

CHAPTER IV

DATA ANALYSIS

This chapter describes the data collected from the surveys, from the twelve in-depth interviews that arose from those surveys, and from the observations of the school counselors' offices. The characteristics of the participants who responded to the survey are reported with the survey results. The primary themes which emerged during the data analysis also are presented. These themes, which were integrated from the various patterns and categories in the data, evolved from the inductive analysis described in Chapter Three.

As themes arose from participants' responses, three central propositions evolved (see Table 1). These three propositions were as follows: 1) Play therapy is perceived by school counselors as an effective, therapeutic intervention which enables children to feel safe and to communicate their feelings; 2) Challenges to conducting play therapy in the schools include limited time, resources, and support; and 3) Training in play therapy is necessary for school counselors-in-training as well as for practicing school counselors. Once the survey results are reported, the remainder of the chapter is arranged around these propositions.

Table 1: Propositions, Themes and Number of Participants whose Responses Supported the Themes

Propositions	Themes	Responses
I. Play therapy is perceived by school counselors as an effective, therapeutic intervention which enables children to feel safe and to communicate their feelings.	1. Toys are perceived as therapeutic.	12
	2. Play therapy provides safety and comfort.	12
	3. Play therapy provides a method of communication.	10
	4. Play therapy facilitates emotional release.	9
	5. Play therapy brings results.	12
II. Challenges to conducting play therapy in the schools include limited time, resources, and support.	6. Play therapy is time consuming.	12
	7. Resources are limited.	7
	8. Administrators and teachers are often unaware of the benefits of play therapy.	10
	9. The term “therapy” is threatening.	9
III. Training in play therapy is necessary for school counselors-in-training as well as for practicing school counselors.	10. School counselors used play differently following training in play therapy.	10
	11. Training in play therapy should be incorporated into Master’s programs.	10
	12. Elementary school counselors would like more training in play therapy.	12
	13. Play therapy training is difficult to find.	11

Survey Results

For this study surveys were sent to 96 elementary school counselors at two Iowa Area Education Agencies (AEAs). Seventy surveys (73%) were returned to the researcher. The results of the surveys are detailed in Appendix E. Fifty of the 70 (71%) counselors were female and 20 (29%) were male. Forty-six counselors were willing to be interviewed. Thirty-four (74%) of these counselors were female and 12 (26%) were male.

The counselors were asked about their use of play therapy. Their choices were "often," "occasionally," and "never". Four of the counselors replied that they never used play therapy, 53 replied that they occasionally used play therapy, and 13 replied that they used play therapy often. The counselors also were questioned whether they identified themselves as play therapists. Four counselors replied affirmatively and 10 were unsure; the other 56 did not identify themselves as play therapists.

The survey also inquired whether the counselors believed play therapy was effective. Choices on the survey included, "unsure," "ineffective," "not very effective," and "highly effective." Forty-six counselors believed that play therapy was an effective intervention, seven found it highly effective, four found it not very effective, and eight were unsure. Two of the counselors created their own rating between not very effective and effective. Three of the counselors did not answer this question.

The interviewees for the study were selected from the counselors who answered that they used play therapy in the schools and who indicated a willingness to be interviewed. The researcher narrowed the list of candidates according to their responses to the survey with the intention of creating a narrow and in-depth study. The researcher initially contacted elementary school counselors who indicated that they used play therapy often and found it highly effective. The researcher then contacted counselors who used play therapy occasionally but found play therapy highly effective. Finally the researcher contacted counselors who used play therapy often and found play therapy effective. Twelve participants were selected for the in-depth interviews.

Seven of the elementary school counselors who were interviewed used play therapy in the schools often, while five used play therapy occasionally. Three of the counselors identified themselves as play therapists, six did not, and three of the counselors were unsure whether they identified themselves as play therapists. Three of the counselors found play therapy to be highly effective in the schools, while nine found it to be effective.

The counselors were interviewed in their elementary school counseling offices. Ten of the counselors were female and two were male. They had been elementary school counselors for an average of 8.9 years, with a range of 1.5 to 22 years. The median number of years in the schools was seven.

Themes and Propositions

The researcher arrived at particular themes through the data analysis. Following the in-depth interviews (see Interview Schedule, Appendix C), the researcher transcribed the data. As the researcher collected and read through the data, the researcher identified issues, such as communication with administrators or involvement of parents, and established a broad list of categories (see attached coding system, Appendix H). Coding categories was a means of sorting the descriptive data. Subsequent iterations led to initial patterns, new categories and subcategories, and codes were merged, modified, and discarded. As these patterns emerged, themes were identified.

The thirteen themes reflected the patterns that continued to repeat as the researcher continued to interview (see Table 1). These themes were grouped by the researcher into three primary propositions, which were grounded in the data from the interviews. Each of these themes is discussed below.

An Effective Intervention

The first proposition was that play therapy was perceived by school counselors as an effective, therapeutic intervention which enabled children to feel safe and to communicate their feelings. This proposition reflected several themes that were prominent in the majority of the interviews. These themes were that: 1) Toys were perceived as therapeutic; 2) Play therapy provides safety and comfort; 3) Play therapy provides a method of communication; 4) Play therapy facilitates

emotional release; and 5) Play therapy brings results.

The elementary school counselors provided personal descriptions of play therapy throughout each interview. In the data collection, certain elements of play therapy became more prevalent than others. These elements, including toys, comfort and safety, communication, emotional release, and results, led to the themes. Overall, play therapy was perceived by the school counselors as an effective intervention because it brought results, e.g. behavioral and/or academic changes. Specific examples of these results are provided in the following sections.

Toys

All twelve elementary school counselors indicated the use of toys and art materials as an essential aspect of play therapy. There was a wide variety of number and types of toys that each counselor used. Most counselors felt that having numerous toys was important, and that toys facilitated the therapeutic process.

The counselors recognized that play came naturally to children. They believed the familiarity of toys created an instant sense of ease when the children entered their offices. The majority kept toys in view and immediately accessible to children. Toys were the medium that facilitated the process of play therapy. Toys were influential in directing the play therapy session. The counselors allowed the children to choose which toys they wanted and then usually followed

the children's lead. As one counselor explained:

I would define play therapy as having a barrage of play material available and allowing the kid to come in and do a lot of the choice making as to what I am going to do, how I am going to interact, how I am going to use these manipulatives. The counselor just sits back and watches with some pointed occasional questioning or some reflection of what it is they are observing. (CJP8)²

The counselors had a broad range of play media and art materials.

Several of the counselors specifically listed certain toys that they used.

Sometimes they had collected specific toys to use during their play therapy with children. In other instances the counselors used whatever toys were convenient, such as gifts or lost toys. For example, one counselor described toys which were intentionally selected:

I went to a workshop and they gave us a list of things you should have. I have play-dough and coloring things. I have puppets, people puppets that are not people, shark puppets and things like that. I have a play house and blocks. (CCP4)

Another counselor's comment demonstrated the toys she had collected:

I had brought a whole shoe box full of items that had been brought by parents for a small carnival and they ended up being leftovers. They were a lot of little items that kids used in play. Characters like G. I. Joe or horses or cattle or the little Weebles. The kids could take whoever they wanted and do what they wanted. I also used building blocks and Lincoln logs. (CAP2)

Every participant had toys they used for play therapy. Only one counselor gave

² Quotes from the interviewees are labeled in order to find the quotes in the original documents. This notation includes the specific transcript and page number of the quote, e.g. "CJP8" stands for counselor J, page 8.

an example of play therapy without specific toys or art materials:

Sometimes we'll just go down to the gym and do whatever they [the children] like to do. It's really fun in the winter because we can go outside and do things in the snow. They love to do things in the snow. Sometimes it's real open-ended. (CBP7)

Toys were perceived as therapeutic by all twelve elementary school counselors. The counselors described how the toys contributed to a relaxing environment and created a sense of trust. For instance, one counselor noted:

You use imagination, toys, and what I would call elements of play to create a safe environment where the child's imagination can go in its own direction. I don't create the direction. I just create the safe environment and the materials. I'm there to help them feel safe and that it is okay for them to allow their imagination to go where it needs to go. (CGP6)

Another counselor stated:

The toys give a kid something to do with their hands. If I can look at the clay, especially if I am talking about something that is difficult, it is a whole lot easier than just sitting here having a dialogue like you and I are doing now. It takes some of the stress away. It becomes whatever it is they create. They can use it in the telling of the story. It's comforting. (CJP4)

The researcher conducted observations of each counseling office and noted whether the counselors had any toys in their office. Then the researcher noted the accessibility of the toys, including whether the toys were in view, on shelves, on the floor, or on a table. The researcher recorded whether the counselor had toys in various categories, including family/nurturing, pretend/fantasy, aggressive, scary, and expressive. These recordings were determined from observations and from counselors' descriptions of their specific

toys. The results of these observations are listed below (also see observation results, Appendix F), and are discussed further in the next chapter.

All twelve of the elementary school counselors had toys. Nine of the counselors had the toys in view and easily accessible to the children. The other three counselors had toys which were hidden in cupboards. Nine of the counselors had toys on shelves, five had them on the floor, and five had them on a table. In terms of categories of toys, 10 of 12 counselors had toys, such as dolls and doll houses, in the family/nurturing category. Six of the counselors had toys in the pretend/fantasy category, including costumes, blocks, and telephones. Three counselors had aggressive toys, such as hammers and toy soldiers, and five had scary toys, such as wolves, bats, and dinosaurs. All twelve of the counselors had expressive toys, like crayons, markers, scissors, and clay.

Comfort and Safety

Each of the elementary school counselors mentioned the safety and comfort that play therapy provided for the children. Many of the counselors noted the immediate feeling of calm and reassurance children felt when they observed the play media in the counselor's office. Play was spontaneous and natural for the children, so the children were immediately drawn to the toys. One counselor described the importance of making the children comfortable:

I see [play therapy] as a tool that can be used with children that makes them comfortable right away. You can get at issues, such as things that the child doesn't know that's bothering them, but they're doing things that they like to do. (CBP7)

The children's feelings of comfort led to feelings of safety in the school counselors' offices. Toys were a comfortable medium which allowed the children to play and talk about things. The children could show and share thoughts and not worry about being criticized or teased. There was no pressure to hurry. The children felt accepted and protected in the playroom. This feeling of safety was essential to establishing a good relationship between the child and the counselor. When the child was comfortable and felt safe, it was easier for the school counselor to build a sense of trust and to communicate with the child. A counselor explained this:

It gets down their defenses. You have something to focus on. It builds a good relationship. They know me, but it helps put them on a comfortable level. (CFP5)

Establishing a comfort level was essential to good communication between the counselor and the child initially, as well as over time. Another counselor described the trust that the play therapy helped the counselor to establish over time:

I see it as a real plus for kids who don't trust. It's been a wonderful way to establish trust and it's a mutual thing - we learn something about each other. That helps to establish trust too. (CBP8)

The counselors felt that the play therapy helped establish a sense of comfort and safety with elementary school children of various ages and with various issues. One counselor described this:

Play therapy is the only intervention that can get at any issue. Because of the age of children and the variety of problems, it is

absolutely necessary. Its adaptability is wonderful in the school setting. . . .the play allows a natural transition from the learning environment to a comfortable place where children can relate. . . . The play allows real issues to come out. Children can open up more. They are more comfortable as they discuss things as opposed to sitting down face to face. (CEP6)

Another counselor described her success with fourth grade boys:

Sometimes with the older boys, even they seem to go toward them [the toys]. They will always go and it seems to relax them. Even if they are just holding one. It is sort of like a security blanket type thing. They are talking to the animal and not to you but they are talking to you. It really seems to relax them and calm them down. I'm talking to them, but they focus on the animal. (CLP3)

The feeling of safety and comfort in the counselor's office also eased children's anxiety of returning. As one counselor noted:

[Before I used play therapy] these boys wouldn't come see a counselor for anything. This gives them safety. (CIP14)

Another counselor felt similarly:

Kids feel comfortable coming in here because it is non-threatening. It's more natural because kids play. Some kids that you see a couple of times - it is something that will put them at ease. (CCP9)

Play therapy kept the children safe in a variety of ways. The play therapy allowed children to discuss the sessions in a safe manner if questioned about their meeting with the counselor. One counselor described the following:

A lot of times, kids are schooled, 'You don't say this. You're not supposed to talk about this.' If I'm doing play therapy they don't even have a clue of the information they have given. It's a much safer setting for them too. They can go home and say, 'Oh, we played in -----'s office today.' (CBP4/5)

Play therapy provided a comfortable environment for children from

kindergarten through fifth grade with various problems. Children came to the counselor's office and felt safe enough to play freely and to express their feelings with the toys. This sense of comfort was often immediate and helped to facilitate a sense of trust and a therapeutic relationship between the counselor and child.

Communication

The elementary counselors defined play therapy as a language for children. When children were unable to find the words for what they were experiencing, the play media gave them the language. Children could express what they were feeling without using words. The play therapy provided a method of communication between the counselor and the child. Over and over the elementary school counselors enthusiastically described how play therapy provided words for the children. For example, one counselor expressed:

Play therapy is a way of communicating with children, obtaining a relationship and helping the child toward positive change through play. That is the best way children understand. They understand what I am trying to say. They understand their situation - and sometimes they don't understand their situation but change happens. Because talking doesn't work. (CIP6/7)

Children were not developmentally ready to communicate verbally at an abstract level. Children's thinking is concrete while language is an abstract concept. Not only did the children not have the words to express their feelings, often they could not remember certain events. When children could not verbalize what was bothering them, the counselors described how what was on children's minds automatically started coming out in the play. The counselors recognized

how play therapy enabled young children to communicate. The play provided a way to get to children's concrete thinking.

The play therapy provided a language for the children with toys as a medium. One counselor described struggles in communicating with children without the aid of play media:

Kids don't talk. You can't sit down with a kindergarten or first-grader and say, 'How was your weekend with Dad?' They can't remember it. They don't know what yesterday is. They don't know what the day before yesterday is. They just don't talk. I get more information when we just play. (CDP8/9)

The children did not have the words to communicate their feelings but the toys provided the words for them. As the children were able to communicate more through the play, the counselors found themselves talking less. They described a different level of involvement in which the children were more involved and more free to direct the sessions. Often the children's communication through the toys determined the counselors' level of involvement. The counselors felt that the children's increased ability to communicate enabled the counselors to be more beneficial.

Play therapy allowed children to communicate and work through difficulties that they were unable to work through by themselves. Often they never were able to verbalize to the counselor what was bothering them, but they were able to work through their issues in the play. One counselor described this:

Some of the things that they are not able to tell me, they can work through. You know they are working them through because of how

vociferously they go at it or how involved they get with the toys. . . I think [play therapy] releases them to deal with it in their own way. Since they don't have the words to deal with it, they deal with it through play, in a nonverbal situation, well, verbal on their terms rather than our terms. (CAP10 and 16)

The counselors provided many specific examples of children using the toys "as a language." For example, one counselor stated:

For some children it is hard to verbalize what they are feeling. Through play they say things that they had inside. Like the kids do puppet shows and have two kids or mom and the kids and the way the mom will talk to the kids reveals what's going on at home or what the brother does. So you get an insight more than anything on what's going on. (CCP5)

The counselors felt that play therapy gave them results that they had not been able to obtain with a more traditional talk-based therapy. They attributed these results to the new communication opportunities which the toys provided the children.

Emotional Release

In addition to providing a safe environment and a language to communicate, the elementary school counselors believed that play therapy facilitated emotional release. When children felt safe, they were able to release feelings that they had suppressed. The play therapy provided children the safety and the medium with which to express these feelings, whether they had the words for the feelings or not.

Once the children were given a mode to communicate, they could express feelings which they previously had not been able to express. The counselors

described how the play therapy enabled this emotional release. For example, one counselor stated:

I knew it could be a release for children who couldn't say what was going on with them. . . . I see play therapy as a method of releasing fears and inhibitions and allowing them to be themselves. It's structuring a situation in an unstructured way that allows children to deal with their inner fears and difficult situations that they live with. (CAP5 and 15)

Another counselor indicated how this emotional release provided a child relief which transferred to success with behavioral problems in the classroom:

For students who have had stuff bottled up, they were scared to get it out or felt pressure. . . . They got it out. That weight has been lifted. I'm feeling okay now and it was okay do that. One boy has had many fewer instances. We haven't had to remove him from activities. He wasn't hurting other students. (CLP6)

Play therapy was a way for children to work through their feelings and issues in a non-threatening way.

The elementary school counselors expressed relief that they had discovered play therapy. One of the elementary counselors communicated this succinctly:

I knew that children needed something. Adults were very scary people and if they could tell it to the pets, the stuffed toys, whatever, that they could release it in a way that would free up the battle within. (CAP17)

Children who were not able to express themselves and to release emotions verbally were able to work through their issues during the play therapy sessions.

Effectiveness

All of the counselors relayed instances of success with play therapy in their schools. They believed that play therapy could bring positive results for many different situations and problems. While some counselors discussed the general effectiveness of play therapy, other counselors gave examples of the effect of play therapy on children's behaviors and academics. Most of the counselors discussed specific cases of their success with play therapy.

The elementary counselors often felt pressure from teachers, parents, and administrators to "fix" children and to produce a distinct change in the children's behavior. The counselors explained how what they viewed as effective may not be viewed as effective by others. This particular issue will be discussed later in this chapter. While therapy does not always produce tangible results, the counselors provided numerous accounts of noticeable results that they attributed to play therapy.

Most of the changes the counselors described were behavioral. They discussed children who were referred to the counselor with numerous aggressive and anti-social behaviors which improved after sessions of play therapy. Numerous accounts of changes in and out of the classroom were reported by the counselors. The counselors attributed this success to the healing process of play therapy, rather than themselves. In one example, the counselor discussed play therapy with fourth grade boys:

These guys don't have social skills. They don't know how to negotiate. When they started here, they would grab, they would hoard. They are 10 and 11. So when it comes to improvement, their social skills have improved. Their communication skills have improved so that it is noticeable in the classroom. It's noticeable in the playground and it is noticeable to me here. They understand how to communicate. (CIP7)

Another counselor gave a specific example of a behavioral change:

Before he was very angry and never wants to respond to you. Everything was no, but now that the language has been directed at the animals and the play with the animals, he has become very verbal. He relaxes and calms down after coming down very angry. It really seems to calm him down and take the pressure off. Through the play, he can act it out and speak about it and he switches into the rest of the story and talks about himself rather than the animals. With him it is very effective. (CLP5)

In one instance, a respondent commented on feedback from a teacher and other children:

One teacher said, 'I don't know what you are doing, but keep doing it. When he comes back, he is not as agitated.' I heard some girls talking about him and they said he was a lot better, that was so cool. He'll pick his nose and eat it just for effect. He's not doing that anymore. He has learned to get the attention without doing it that way. I thought the testimonial from the girls was better than getting it from the teachers. (CIP7)

While some counselors also noted academic change, they explained that sometimes the differences you see in children academically are not as clear as the behavioral changes. For example a child may begin completing more work or perhaps a child begins completing work, but still does not understand the content. One counselor expressed a view about the effect of play therapy on academic change:

I would like to think there are some academic changes because if this gets their mind off of the things that are bothering them, they can keep their minds on their school work. I think things that they come and unload in here, it clears their minds as they go back to the classroom. (CCP8)

While all the counselors believed that play therapy was effective, none of them believed that play therapy was effective for every child in every situation. As one counselor stated:

Nothing is effective all the time. It depends who you are working with. (CLP5)

Many counselors noted that play therapy was much more appropriate for young children. One counselor's statement summarized the general feeling concerning age-appropriateness of play therapy:

For the students who are less verbal [play therapy] seems to work better with. As they get older, they are more verbal, and a lot of times you don't have to do anything. It just comes out. You don't have to try to figure out what is going on because they are willing to share it with you and they can verbally. They know what happened. They know what upsets them. They know what is going on. So I would say it is more of an age thing. (CLP6)

Whether they gave specific examples or not, the counselors unanimously agreed that play therapy was an effective intervention. Many explained why play therapy was more effective than a talk-based therapy. They believed that the play therapy allowed the children more freedom of expression and greater ability to influence the direction of the session. The counselors felt they gained more information when the children directed the sessions. They also felt the play

therapy allowed the children to work on issues of their own choice, rather than the counselors choice. For example, one counselor clarified :

I get a lot more out of the kids. . . . when I question them (in talk-based therapy), I may be totally missing what the problem is and where they are coming from. When they are able to use the toys, the play media, they are able to tell their side of the story. They show me a broader picture of what actually happens. (CHP3)

Another counselor who commented on why play therapy was more effective than a talk-based therapy explained :

If a younger child was sitting in here and they were in trouble and I tried a talk therapy, I'd say, 'You are angry. Let's talk about what's your plan,' and they are angry and say, 'I don't have a plan.' and I say, 'Well, I have a plan. Here's one plan, blah, blah, blah...' The danger of doing that is that any time you tell a person something, whether it be a child or an adult, I think the implied message is that you can't get it, so I am going to give it to you. So I see it as there's a potential put-down message in a direct intervention. I'm more confident that if it is a play therapy intervention there is less danger of that occurring. (CGP18)

Throughout the course of the interviews, many of the counselors proclaimed an ardent conviction toward the effectiveness of play therapy in the schools. The counselors believed in the ability of play therapy to effectuate change, and they described how they watched change occur in their students. They reallocated their time to fit play therapy into their schedules. One counselor stated:

Once I learned about it, I used it almost all the time. (CAP9)

The counselors' belief in the overall efficacy of play therapy was clear. These examples demonstrate their conviction:

I think it is the most effective technique for troubled children. I feel the most confident that it is not going to be intrusive in a negative way. (CGP17)

I don't see counseling kids any other way. I honestly don't . You can't do talk therapy with them. (CDP11)

While these counselors viewed play therapy as a vital part of their role in the elementary school, certain obstacles mitigated their optimism. Successful inclusion of play therapy in the school setting proved to be complicated for the majority of the participants.

The School Counselors' Challenge

The second proposition that emerged from the interview data were that challenges to conducting play therapy in the schools include limited time, resources, and support. This proposition reflected several salient themes from the interviews. These themes were that: 1) Play therapy is time consuming; 2) Resources are limited; 3) Administrators and teachers are often unaware of the benefits of play therapy; and 4) The term "therapy" is threatening.

All of the elementary school counselors expressed some apprehension about their role in the schools. While the degree of anxiety varied, it was apparent that the pull of many duties (e.g. classroom guidance lessons, small groups, and consultation with parents) could be harrying. The counselors had hundreds of children for whom they were responsible. One counselor expressed this struggle:

I need to figure out a way to effectively get it in place here. It's how

much time can I devote to it. Let's say I have a kid who this would be perfect for - there are 370 other kids here. How much time can I slot out and how long can I [spend] for this particular child and balance it with the needs of everybody else here? (CJP9)

While the counselors found play therapy integral to their guidance programs, they also acknowledged that it brought its own challenges. Time and resources were noted as drawbacks. Sometimes the school counselor's administration and teachers created an impediment to the success of play therapy, although this was not always the case. Counselors discussed their communication with administrators, faculty, and parents. Many also offered suggestions for improving communication. Perhaps the biggest obstacle to the implementation of a successful play therapy program was the phrase "play therapy" itself.

Conducting play therapy in the schools can be challenging. Each counselor expressed difficulties that they encountered trying to integrate play therapy into their school routines. Using play therapy in the schools involves a commitment of time, training, and resources. In addition to their numerous responsibilities the participants described many hurdles to using play therapy. A unanimity of responses concerned the issues of time, resources, communication, and semantics.

Time

Most elementary school counselors have a responsibility to serve an entire school or even more than one school. In rare cases, an elementary school may have two school counselors. While individual counseling with children is

almost always considered a part of the elementary school counselor's role, there is disagreement concerning how much time counselors should spend with children on an individual basis. Most often play therapy is used with children individually and play therapy can be time-consuming. This demand of time created an issue for many of the participants.

The counselors discussed the issue of time in different contexts. While time was a central issue, the counselors had various concerns. The majority of the participants expressed a general concern about time pressures. Some could not find the time to fit play therapy sessions into their schedules because of other obligations. Others could find the time for play therapy, but they needed more time for longer sessions. They complained that teachers would not allow children out of the classroom for more than a short time. Another concern was the number of children who needed play therapy, and the less time the counselors had as they took on more children. One counselor expressed frustration:

It does take time and that is one of the toughest things to get is time. It takes time to do it with the kids - it takes time to prep and get some decent materials. You need to have the basics covered. Sometimes I have to create things and that takes the time. It's a time-consuming process in different areas. I've experienced in other buildings where the teachers question the time. (CBP15)

Another counselor felt like she did not have the time to continue enough sessions with some children:

I think lots of times I open up a can of worms, and I don't feel like I have the time and the knowledge to deal with these things, and then sometimes the parents are hesitant to take their children

elsewhere to deal with these things. Nothing happens with it and they end up just stuffing it. (CCP5)

Yet another counselor also expressed dismay about the follow-up after a play therapy session:

Sometimes transferring it out is a problem because of the time factor. If I could take the child and talk with the teacher about changes which need to be made - modeling things, modeling behavior, practicing behavior - that's the part where the ball drops... That's where it [play therapy] doesn't get extended. I wish it could. I think it is because of time factors. Sometimes because of the follow-up I can't find out what happened - it just happened and the teacher will say the child's anger is better. I could use more time with any of them. (CIP12/13)

Although the participants were unanimous that time was a matter which could not be ignored, they did not consider the time factor a reason to discontinue play therapy. One counselor suggested that the issue of time might contribute to other counselors' decisions not to use play therapy in the schools:

Some people can't handle it, don't want to do it, don't want to deal with it, don't want to think about it. It's too much effort. It's too much time. It goes too slowly so they don't feel like they are seeing the magical progress that they want to see. Even though the progress is not much better than with talk. Talk is just easier and simpler. Plus if you end up with a counselor who doesn't like mess. You're talking major mess. (CJP5)

Overall the counselors expressed that time issues were a challenge for any school counselor, with or without play therapy, because of the multiple responsibilities inherent in the school counselor position.

Resources

There was discussion by participants concerning available resources. Play therapy can be expensive. The two main expenses were funds for toys and funds for training. Many counselors believed that it was essential to have a large number and variety of toys to conduct effective play therapy. Their school budgets usually did not provide funds for play media so many bought their own toys for their school counseling offices. The counselors also had difficulty obtaining funding for further education in play therapy. Workshops and courses in play therapy were expensive and difficult to find.

The shortage of necessary resources, funding for play media, and education was noted by several of the elementary school counselors. One counselor explained how it limited her use of play therapy:

It was limited because you had to be able to get resources. You need funding and secondly it takes time to put stuff together.
(CBP12)

However, another counselor clarified that extensive play media was not essential because children will create what they need. This counselor articulated:

This and this tea set was all I started with. She flipped this (the workbench) over and made a table and put her food on it and served the doll. The improvisations are wonderful. You need very little. I don't think I am very equipped. (CGP4)

One counselor described how the resources were more accessible after she had opportunities for training:

The difference is I felt more confident about what I was putting

together. I felt like I could justify what I was buying with the district better than I could before. Also I knew more resources available than I did before. (CBP12)

Despite the challenge, the counselors found ways to provide toys for their offices. Many recommended garage sales and company donations as ideas to save money on play media. A greater dilemma concerning resources was the expense of play therapy training. Findings concerning the issue of unavailable training are presented under the training section later in this chapter. While lack of funds was a hindrance, it did not deter participants from the use of play therapy.

Communication

An elementary school's guidance program influences, and is influenced by, many variables. In addition to the children they serve, elementary counselors often become intricately involved with administrators, faculty and staff, parents, and even the larger community. The participants reported different levels of communication with administrators, teachers, and parents.

The majority of the counselors reported limited communication about their use of play therapy to various individuals in the school. Generally, administrators and teachers were unaware of the benefits of play therapy. While some counselors saw this as an issue, others did not believe it was important to tell administrators and teachers that they were doing play therapy. Some counselors who did communicate about play therapy were enthusiastically received and

supported by their administration and faculty. Other counselors who did not communicate about their use of play therapy still received support from their peers on the play therapy because their counseling brought results. Many of the participants acknowledged that they felt that improved communication concerning their use of play therapy, and its value for the children (and consequently the school as a whole), would be beneficial to all. Some counselors had not communicated to their peers about their use of play therapy because they feared negative reactions.

One reason the counselors felt that play therapy might elicit negative reactions in the schools was that, because the purpose of play therapy had not been communicated, many teachers and administrators might view the children as simply playing. Several counselors discussed such reactions to play therapy from their administration and teachers:

There are more than a few teachers in this building who, if you talked about play therapy techniques, they wouldn't say anything directly to you but they wouldn't give you encouragement. Pretty much suggesting that they have trouble seeing it as helpful to the child. Some of the comments that have come back to me are that they like to go to you because you just play. You're just the play person. Implying that this is a fun place but nothing really important happens. You have that kind of connotation. If it's fun, it couldn't be good for them. (CGP10)

A specific example from one counselor illustrated a miscommunication of the use of play therapy. The counselor was discussing a play therapy session with a child who had set up all kinds of figures and was knocking them over. The child had just told the counselor to set them all back up when an administrator walked into

the counselor's office. The principal did not understand what was occurring during the play therapy process:

I do what the kids tell me to do. I set them up and he plows them down. One time my principal came in and said, 'Oh my. You shouldn't hurt people like that.' . . . I said, 'I know you're trying to help me. Get out.' (CDP7)

The counselors stated that acknowledging and communicating the need for individual counseling sessions was complicated on many levels. One cited this as another reason for negative reactions to play therapy:

Even though people will now tell you that there are kids in deep trouble, the political arena doesn't allow you to say how many problems there are. And I can talk to you about kindergarteners who are already at risk. You can see who they are. People don't want to know. People who have power, whether that is the school board or the upper echelons of the administration, and you know the answer is that they may need extra services. Extra services mean one thing: an individual who will take the intense time to work with that person. If you don't have that one individual - it's the basic of everything that happens successfully to kids at school - if you couldn't make that connection with one adult, anyone in your school existence, it isn't going to finish for you. It isn't going to happen. (CJP11)

A few of the counselors presented a different reaction. These elementary counselors, even if they did not communicate about their use of play therapy, had administrative, faculty, and parental support because they witnessed improvement as a result of the counselors' efforts.

The counselors described an assortment of responses. Some teachers never questioned what the counselor was doing with the children. They never asked what the counselor did, but only what they could do to help in the

classroom. Other teachers and parents saw children making changes and were strong advocates of the counselor. One counselor made efforts to communicate with parents, teachers, and administrators about the use of play therapy. She described her efforts:

Just this morning his teacher was talking about how he made a lot of progress. It's due to a lot of things but play therapy is a lot of it. [The administrator] knows and is very supportive. Parents do if they read. We send them a spotlight [in school newsletter] and I introduced play therapy and talked about how much parents could play with their kids. I presented at the PTA. (CIP9)

Another counselor who did not communicate about the use of play therapy felt supported regardless. She also explained:

As long as they see results, they don't care what I'm doing with the kids. And it's a non-threatening way as far as parents are concerned because they see it as play. They don't see it as therapy, so for me it's got the best of both worlds. I don't get a lot of administration or faculty questions. They are more concerned about effectiveness. (CBP16/17)

The elementary school counselors suggested that they should communicate to administrators and teachers about play therapy's benefits. This would make it easier for them to use play therapy in the schools. They felt inservices would be helpful, yet most had not done one in their schools for different reasons. One counselor wanted an outside expert on play therapy:

We have talked about play therapy. I haven't done an inservice on it. It would be interesting to see the response. To tell you the truth, this is a drawback to being in a school setting. I actually think it would have more impact if it was an outside expert. The outside expert who said that play therapy has great value and this is the reasons why and those kind of things it addresses. I think they

would listen better. I base that on observing them with all the inservices that we've had - in-house versus the outside expert. The outside expert has a lot more credibility. (CGP10)

Another counselor was also wary of presenting an inservice:

I know they [the teachers] know I have a lot of toys and things, but I don't think they understand the concept of play therapy. I've never done an inservice on it. It would probably be helpful for them, but I would feel uncomfortable doing it. Some of them are very critical of what I do with kids anyhow. They [the teachers] feel they [the children] are here for academics. And that is what they need to work on - not the mental health. (CCP6)

One counselor felt that educating administrators and teachers about the benefits of play therapy was not the elementary school counselors' greatest hurdle. He explained that if these individuals do not understand children and their situations, educating them about the benefits of play therapy may be fruitless. This example demonstrates the general lack of communication that could exist.

The counselor explained:

Play therapy is hugely effective. The problem that you run into people's biases is that a person believes a kid is messed up, and a lot of times it is because of what they have heard about the child's family. . . . As you start to see, and it is in small increments, the child starting to make movement towards being more productive, there is less possibility that the teacher will see it. Their attitude is that he has this horrible home environment and nothing is going to change that. . . . They are little movements. (CGP12/13)

When asked to provide a specific example of such a situation, the counselor replied:

One of the kids that comes in has parents with substance problems. . . . She will come to school angry. . . . Usually during the play therapy session, her demeanor changes, her body language

changes. . .She seems to be happier. . . Then she goes back to the classroom and the teacher just wants to know if she can complete her work. I'm thinking, 'She may or she may not.' The fact that she comes back smiling, that she isn't acting out, she isn't throwing her notebook on the floor, that's a significant change. We need to celebrate that and not be focused on 'but can she complete her work,' because she hardly ever completes her work. . . To me that is a huge jump. She comes in and she got up by herself and got dressed by herself. She is 7 or 8 years old. Nobody fixes her breakfast. She walks to school by herself. She's feeling neglected. The play therapy allowed her to feel like she had some control. (CGP13/14)

This counselor explicated the need to communicate with educators and administrators on different levels. He explained that to teach kids social skills we must understand them. Social skills for children include being able to calm themselves down and stay positive. This is as important to communicate as the importance of play therapy itself.

Every participant professed a need for improved communication with their faculties and administration on some issue concerning play therapy. Many acknowledged that a change in communication might relieve some of their role confusion because it might result in clearer expectations. One counselor even posed why poor communication might create a barrier to the use of any play therapy:

If your peer group happens to be the other teachers as opposed to the other counselors, and you're doing this, what comes across is a bizarre, new age, out-there kind of stuff and if you can't do a good job of explaining the rationale and the motivation, then it's easier just to bag it and don't do it. (CJP5)

Communication was perceived by the elementary school counselors as a definite

challenge. Regardless, the counselors felt some control over this issue and recognized alternatives for change.

Attitudinal Barriers

The term “therapy” can be provocative when used in the school setting. While the counselors discussed other obstacles to play therapy in the schools, such as time pressures, lack of resources, and resistance from their peers, they were not deterred. However, the term “therapy” and its implications were threatening enough for some to question their practice of play therapy. Their solutions to the dilemma included keeping the play therapy a secret or calling it something else, such as “play counseling.”

Several of the counselors decided not to reveal the fact that they used play therapy with the children in the schools. One counselor explained:

I didn’t publicize that I was using any therapy. I just had sessions with them. Nobody knew what we were doing in there. We were working with the toys and the children were allowed to express themselves the way they felt was necessary. (CAP3)

Other counselors approached the problem in a different manner. These counselors used different terms for play therapy, including play techniques and play activities. Several counselors used different terms because they had been reproached for using the term “play therapy” or because the term “therapy” had offended someone.

The counselors talked candidly and emotionally about why the term “therapy” had such negative connotations in the school setting. Most believed the

term was threatening to someone with whom they dealt, such as parents, teachers, or administrators. Sometimes administrators were supportive of the fact that the counselors used play therapy, but the school system was not.

Sometimes teachers were supportive but administrators were not. Each counselor relayed tales of frustration. They felt that while many of their duties could be considered therapy, they were just named differently. For example, small groups could be called “small group therapy.” The counselors complained that others were just affixed on a word. The counselors explained persistently that play therapy did not have to be a long, involved process. They agreed that some children needed therapy outside of the schools. They professed to know the difference between children who only needed play therapy from a school counselor and children who needed to be referred to a private practice for play therapy.

The counselors had many thoughts on why this was such an upsetting issue to the school professionals. The school counselors were affected by opinions inside and outside the schools. One counselor explained:

Partly it is because of the schools, and there are schools [that] have said we don't want you doing any therapy type work. . . Any time you bring up the word “therapy” people think of a clinical intervention and that it should not be in the schools. I think if that's how you view the therapy word then that is true, we shouldn't be doing therapy, but there is a distinction. I think play techniques are useful in both settings. Somehow there needs to be a distinction made about how you could do it in both settings. It provides an essential level of support for kids. (CGP24)

Even upper administrations and school boards influenced this issue. Another counselor illustrated their influence:

The therapy phrase scares people to death. The general district take on what guidance counselors are supposed to be doing is providing services for every child. On a preventative nature, you do the classroom guidance sorts of things, you can do some small groups, you can see an individual, but they really don't want you seeing the same individual for a steady stream of time. . . They would be the administrators, the powers that be. Okay? The school board. . . It was like you are spending too much time with those children. You need to be referring them out if they need this intense one-on-one interaction. So most of us are pretty careful. (CJP1)

One counselor thought it was a cultural problem:

I think it is a stigma that is just there. You should be able to figure your own problems. It is sad for our profession. That there is such stigma to go see anyone. It is gradually getting to be alright but this is a smaller rural community. There aren't that many therapists around. The whole therapy thing, people are scared, growing up in the Midwest. (CLP8/9)

Finally, the counselors proposed various solutions to the dilemma, such as a name change:

In schools, I would hate to think people would say children have to be in a clinical setting to have play therapy. The reality is that kids aren't going to make it to the clinical setting unless they get extremely severe. . . I would like to think that there would be a play therapy intervention that would be appropriate in the schools for kids who aren't going to make it to a clinical setting. I don't know what you would call it - a play therapy for the schools and a play therapy for the clinician. (CGP23)

The elementary counselors expressed strong feelings about this issue, displaying frustration, anger, and confusion. One exasperated counselor discussed intentions to change:

I don't know if they think it is voodoo or what. We are having an evaluation or something like that in the counseling program throughout the schools. They are going to come in and ask you if you are seeing a kid for more than six times, because if you are that is considered therapy. I think of therapy as help, a helping relationship. You can say that everything you do in your room is therapeutic, but it is not therapy. They just evaluate. It isn't negative, but what they perceive that we do and what we perceive that we do and should do are different things. I don't want to hide the words anymore, I mean why, I'll probably get in trouble. Oh well. (CIP10)

Perhaps the overall feeling of many counselors was most neatly summarized in one counselor's remark:

It's called play therapy - get over it. (CJP12)

Training

The third proposition that emerged from the analysis was that training in play therapy was necessary for school counselors-in-training as well as for practicing school counselors. This proposition reflected several themes that were prominent in the majority of the interviews. These themes were that: 1) School counselors used play differently following training in play therapy; 2) Training in play therapy should be incorporated into Master's programs; 3) Elementary school counselors would like more training in play therapy; and 4) Play therapy is difficult to find.

The four themes arose from the counselors' responses during their discussion of training. The elementary school counselors noted the differences in their use of play following some type of training in play therapy, whether it be a

workshop or coursework. Most of the counselors had used play techniques in their counseling long before they had any training in play therapy. Several of the counselors mentioned the use of new skills and language as part of play therapy.

The counselors felt strongly that play therapy coursework should be part of the professional training in certification programs. The counselors felt that training in play therapy was necessary for school counselors because play was a natural medium for children to express themselves. The counselors also unanimously expressed interest in more play therapy training but they declared such training relatively unavailable.

Systematic Versus Random Use

The counselors had received a variety of training, ranging from a brief workshop to multiple courses and ongoing supervision. Several of the elementary school counselors described how they used play differently following training in play therapy. Before they were trained in play therapy many of these counselors simply used toys as something to occupy the children's hands during talk-based counseling sessions. One counselor described a different reaction to the child's use of play media after taking a course:

I wouldn't even say I used it [before the course]. The kids would hold the animals but I didn't comment on it. Mainly I corrected them and said that's inappropriate, like [if they were] trying to whack someone else. Now I would, especially if it's one-on-one, I would make comments and reflective statements. For example, how to work with that. My language has changed. (CLP4)

Another counselor illustrated the change after play therapy training:

I think I was looking for all the symbolism. You know, you chose red, you must be really, really angry. And trying to be very interpretive because that's what I thought it was. I did talk to them through the toys and it was helpful. It was. I think people will find that out. It was talk therapy with toys. (CIP16)

While a few counselors described their systematic use of language or techniques during a play therapy session, others described more random use of toys as play therapy. After taking a course, the use of play was more intentional, as was the counselor's language. Many counselors also mentioned an increased awareness after taking a course of how directive they were during sessions with children.

A few of the counselors described specific strategies that they used during play therapy sessions. These counselors explained how training affected their language. Their language became more intentional as they reflected from the toys or from the children's actions and feelings. The counselors learned to follow theory in their responses. For example, one counselor stated:

Learning what to say to children and learning what not to say. Learning to allow them their own freedom as opposed to doing what I wanted to do. Being less structured about what I wanted out of them and learning more of what they produced on their own. (CAP17)

Another counselor described a change in language from questioning a child directly to reflecting on his choice of play:

Before, you tried to talk to him and direct comments to him, saying, 'What is going on? Why did you do this?' Instead, you direct comments to the frog and the dog and reflect that they are hitting each other. If you direct statements to the animals, he'll start

commenting on what they are doing. He'll switch into the story of what happened with him and whoever or if it was just him and he's mad at mom or dad. . . It took the pressure away from him.
(CLP4/5)

A few counselors also described particular skills such as limit-setting and tracking. The counselors allowed the children to help set limits in the playroom, instead of the counselor determining them alone. The counselors explained that this gave the children some control. One counselor described how tracking the child, or reflecting his actions during the play, helped the counselor to let the child describe the situation rather than the counselor.

Other counselors admitted that they were unsure about their use of the toys during play therapy. They did not utilize a different language or skills, but incorporated the toys into their talk-based sessions. One counselor explained the use of play therapy:

This is my basket of goodies. Often when children come in they can pick what animal they want. If they feel good being with them, that's fine. Some do, some don't. Some just want to look through it. I find it fun to see how they handle them and how they are with them. I think that's part of what all that is. How do they play with them, how do they interact, you know. (CKP2)

When questioned about the use of a major approach to play therapy, another counselor replied:

No. More half-hazard. I go to a workshop and learn some things, like the last one I went to was on anger control and we've been doing a lot of volcanoes lately. If I learn something new, I'll try it out.
(CCP9)

Some of the counselors mentioned theory in relation to their use of play therapy.

While a few of these counselors mentioned specific theories, they all considered themselves eclectic. One counselor explained this eclecticism:

I would say at this point I am more eclectic. Different kids need different things and I need to adapt to what they need and not necessarily what my style is. I have a basic philosophy that I operate out of but when it comes to using a theory that depends on the child. (CBP13)

The counselors who mentioned specific theories explained that they used the theories with which they were the most comfortable. They still all considered themselves eclectic because they used other theories when they felt they were more appropriate.

Certification

Every counselor had received their play therapy training after they completed their Master's degree. The only exception to this was that a few of the counselors had presentations on play therapy in one of the courses in their Master's program. The participants unanimously felt that elementary counselors should be educated in the language and techniques of play therapy.

Many participants explained that they did not feel it was necessary for an elementary counselor to be a registered play therapist, which would include extensive training and supervision. Nonetheless, they clarified that some training in play therapy was essential. Despite the varying extent to which they believed that intensive play therapy belonged in the schools, they ardently advocated play therapy training for all elementary counselors. The counselors maintained it was

essential to communicate successfully with young children.

Eleven of twelve participants stated that Master's programs in school counselor certification should include a play therapy course. Some counselors were frustrated that their own programs had not contained a play therapy course. They felt the absence of this training had impaired their ability to counsel in the schools. Many of the counselors were quite emotional regarding this issue and they did not hesitate to share their concern.

The counselors explained why the inclusion of a play therapy course in a Master's course was essential for working with children. They felt that play therapy was a necessary intervention to work effectively with children, so school counselors clearly needed the appropriate training. For example, one counselor stated:

I wish it was a requirement. It is crucial for elementary counselors to have training in their Master's programs. I know some counselors say that they do not have the time, but at this age it is the most effective way for a school counselor to resolve issues. It is the natural way for them - to play. (CEP7)

Another noted:

Because especially in our, well, in any situation where you are counseling kids, especially in our area where it's developmental guidance. In schools I truly believe that it's the only way you are going to see kids work through the stuff. I think it should be mandatory. We're leaving out a huge chunk by not [offering play therapy courses]. What I would like to see is a class offered in play therapy that is also a practicum. (CDP14/15)

The counselors believed that the ability to conduct play therapy was one of many

skills that school counselors should possess. As one counselor explained:

I think it should be another course, because you are working with kids, and we have more and more people who are less capable of doing what school is about. It's another tool. You don't want to be left out of it because if this is a thing that will work for this particular child and nothing else will work, then if you don't do it, you aren't fulfilling your job. You're not doing the best you can for the kid. It needs to be out there as another resource. (CJP6/7)

These counselors felt that play therapy was a primary resource to work with children.

Several of the counselors felt that their certification programs had not properly prepared them. They felt that they had learned more about the practices of counselors since becoming counselors, and felt they could have been better prepared. The counselors had many ideas about how their training could have been improved. Many counselors believed that their programs were weak in preparing them to work with elementary-aged children. The counselors expressed frustration with their training. For example, one counselor stated:

I would say we could throw out half the courses we took in my Master' program and do art therapy and play therapy and some things that would be far more practical. Things that would be used. (CBP11)

Another counselor's comments on the need for more emphasis on young children follow:

I think that coming into elementary counseling it was approached in the program the same way it is for working with secondary kids and you can't do that. Somewhere along the line I hope someone sees that. My training was really academic-oriented and nothing prepared you to deal with kids. You need to know the differences

between kids in kindergarten and kids in sixth grade. A humongous developmental range compared to being in a high school. (CBP14)

The counselors shared suggestions concerning why play therapy coursework may not have been included as part of their programs. Many did not believe their training programs supported the use of play therapy. They did not believe that counselor educators felt that play therapy was a valuable intervention. They expressed these feelings freely, for example, one counselor proclaimed:

It isn't pushed in training. Often counselor educators don't believe in it. Or aren't aware of it, or used to it. (CEP8)

Another stated:

I'm not sure how many of the folks currently over there in [the University] think it even has a place at all. I would say the vast majority of them are probably not real keen on it, again because they do not know anything about it. (CJP3)

The counselors had suggestions as well on how to include play therapy training in a certification program. For example, one counselor said:

There are really good people out there, but no clear-cut sense of what the training would be. I think there could be different levels of training. A basic play therapy training level for people who are working in the schools that have an opportunity to provide some play therapy with children. For people who are dealing with kids who are pathological or more deeply troubled - obviously that person should have more extensive training and some clear-cut credentials. (CGP22)

Training was an emotional issue for the elementary school counselors because they felt that an absence of play therapy skills left them partially

unprepared for their professional responsibility to counsel children. A few of the counselors stated that training in play therapy language and skills was the most important aspect of preparation for an elementary school counselor. The counselors showed considerable emotion when discussing the necessity of training. Their comments were accompanied by emotion in their voices and movements. The counselors felt that training school counselors in play therapy was imperative. As one counselor expressed:

I think [training] is essential for elementary counselors. I think it could save some children's lives. I'm talking about emotional lives, but to me it's the same thing. (CGP22)

Others just could not conceive of counseling children without play therapy skills:

It's just that I feel very strongly that the University needs to acknowledge it and start offering a practicum. I truly don't know how you can counsel some of these younger kids without it. (CDP18)

The counselors did not have training in play therapy until after they had completed their Master's programs and were working in the schools. Most believed their play therapy skills made a considerable difference in their ability to counsel children. They all viewed the play therapy training as an invaluable complement to their original education. The counselors felt so strongly that elementary school counselors need to receive play therapy training in their Master's programs that several volunteered to speak to individuals at the university level. They were motivated enough to lose their anonymity if it would make a difference for others.

Supply and Demand

The last two themes concerning the training of elementary school counselors and play therapy are combined in this section. The counselors expressed a desire for more training in play therapy, yet they felt that opportunities for training were very difficult to find. This counselor's comments expressed the desire for school counselor training:

There's a need for more workshops in the area to help train, but geared towards the school counseling end. It [a previous workshop] was geared toward the agency setting so you had to adapt it to the classroom. I went out and bought a lot of things, you know the guns, but I put them up because I really didn't think they were appropriate. We're trying to do opposite stuff. It needs to be set up for, research needs to be done in, how to do it a school counseling setting. (CFP8)

Many of the participants desired both supervision opportunities and further education in play therapy targeted at school counselors.

The challenge to find play therapy workshops and courses was mentioned earlier in this chapter. Training was a necessary, yet often unobtainable, resource for school counselors. The counselors noted their unsuccessful efforts to find courses. They claimed they could not find courses that were within driving distance and did not have the money to go to expensive conferences throughout the country. However one counselor discussed her success in overcoming this hurdle:

You have to be real efficacious to seek it out and some people aren't. There aren't that many resources that I know of. They aren't out there advertising. (CIP15)

There was agreement among the majority of the counselors that training did not seem accessible.

A few counselors listed reasons that it is tough to take a course. They felt that often it was too difficult to take a course during the school year because of so many school responsibilities. During the summers they wanted a rest. One counselor cited family as a reason not to take a course. This counselor explained:

I think when you have family and support your family, we're counselors and need to be good role models. We should not be off and leaving our families at home while we're supporting everybody else. (CKP7)

While some counselors had individual reasons they had not furthered their training in play therapy, the majority of the counselors cited the lack of opportunities in their area.

Summary

This chapter presented and discussed the findings of this study as obtained from an initial survey of elementary school counselors in two Area Education Agencies, from in-depth interviews with 12 of those elementary school counselors, and from observations of the counselors' offices. The propositions, the themes which support the propositions, and the number of participants who supported those themes were summarized in Table 1.

Play therapy was perceived as an effective intervention for school counselors. The counselors felt that play media was therapeutic, and they

believed that play therapy provided a safe, comfortable environment for children. This environment, when combined with the language and techniques of play therapy, facilitated children's emotional release and the play media provided a method of communication. Overall, the elementary school counselors felt that play therapy in the schools was successful because it brought results.

Conducting play therapy as part of a school guidance program was challenging for the counselors. Unanimity of the participants' responses suggested that lack of time and resources, poor communication with administrators, and the negative connotations of the word "therapy" were formidable, but not hopeless, challenges. Despite the fact that the school counselors saw many challenges accompanying the inclusion of play therapy into a school guidance program, they remained committed to the intervention. One counselor described why the school setting was actually an ideal environment for play therapy. This counselor explained:

The strength is that you have a captive client. The kids that are in trouble come every day typically. Their parents want them at school. You have access much more than someone in private practice. Someone in private practice may have the same child, but because the family is chaotic, they may not show up, have trouble scheduling, not be able to pay. There are a host of other obstacles that give you a more regular scheduled access to a child, so I say accessibility is a big advantage [in a school]. The other thing is that going to school and being a part of the school environment is something that most kids accept as normal. There isn't any stigma. Even if young kids don't have a stigma, it's possible that the parents would. You know, we're taking her to the therapy center or something. They may feel uncomfortable about it and the child could pick up on that. The fact that you are in the school normalizes

it. The school is a normal thing. So accessibility and the fact that you are in the school and school is a normal activity for children. (CGP9)

The counselors felt that school counselors should have training in play therapy because play therapy was a necessary and effective intervention for working with young children. They suggested that training in play therapy should be a part of certification programs for school counselors. The counselors who had training in play therapy used play techniques and the accompanying language differently following their training. The counselors wanted more training, but felt that it was difficult to find.

The following chapter is a discussion of the findings and the research questions. The implications for the results of this study, and suggestions for future possible research, also are discussed.