 3 4 5
28. How would you rate your understanding of symbolic play 
    in play therapy? 1 2 3 4 5
29. How would you rate your ability to consider the underlying 
    meanings of children's questions? 1 2 3 4 5
How do you rate your understanding of the following terms?

30. Play theme. 1 2 3 4 5
31. Tracking. 1 2 3 4 5
32. Returning responsibility. 1 2 3 4 5
33. Therapeutic limit-setting. 1 2 3 4 5
34. Choice giving. 1 2 3 4 5
35. Play materials. 1 2 3 4 5
36. Directive play therapy. 1 2 3 4 5
37. Non-directive play therapy. 1 2 3 4 5
38. Group play therapy. 1 2 3 4 5
39. Family play therapy. 1 2 3 4 5
40. Play therapy with adults. 1 2 3 4 5
41. Parent consultation. 1 2 3 4 5

42. How would you rate your ability to effectively assess the mental health needs of a child? 1 2 3 4 5
43. How would you rate your ability to distinguish differences in counseling adults and children? 1 2 3 4 5
44. How would you rate your ability to conduct a play therapy session with a child? 1 2 3 4 5
45. How would you rate your overall ability to relate to children? 1 2 3 4 5
46. How would you rate yourself in terms of being able to effectively deal with a silent child in play therapy? 1 2 3 4 5
47. How would you rate yourself in terms of being able to effectively deal with an aggressive child in play therapy? 1 2 3 4 5
48. How would you rate yourself in terms of being able to effectively deal with a reluctant or anxious child in play therapy. 1 2 3 4 5
49. How would you rate your ability to provide consultation to parents? 1 2 3 4 5
50. How would you rate your ability to help parents understand their children? 1 2 3 4 5
51. How would you rate your ability to critique a play therapy session? 1 2 3 4 5
52. How well do you think you could identify play themes? 1 2 3 4 5
53. How would you rate your ability to help children understand themselves in play therapy? 1 2 3 4 5
54. How would you rate your ability to set limits on children's behavior in play therapy? 1 2 3 4 5
55. How would you rate your ability to establish a facilitative relationship with a child in play therapy? 1 2 3 4 5
56. How would you rate your ability to track a child's behaviors in play therapy? 1 2 3 4 5
57. How would you rate your ability to reflect children's feelings in play therapy? 1 2 3 4 5
58. How would you rate your ability to reflect the content of children's play in play therapy? 1 2 3 4 5
59. How would you rate your ability to facilitate children's spontaneity and creativity in play therapy? 1 2 3 4 5
60. How would you rate your ability to facilitate decision-making and responsibility by children in play therapy? 1 2 3 4 5
61. How would you rate your ability to verbally match the affective and activity pace of a child in play therapy? 1 2 3 4 5
62. How would you rate your ability to be succinct and specific in communicating with children in play therapy? 1 2 3 4 5
63. How would you rate your ability for self-supervision of counseling relationships with children? 1 2 3 4 5
APPENDIX B
COUNSELOR SELF-ESTIMATE INVENTORY (COSE)

SCORING FOR
THE COUNSELING SELF-ESTIMATE INVENTORY (COSE)

Lisa M. Larson

Scoring Instructions (COSE)

The 37 items have been factor analyzed as constituting five subscales, as indicated on the attached scoring key. Each subscale score is the sum of the responses given to the items on that subscale (see below). The following items on the COSE are reversed scored: Items 2, 6, 7, 9, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 31, 33, 35, 36, & 37.
A total score is the sum of the five subscale scores or, alternatively stated, the sum across all 37 items. The range for the total score is 37-222.

Factor 1: Microskills:
   Item 1, 3, 4, 5, 8, 10, 11, 12, 14, 17, 32, 34.

Factor 2: Counseling Process:
   Items 6, 9, 16, 18, 19, 21, 22, 23, 31, 33.

Factor 3: Dealing with Difficult Client Behaviors:
   Items 15, 20, 24, 25, 26, 27, 28.

Factor 4: Cultural Competence:
   Items 29, 30, 36, 37.

Factor 5: Values:
   Items 2, 7, 13, & 35.

Total Scores = Sum of all 37 items
COUNSELING SELF-ESTIMATE INVENTORY

This is not a test. There are no right or wrong answers. Rather—it is an inventory that attempts to measure how you feel you will behave as a counselor in a counseling situation. Please respond to the items as honestly as you can so as to most accurately portray how you think you will behave as a counselor. Do not respond with how you wish you could perform each item—rather answer in a way that reflects your actual estimate of how you will perform as a counselor at the present time.

Below is a list of 37 statements. Read each statement, and then indicate the extent to which you agree or disagree with that statement, using the following alternatives:

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Moderately Agree
6 = Strongly Agree

PLEASE — Put your responses on this inventory by marking your answer to the left of each statement.
1 = Strongly Disagree  
2 = Moderately Disagree  
3 = Slightly Disagree  
4 = Slightly Agree  
5 = Moderately Agree  
6 = Strongly Agree

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.

2. I am likely to impose my values on the client during the interview.

3. When I initiate the end of a session I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.

4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).

5. I am certain that my interpretation and confrontation responses will be concise and to the point.

6. I am worried that the wording of my responses (e.g., reflection of feeling, clarification, and probing) may be confusing and hard to understand.

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).

9. I am worried that the type of response I use at a particular time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.

10. I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.

11. I feel confident that I will appear competent and earn the respect of my client.

12. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.
1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Moderately Agree
6 = Strongly Agree

14. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.

15. I feel that I have enough fundamental knowledge to do effective counseling.

16. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.

17. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.

18. I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action.

19. I am afraid that I may not understand and properly determine probable meanings of the client's nonverbal behaviors.

20. I am confident that I will know when to use open or closed-ended probes and that these probes will reflect the concerns of the client and not be trivial.

21. My assessments of client problems may not be as accurate as I would like them to be.

22. I am uncertain as to whether I will be able to appropriately confront and challenge my client in therapy.

23. When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I'm afraid that they may not be effective in that they won't be validated by the client's immediate response.

24. I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.

25. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions—e.g., suicide, alcoholism, abuse, etc.

26. I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals.
1 = Strongly Disagree
2 = Modestly Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Modestly Agree
6 = Strongly Agree

27. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling session.

28. I am unsure as to how to deal with clients who appear noncommittal and indecisive.

29. When working with ethnic minorities clients I am confident that I will be able to bridge cultural differences in the counseling process.

30. I will be an effective counselor with clients of a different social class.

31. I am worried that my interpretation and confrontation responses may not over time assist the client to be more specific in defining and clarifying their problem.

32. I am confident that I will be able to conceptualize my client's problems.

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.

34. I am confident that I can assess my client's readiness and commitment to change.

35. I feel I may give advice.

36. In working with culturally different clients I may have a difficult time viewing situations from their perspective.

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.
APPENDIX C
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire: Please respond to all items.

In the space below please provide your email address. This address will be used only to correctly pair your pre and post test data. Please provide your email here during both the pre and post test completion of the surveys.

1 E-Mail:

Gender
2 Male
   Female

Number of semesters completed in your current Master's program.
1
2
3
4
5
6

Related work experience with children aged 2-12:
   None
   Practicum experience through school counseling program
4
   Internship through school counseling program
   School Teacher
   Child Care
   Social Worker

When working with children, do you consider yourself to be:
5 More directive
   More non-directive
Child-Centered Play Therapy Training
Two-Day Training Agenda
9:00am-4:00pm

Day 1 (9:00-4:00)

9:00 General Introductions: “What do you bring? and What would you like to leave with?”
   Presenter personal introduction

9:30 Overview/History of play therapy/different models of play therapy
   • S. Freud → Hug Helmuth→ A. Freud→ A. Klein
   • Jungian, Adlerian, Gestalt
   • Directive vs Non-Directive (Jung, Rogers, Axline, Landreth)

10:00 CCPT Introduction
Culture of Children: brainstorm (10 min sm group work and share)
Perspective activity/ debrief
   • CCPT philosophy
   • Questions about the philosophy? How does this fit/sit for you?
   • Culture of Children – small groups (1.) What are some characteristics of the Culture of Children? (2.) Ways we ‘disrespect the C of C?
   • Debrief groups – provide additional information about C of C

11:00 10 min break

11:10 Eight Basic Principles and the Culture of Children
From theory to practice: (rapport/relationship building, creating safe space, your role as a CCPT, allowing the child to lead)
10 min sm group brainstorm and demos (how do you use 8 basics to build rapport and allow the child to lead)
   • Thoughts/feelings on the 8 basics? What might you struggle with? What is new knowledge for you?
   • Sm Grp Activity: Speaking the Language of Children (change adult words to child-speak)
   • Debrief

11:40 Review of tracking and reflective responses
Demonstration for large group
Dyad mock play sessions (5 min per person with supervision) using both skills ns help in identifying child issues/concerns, responding to questions, displaying empathy in response, allowing movement and freedom through responses, allowing child choices through response…)

120
Debrief in large group, feedback from instructor
• Demo for large group: instructor works with volunteer “child client”
• Following Demo: Activity: Empathizing vs Giving Solutions
• Debrief, then break into dyads for mock session practice
• 5 min Video Segment: Brianna then debrief

12:30-1:30 Lunch
1:30 Setting up a session (opening, time reminders, closing)
Triad mock play sessions: incorporate tracking, reflection, basic principles of CCPT, open and close session, use time reminders
(triad: one child, one therapist, one “phone-a-friend” observer/helper). Engage in 7 minute sessions with each person, therapist uses all skills introduced while ‘child’ plays, therapist can freeze play and request help from observer/helper, immediate supervision with instructor
Debrief with large group, supervision feedback from instructor
• Provide opening, time warning, and closing scripts
• Video Segment: Brian opening, closing @ min 32
• Triad play sessions: observer creates at least two alternate responses for reflections heard
• Debrief

2:30 Toys: appropriate/inappropriate choices, stationary vs portable play rooms, meaning of toys, guns & bobo’s discussion (what are play therapists saying?), staying consistent with CCPT (symbolic meanings)
• Toy list basics

2:50 Triad mock play sessions: 8 min per person, all skills practiced, observer/helper provides feedback (what skills did you observe? Two things therapists did well?)
Debrief with large group, instructor feedback
• Observer also creates at least two alternate responses to reflections heard

3:30-4:00 Check out
• Questions?
• Where are you with CCPT?

Day 2 (9:00 - 4:00)

8:30 Check In: Review of CCPT main constructs– the heart of the work Activity
(Navigating the Culture of Children)
Questions from yesterday

9:15 Lets play! 5 min dyad mock play sessions – use all skills from yesterday
Review 10 minute vignette of CCPT session (Jimmy)
Debrief
• During video: Skill Search: note tracking and reflective statements
10:00 Therapeutic limit-setting, structuring and language of limits of limits
   Review vignette of limit-setting, (or) live demonstration
   “Limitless limits??”: What are yours? Participants identify their personal limits and work to expand
small group brainstorm
   • Provide limit script
   • Live demo with a volunteer, Video Vignette example
   • “Limitless Limits” sheet or Limit worksheet, small group work
   • Debrief sm group limits

10:30 10 min break
10:40 Triad mock play sessions(5 min per person): use limit-setting language (each participant will be given several specific limits to test as the child in the session, the observer acts as therapist support, and takes notes)
Immediate supervision from instructor
   Debrief in large group, (What worked well? Where did you struggle?) feedback from instructor. Triad again (5 min), new limit cards and all skills.
   • Split into dyads/triads, use limit script, provide limit cue cards to the “child”
   • Provide new limit cue cards and begin again
   • Debrief: What worked? What did you struggle with?

11:30 Stages in play
   Brainstorm: what might these look like in session, cycling, getting stuck

12:00-1:00 Lunch

1:00 Themes in play
Brainstorm: what might these looks like? How might children show you? How might you respond? Are there any that may be difficult for you personally?
Sm group process work around issues
   • Video Vignette: Brianna what themes do you note? Write them down
   • Small group work to respond to questions above

1:45 Termination: when your time together is over
Child responses, therapist responses, needs of both, staying child-centered, parents
   • Readiness info, questions, process for termination

2:30-3:30 Communicating with parents and other professionals, questions, becoming certified (participants role play conversations with parents about play therapy)
   Aspects of self-supervision, critical incidents in play therapy
   • “what if…” worksheet
What will you take from CCPT that is most useful/meaningful to you?

3:30-4:00 Ending Activity: “what we would like our clients to tell us!” Form two circles, outside circle whisper one statement that you would love to hear from a client into the ear of each person on the inner circle. Circles switch and repeat.
History:

Very brief look at the history of play therapy and theoretical orientations:

**S2: Freud**

- He layed the foundation for most theoretical work
- Groundbreaking idea that children's difficulties are as real as adults
- Children can also be treated through psychoanalysis (this was a very new idea at the time)
- However, Freud found that Children struggled in treatment because of their developmental levels and language, and therefore most work done with children was done through observation

**S3:**

**HVHH:**

- 1st to treat children with talk and play
- saw influences of home and family as being of utmost importance (similar to todays family systems work)
- she felt that many child troubles were rooted in unresolved parental difficulties
- this goes along with the idea that children are excellent barometers for what is happening in the family
- HVHH also believed that conscious insight was not needed for children to heal (this is somewhat in line with CBT in working with children

**AND:** called attention to the difficulty of using adult methods with children

**Anna Freud:**

- felt differently, insight is the key to change in children as it is with adults
- she aimed to help children consciously understand their world and themselves
- -however, this type of play was still being used as a way to help the child connect with the counselor and talk through their issues
- she say defenses as remarkable ways to cope with anxiety, trauma, and life in general
- she felt that parental involvement in the therapeutic process was the key to successful outcomes

**Melanie Klein:**

- felt that play is a vehicle for making interpretations directly to a child’s unconscious
- Her work focused on abandonment, rage, and envy
- she is the first to really use play as a medium of its own not as a tool to talk with children
S4 Jung
• Jung felt that play and its connection to unconscious leads to an expanded consciousness or an expanded awareness of the self
• This is important because at the self is a powerful healing core, therapeutic work taps this core for healing energy
• Jung saw play as a way for children to tap this core through the use of symbols
• Children were not always aware of the symbolic meaning of their play, but the counselor is
• Working through the core allows for balance
• Children WANT to integrate their more positive selves – this is what can be done in therapy
• Jung also created sand therapy which is symbolic work for both children and adults

S5 Adlerian
• The main idea here is that people are socially embedded (strong need to belong to others)
• Family is the child’s 1st introduction to the world/their environment
• Looks at personality priorities (comfort, pleasing, control, superiority, ) these are ways children go about embedding themselves within a system
• Childrens behavior is seen as:
  • Attention seeking
  • Power seeking
  • Revenge
  • Proving inadequacy/adequacy

S6 Gestalt
• Oaklander is quite innovative at the time this book came out
• Very hands on and somewhat more directive

S7 Rogerian/Humanism
• Non-directive focus
• Does not rely on techniques and interventions
• Listening skills are most important skill
• This theory holds that the counselor truly prizes the qualities of the client as they are now, does not wish they were different in some way, and does not wish to change them
• Absolute belief in a clients ability to heal and grow
S8 Axline/Landreth

Axline:

• student of Rogers
• felt that children have the same need to be pro-social as adults do
• children are successful when their needs are met and they are given space to be who they will be

Landreth:

• honed Axline’s work
• credited with creation of Child Centered Play Therapy
• this is a wholly non-directive therapy
• This is ONE of many theoretical approaches to play therapy, however CCPT is considered to be the cornerstone or foundation of all other theoretical approaches of play therapy

S9: An important idea to start with:

• Yes, there are techniques that you will be learning
• However, the key is to remember that this is a shift in thinking about children
• A different way of understanding them and their world
• You may feel drawn to directive approaches, may not always be able to engage in CC play therapy specifically
• BUT you can always adhere to the philosophy of being child-centered
• Using this philosophy will allow you to successfully engage children at their level
• It will allow you to be more successful in creating and implementing interventions because of your understanding of where the child is emotionally, cognitively, and developmentally

S10: Using the philosophy

• accepting a child as they are where they are,
• prizing each child’s uniqueness,
• honoring each child’s struggle,
• showing faith in children’s drive to be positively self-directing,
• having faith in their ability to be resilient,
• and recognizing and demonstrating each child’s innate right to be respected as an individual.

From this, children WILL learn

• Self-control and responsible freedom of expression
• Respect for themselves and others and empathy
• That their feelings are acceptable
• To assume responsibility for themselves, their behavior, and their feelings
• To be creative and resourceful problem solvers
• Self-direction in making better choices
**S11: Main Idea**
- You now have an idea of how and why we arrived where we are with play today
- Questions to this point?
- PT is a technique used with children as young as 2 yrs old (usually 2-10ish)
- We look at play as a mode of communication so that children don’t have to talk to us about what’s happening necessarily,
- They can play and we understand that as their way of telling us what’s going on and what they need us to know.
- Play helps them get through any number of worries, some that are very large like traumas
- And some that are more common developmental worries that children encounter
- The play therapist is trained to understand children’s play and to provide feedback and insight which promotes growth

**Content:**

**S12: CCPT**
- Start with the getting to a child’s level activity: Break into groups of 2, one person sits and one stands (for more vertically challenged people they can stand on a chair). Have a two-minute conversation until I say switch, then continue for another two minutes. Come back to large group.
  - What was your experience as a stander? (how did it feel? What did you notice about your body language? Who directed the conversation?)
  - What was your experience as a sitter?
  - What was the point behind this activity? This is the view children typically have of adults (particularly when being disciplined)
  - We want to even the playing field and always be at eye level when talking to or working with children
- **STORY:** while working in the school setting, I was of course always around children. I made an effort as much as possible to always be in a crouch (demonstrate while talking) while talking or listening to them – even in the hallway. Story about Danny (kdg, very small physically, coming in for CCPT session) I crouched down, and so did he, I leaned down further, so did he, I sat down , so did he… finally ended up laying on our backs deciding what he wanted to do that session
- While this is a somewhat funny illustration of what happens, Look at what Danny’s expectations are of his place when interacting with the adult culture. When he finally began to realize that I respected his place as a worthwhile person in his own right – he expected to see me at eye level and no longer needed to take a one down position
  - This is when children make change and grow, when they feel respected and valued
- Respect bullet: when you give respect you get respect
- Some teachers and staff were worried that my “child-centered” treatment of children would allow them to run all over me, that is NEVER the case!
• When children are with you they will feel valued and prized as special and capable, they do not NEED to engage in attention seeking, power and control, or revenge behaviors with you
• Sit with this idea for a moment – how does it resonate with you?
• Children WANT to be seen as their best selves and that is what you do for them – this is when change happens
• YES – they will test you and push your buttons, because they are very used to a different type of adult reaction to their behavior and self
• When you are consistent, they feel trust

S13: CCPT
• Again, has its basis in person centered theory and uses the same main tenets adapted for work with children
• Child-centered means the child is responsible for the course of their counseling
• As with person-centered, the “techniques” of “being with” (core counseling skills) underlie the philosophy
• CCPT is one of the most successful therapy modalities for children (Ray, Bratton, Rhine, & Jones, 2009) because it meets their developmental needs
• 8 basic principles ground the theory for counselors – we will look at these and how they relate to work with children, and how they ask us to sometimes radically shift our thinking
• A core belief of CCPT is that children are looking for positive ways to fit into their life space
• Ray et al 2009 found that school based play therapy was the most effective as compared to private practice or agency settings, additionally CCPT was found to be the most successful of the play modalities (we discussed those briefly earlier)

S14: The Philosophy in a Nutshell
Here is the philosophy in a nut shell: It is extremely difficult to actually do justice to this philosophy of children and to the work of play therapy
As with children struggling to find words for the most impactful events in their lives, putting words to the heart beneath this philosophy is a daunting task
• Children developmentally do not have the same verbal acuity that we have as adults
• Nor do they have the background of experiences to categorize and assimilate experiences, also less defended than adults
• People, children included, have an innate capacity to grow and be emotionally healthy if given the tools
• We are a partner on the child’s journey, not the director
• A child will act in ways to meet their needs according to how they perceive their world and their place in it.
• This understanding of a child’s struggle to belong allows us to look at their behavior as a reflection of their fears, worries, and perceptions (gives us heart and hope for them)
• It is important for the counselor to see children in this positive way because it is often our job to positively reframe children’s behavior for others in the child’s life…
• All people, children included, will not change unless they feel the need to, unless they feel the need to not have to change (feel that they are accepted and heard first as they are, this acceptance takes away the need to constantly fight for attention/space/respect)
• Children know what they need. They may not have the words to tell us but they show us what they need, what they feel is lacking. Their behaviors (maladaptive are their way of trying to meet those needs)
• The child’s reality (whether true or false) is the most important reality to work with – Because this perception of reality is what is creating and sustaining their behaviors and emotions

S15: CCPT Cont.
• Start with guided empathy activity: break into dyads. One person tells a story for two minutes (a true story about themselves), the partner listens for the story details, voice inflection, emotions, and watches body language. The partner then repeats the story back to the teller as though it is actually their own (use 1st person). Then switch.
  • did your partner get the story correct? Capture your emotions? What did it feel like to have your story told to you? What was it like to listen so that you could retell? Why did we do this activity?
• Walking in someone else’s shoes : Rogers says : understanding the persons story as if you are them, but without losing that “as if” quality.
• This is empathy
• This empathy is the crux of how we learn to understand others INCLUDING CHILDREN
• This means that the counselor believes in the child’s ability to do what they need to do and go where they need to go to heal
  • Trusting the process is much harder than it sounds, we are trained to plan for and use specific interventions to deal with specific issues
• Counselor does not rely on interventions, the non-directive approach is a complete therapeutic system in and of itself

S16: CCPT vs Other
• This is just a visual of the differences between CCPT and other modalities used with children
• Take a look and tell me what jumps out at you?
• What seems like a big shift to make in your views on working with children?
• Anything you don’t agree with or feel may be difficult to do?

S17: In General Terms
• A general description of the basic principles of CCPT
• Axlines 8 basics will be covered in more detail
• What are your questions about – reactions to these ideas?
S18: 3 essential shifts
- Help you to understand the culture of children, yourself in relation to children, and your work
- You will become a translator between the culture of children and the culture of adults

S19: The Culture of Children
- Start with breaking into groups: OR JUST IN LRG GRP: Give a list of ways in which you feel the adult culture disrespects the culture of children, Debrief with large group
- We have to SEE the culture of children for what they bring to the table – they are remarkable
- Ways we disrespect: right off the bat we are bigger – that’s why we enter their world by getting down to their level
- We have conversations about them while they are standing right there – very rude – we WOULD NOT tolerate that as an adult
- they are short, not deaf – there is no sound barrier at waist height that keeps them from hearing what we say
- We constantly interrupt them, yet what do we say when they interrupt them?
  - story about having a teacher interrupt my conversation with a child and me telling teacher that they will have to wait because I’m in the middle of a conversation… why do we laugh at that story? Does it seem that out of the norm? Shouldn’t it be the norm?
- We feel the need to be in charge of their hygiene
- We think we know better what is happening inside them (you aren’t hungry, you just ate! I know you have to go to the bathroom you haven’t gone in 2 hours!)
- We work to be in charge of or control almost every aspect of children’s days and lives, and then we wonder why they display behavioral issues, anxiety, depression, passive-aggressive behaviors, power-control, anger, irritation…….

S20: Feeling word Activity
- As adults we have to learn to communicate with children
- We now know that a successful way of communicating is through play
- But as counselors and child advocates and child partners it is our job to also provide the language necessary for children to also communicate successfully verbally
- ACTIVITY: Please get out your sheet of feeling words:
  - Break into groups (might be uneven) 1-5, 6-10, 11-15, 16-20, Your task is to take your words (ie: Satisfied and break it down into something a child can understand = Yes!, Woo, You did it!, You tried and tried and you finally got it!... )
- Child-speak can be a sound, a facial expression, body language/gesture, a simpler word, a phrase or a combo of these
- I also like to add the feeling word to the end so that they hear it and begin to recognize its meaning

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• Ie: you tried and tried and you finally got it! You feel so satisfied!
• Ie: Argh!!! Combined with : You feel so frustrated!

S21 & 22: 8 Basic Principles

S23: A few points of interest
• All of these will be covered in depth, but I want to HIGHLIGHT them now as we move into skills...
• Questions are a no no: they move clients into a defensive posture
  ▪ make clients feel like they must answer
  ▪ you are now in charge of the process
  ▪ very difficult to answer
  ▪ ** all questions can be rephrased into reflective responses
• Limits: kept to a minimum
  o only needed when they are needed (we don’t try to ward off trouble…)
• Suggestions: no no children get to choose
• Correcting: no no
  o we don’t correct language, spelling, behavior, uses of toys
  o these choices are left up to the child, always

• FOR GROUP: Questions for thought: Now that you are familiar with the philosophy, why might children engage in these behaviors?
  ▪ what value are these behaviors to you (what do they show/tell you)?
  ▪ why can you not be upset/offended? (IE: how can you reframe the behavior?)
• A child’s behavior is consistent with his sense of self and perception of self
• Children want you to know and feel their experience (remember they are ruled by feeling and will draw you into the feeling of their personal experience)
• They have to experience acceptance of the worst parts of themselves before they will trust you to help them change

S24: Tracking
• Review and then practice
• Review slide and skills – example statements
• Ask for volunteer to come up and play with you
• Debrief with group
• Break into dyads: each counselor tracks their “child” for 5 minutes – I will keep the time and tell you when to switch
• Note to Group: some of this is going to feel quite strange, silly, or uncomfortable, please give it all a try
• Please do not stop to “discuss” tracking – just keep going – if you have question raise your hand and I’ll come over
• Debrief and answer questions
S25: Reflective Responding

- Same thing: Review slide
- Ask for volunteer to come up and play
- Debrief with volunteer and group
- Break into same dyads – play and reflect for 5 minutes each
- I will keep time and tell you when to switch – please try the entire 5 min
- Show video clip of Brianna or Landreth session
- Have them reflect again for 5 minutes each
- Then do a round robin where one person plays and each person gives a few reflections and tracking statements – go from person to person around the table – include yourself so that they can hear some other examples

S26: Empathizing vs Giving Solutions Activity

- Please get out these sheets: This is more practice in reflective listening and speaking the language of children
- In small groups change these common phrases that we might typically say – into a more reflective statement
- What helps here is to get to the heart of the statement – what might be going on that would lead someone to make this statement to the child? This information helps you to understand what the child might be feeling and make a more appropriate statement
- Remember: we are NOT here to fix things or “make” children feel ok (pacify them), we don’t provide praise just encouragement
- We want to make a statement that lets them know we are hearing their feelings and acknowledge their needs/wants

S27: Setting Up

- I am going to provide you with an opening script to help orient children to the play room or play space
- Please use this script until you have it down, this helps you to be clear with children
- I say the opening to children until they ask/tell me to stop or clap their hands over their ears –
  - what is the next immediate thing I do??? REFLECT this back to them – practice – someone give me the reflection
- 5 and 1 minute warnings about sessions ending are crucial, you will provide them at each session
- I will also give you a limit script – please please follow this script – you will not stumble if you use it
- It is crucial also to know your limits ahead of time
- What did we say about limits: they are NOT needed until they are needed (that is why there are NONE in the opening ever…) And they are kept to a minimum…
S28: Opening script (and Limit level 1)

- Walk through language in opening: Be aware that it says you can do ALMOST anything in here… kids will catch you if you mis-state this - Very important to add the last sentence
  - Lets practice some more with: tracking, reflecting, using the opening, time warnings and the closing – which is simply : our time is up for today. Break into larger groups (at least three people) from now on: 5 min session for each person. I will be coming around and sitting with your groups to add support or ideas…
- With these sessions start with the opening (you can read it until you know it) then give the 5 minute warning…
- Your extra group member will be keeping the time and let you know when you need to give the 1 minute, They will also be your "phone a friend" if you get stuck reflecting or tracking (they should just give an idea or reflection, don’t let this get you off track and send you into a ‘discussion’…
- When I say time is up each group debriefs itself for 2 minutes:
- The counselor shares 2 things they did well, The extra person notes some positive things they saw or heard, The “child” shares her experience of the counselor, Then begin again with the next people
- Please remember your questions so that we can debrief as a group

S29: Limit level script cont.

- LIMITS: (1st limit is on previous slide)
- Walk through the language of the limit script – then before they practice: Get into small groups and decide what your limits might be – then decide if they are congruent with the philosophy (ie: is it really a limit or just something you struggle with or don’t like… those don’t count as limits )
- Limits are really only appropriate for safety and grounding children to reality, and staying in the play room/space (mine are: cant break toys or windows, cant hit me, cant hurt or deface me (paint on my clothes, spit on me…))
- Limits are absolute (not: you can hit me softly… this is hard for kids)
- Children will usually not limit out because they want to stay in session
- Limits need to be stated kindly but firmly
- Limits are your way of helping children stay safe and find their personal boundaries – they NEED them, don’t feel bad about setting them
- Limiting out is a way of either testing the boundaries or letting you know they need to be done
- This is an expression of self that should be appreciated and applauded (I don’t applaud in front of them… haha)
- Demonstrate with a volunteer: use the limit of pulling my hair (have them continue to try so they can see all levels), and also at the end have the volunteer not want to leave so that they can see that worked through as well in demo. Then have them debrief
• Practice sessions: Each person chooses one limit they will try on their counselor: leaving with a toy, wanting to leave the room, hitting counselor… 3 minute sessions each – USE YOUR SCRIPTS.
• Debrief
• If time allows – have them look over the longer limit (yes no) sheet…

S30: Themes
• Themes are inherent in all play
• Children will cycle through themes and come back to previous themes, they can become stuck as well
• They cycle until they have reached resolution with an issue or concern, until they’ve mastered it

S31: Using Themes, S32: Stages of Play
Protocol Title:

THE EFFECT OF A TRAINING ON SCHOOL COUNSELORS’ CHILD-CENTERED PLAY THERAPY KNOWLEDGE, SKILLS, AND ATTITUDES.

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:

The purpose of this dissertation study is to assess the effect of a 12 hour training on school counselor’s Child-Centered Play Therapy knowledge, skills, and attitudes in their work with children.

What you will be asked to do in the study:

Following a brief description of the study, you will be asked to complete three survey scales to acquire a baseline of your current attitudes, knowledge, and skills in working with children. Following completion of these scales you will be involved in an interactive two-day (12-hour) training in the theory and techniques of Child-Centered Play Therapy. You will be provided with the history of play therapy, information on the philosophy of child-centered play therapy work with children, and techniques used in therapeutic sessions or therapeutic encounters with children. The training will consist of didactic lecture, vignette examples, mock play therapy sessions, hands-on practice, and group process work. Following the completion of the training you will be asked to complete the three assessment measures again. Those participants assigned to the control group will be asked to complete the same three assessments both prior to the training and immediately following the training. Participants assigned to the control group will have an opportunity to register for the training following the completion of the study.

Time required:

12-14 hours

Risks and Benefits:

There are no physical or psychological risks associated with this training. Participants will gain information about and practice in an effective therapeutic medium for work with children. Child-centered play therapy can be used in school settings for both individual and group work with students. Participants will also have completed 12 hours of training that can be applied toward play therapy certification hours should they be interested in pursuing further play therapy training. Control group participants will have
an opportunity to register for a comparable training following the completion of the study.

**Compensation:**

There is no compensation for participation in this research study.

**Confidentiality:**

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file in my faculty supervisor's office. When the study is completed and the data have been analyzed, the list will be destroyed. Your name will not be used in any report.

**Voluntary participation:**

Your participation in this study is completely voluntary. There is no penalty for not participating.

**Right to withdraw from the study:**

You have the right to withdraw from the study at anytime without consequence.

**Whom to contact if you have questions about the study:**

Jennifer Pereira, Norman Hall, POB 117046, Gainesville, FL 32611-7046,

Dr. Sondra Smith-Adcock, Norman Hall, POB 117046, Gainesville, FL 32611-7046

**Whom to contact about your rights as a research participant in the study:**

IRB02 Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; phone 392-0433.

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: ________________________________ Date: __________________

Principal Investigator: ___________________________ Date: __________________
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

Jennifer Pereira was born in 1975 the middle of three children. She grew up in Elma, NY a suburb of Buffalo, NY. Jenn graduated from Iroquois High School in 1993 and attended the University of Dayton (Ohio) for her undergraduate degree. After graduating from UD in 1997 with a Bachelor of Science degree in psychology, Jenn moved to Oswego, NY to pursue her master's degree in school psychology. In addition to the psychology degree Jenn earned her credentials as a registered Play Therapist and Play Therapist Supervisor.

Following completion of the school psychology degree Jenn decided to move to Cocoa Beach Florida where she worked for a year as the preschool school psychologist for Brevard County School District. During this year, Jenn also learned to sail Hobie Cats for recreation and was a member of a women's sailing team. After a year in Florida, Jenn returned to Oswego, NY to take the position as school psychologist at Brewerton Elementary in the Central Square school district. During this time, Jenn opened a private practice (KidWorks Counseling Services) providing play therapy and parenting support to local families. At this time Jenn was also invited to teach the introductory play therapy and school based play therapy master's courses for SUNY Oswego.

After 6 years in Oswego, Jenn made the decision to attend the University of Florida's Counselor Education and Supervision Department to earn her doctorate in Counselor Education and Supervision. While attending UF, Jenn worked part time as a contract counselor, assisted in teaching several courses at UF, and provided numerous professional trainings and workshops for area students and professionals in the counseling field. Additionally, Jenn earned licensure in Mental Health Counseling, and
won the Public and Professional Education of Play Therapy award from the Association for Play Therapy (APT).

Following graduation, Jenn will work as a faculty member at Argosy University and plans to open another private practice (The Banyan Tree Wellness Center) providing mental and physical wellness services to professionals and the public.

Jenn is also the very proud aunt of her newborn niece Lucia Laxmi Padmanabha!