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Date March 28, 1978

PLAY THERAPY: A SURVEY OF USAGE AMONG MONTANA ELEMENTARY SCHOOL COUNSELORS

by

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A professional paper submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF EDUCATION

with concentration in

Counseling

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Bozeman, Montana

March, 1978

ACKNOWLEDGMENTS

The completion of this study was made possible with the assistance of several individuals.

The investigator wishes to express his sincere appreciation to the members of the Graduate Faculty in Education at Montana State University. Special tribute must be accorded to Dr. Carol Parker, for her persistence, patience, encouragement, and expertise. She has influenced the investigator greatly throughout his graduate program.

Special appreciation is extended to Dr. Richard Horswill and Dr. Gerald Sullivan, who through their efforts and assistance helped the investigator in many useful ways.

The investigator is indebted to all elementary school counselors throughout the State of Montana, who made it possible for this study to be completed.

A special acknowledgment is extended to Mrs. Jean Julian, who deciphered most of the original notes and translated them into legible copy.

A special tribute is made for the investigator's wife, Sheryl, for without her constant support, patience and encouragement, the investigator's achievements would have been far less.

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ABSTRACT

The purpose of this study was to determine: (a) the extent play therapy techniques were utilized by counselors among K-6 children in Montana elementary schools; (b) the extent that training in psychology and counseling prepared the respondents to use play therapy techniques; (c) the needs for further training in play therapy as expressed by the respondents; and (d) the obstacles of concern to the respondents when using play therapy techniques. A review of related literature was conducted for this investigation. The review included a brief history of play, play therapy and applications of play as a therapeutic tool among children in the educational setting.

A questionnaire was administered to 139 elementary counselors to collect the required data. One hundred of the questionnaires were returned, with 90 questionnaires being at least partially completed. The results were compiled and placed in table form with appropriate data analysis and discussion following individual tables.

Though the majority of the counselors were certified in the State of Montana, most of the counselors had received their professional preparation in the State of Montana, and though the elementary counselors had varied educational background, the counselors expressed a lack of preparation in the specialized areas of play, music, or art therapy. The majority of the respondents expressed support of the validity and value of play as a therapeutic device. The respondents expressed a desire to be further trained in the use of play therapy techniques and indicated a desire to attend further training sessions if such training were made available.

The investigator made the following recommendations: (1) that Graduate programs in Counseling should include art, music and play therapy training in their counselor preparatory programs; (2) that the Montana State Office of Public Instruction, in cooperation with the Montana Personnel Guidance Association and/or the institutions of higher learning, should provide the counselors with institutes or workshops in art, music and play therapy; (3) that further investigation be conducted to identify geographical regions for possible locations for the institutes or workshops; (4) that a concerted effort be made to provide for this expressed need in the field of counseling; and (5) that further investigation and determination of other possible tools, skills and awareness be made to increase the effectiveness of elementary counselors.

Chapter I

Introduction

The potential positive effects of play have been established within the past one hundred years; yet, the use of play as a therapeutic technique in the counseling session has been practiced only within the last forty years (Miller, 1974; Caplan, 1973).

The process of play as therapy is based on the recognition that fundamental emotions and rationalizations stem from the unconscious and are expressed through acting out behaviors, in this sense play (i.e., art or role playing, etc.)(Lebl, 1955). Through the use of play media, the child may express hidden emotions (e.g., fears, anxieties, fantasies, conflicts, bewilderment, confusion, insecurity, aggression, etc.) and/or relay symbolic associations (e.g., relations with family, among friends, etc.)(Miller, 1974; Rush, 1977).

Play therapy works especially well as a technique in counseling children. Non-directive play therapy is the most effective technique when counseling with non-verbal children, since if affords the child the opportunity to communicate a wide range of emotions without adult intervention (Axline, 1969).

At this point in history, play therapy with children has been done exclusively in private practice, mental institutions and rehabilitation centers. In the past seven years, some research has been done

in group and preventive play therapy in the normal classroom setting as well as with severely disturbed children. Though little research is available on individual play therapy in the elementary school setting, it is the recommendation of numerous researchers and authors that play therapy be used in the elementary school setting and that research be instituted to reflect this usage (Dinkmeyer, 1970; Nickerson, 1973, 1974; Sherman and Leton, 1965; Muro, 1970).

Statement of the Problem

The problem of this study was to assess the amount play is used by elementary school counselors as a therapeutic technique for K-6 elementary children.

Application to Educational Process

The necessity for a school to have a counseling program is described in depth in many texts by a variety of professionals (Dinkmeyer, 1968; Moustakas, 1953, 1959; Muro, 1970; Nickerson, 1973; Nelson, 1968; Williams, 1973). The counselor has been described as "a specialist" on the school staff "who is uniquely qualified to help students out." The counselor is to be a person "with time to listen, whose counseling role is known to the school and who could be depended upon not to divulge any confidence without the client's permission" (Williams, 1973, p. 2).

"The counseling service needs to be centered within the schools, as proximity and continuity are essential to deal with pupils"

(Williams, 1973). Nelson agreed that the counseling service should be in the schools and contended that since the child tends to learn through and express himself through play, that the use of play media is well warranted. Nelson later wrote:

> While writers and many others who write concerning counseling with children, refer to play therapy and psychotherapy, many of the techniques in these sources may be used by the elementary school counselor (1968, p. 268).

Nickerson (1973) supported the use of play media by the elementary school counselor and added,

> . . . there has been a broadening of the traditional locale of play therapy and an expansion of these techniques into the classroom and the usual classroom media (p. 54).

Since play is a natural medium of communication and expression for the child and since play is also a therapeutic tool which may open opportunities of insight for the elementary counselor, it makes sense for the counselor working with children in the K-6 school setting to use play as a viable counseling technique.

Nelson (1968) advised all counselors who either have not been trained or who consider their training adequate to "seek training in the use of play media in counseling and avail himself of the advantages of working in media familiar to the child" (1968, p. 270).

It was the purpose of this study to provide research data on the amount play therapy is used in the elementary counseling setting and

to determine the level of training counselors have received in play therapy techniques.

General Questions to be Answered

This study attempted to answer the following questions:

1. To what extent does training in psychology and counseling prepare the counselor to use play therapy techniques?

2. To what extent do counselors use play therapy techniques?

3. Is there an expressed need for further training in play therapy and related techniques?

4. What are the obstacles which counselors encounter when using play therapy techniques?

General Procedure

This study was conducted in the fall of 1977 and included all the elementary school counselors in the state of Montana, who are working with K-6 children. The method of the study was a descriptive survey which was mailed to each counselor. The population sample was obtained from a list, published by the Superintendent of Public Instruction in Helena, Montana, of all school counselors employed by school districts in the state of Montana during the 1976-1977 school year. A follow-up letter was mailed to encourage those counselors who had not returned the questionnaire within a two week period. The questionnaire contained questions devised to answer the general questions posed.

Delimitations

The limitations and delimitations of this study are listed below:

1. The study was limited to elementary schools in the state of Montana.

2. The study was further limited through the number of returned questionnaires, the attitudes and opinions of the population sample.

3. The researcher delimited the study through the selection of the population sample and further restricted the population to those counselors working with K-6 children.

4. The manner of data collection and the method of reporting further limited the scope of this study.

Definition of Terms

Counseling is a process which takes place in a one to one relationship between an individual troubled by personal problems with which he or she has been unable to cope alone, and a professional worker whose training and experience have qualified him or her to aid others to reach solutions of various types of personal difficulties (Good, 1973).

Counselor. A person whose principal task, usually through confidential interviews with individual counselees or a small group of counselees, is to help students make choices which lead to solutions

of their educational, vocational, social and personal problems (Hopke, 1968).

Play. Any pleasurable activity carried on for its own sake, without reference to ulterior purposes or future satisfactions (Good, 1973).

Play therapy. The process of assisting children through play to a better understanding of their level of maturity or their behavior, or providing an outlet for maladjusted behavioral activities (Hopke, 1968).

Summary

In this chapter, the researcher presented a need for psychotherapy in an educational setting. The purpose of the study was to determine how much play therapy is used with K-6 children in the elementary schools. General questions were asked, general procedure of the study was presented, the delimitations of the study as well as definitions of terms to be used throughout this paper were described.

Chapter II

Introduction

This review of literature chapter details historical perspectives of play, follows the development of play as a therapeutic approach and discusses the use of play as an indicator of a child's mental health. The necessity of placing a therapist in the elementary school setting and of using play as a viable therapeutic approach among K-6 children is also discussed.

The literature is presented in the following sections:

1. Historical Perspectives and the Development of Play Therapy
2. Play Therapy Definitions
3. Relationships to Mental Health
4. Play as Therapy
5. Application to the School Setting

Historical Perspectives and the Development of Play Therapy

The importance of play was originally recognized by the ancient Greeks. Miller (1974) gave credit to Plato "as the first to have recognized the practical value of play. Aristotle also is considered in Caplan, and quoted "Children should be encouraged to play at what they were to do seriously as students" (p. 256).

Starting with Cornelius in the Seventeenth Century, and progressing to Rousseau, Pestalozzi and Frobel in the Eighteenth and Nineteenth Centuries, teachers and philosophers "increasingly accepted

the idea that education should take account of the child's natural interests and stage of development" (Miller, 1974, p. 14). Lebo considered Rousseau "the first person to advocate studying the play of children in order to understand and educate them . . . Although no definite system of education was followed until Frobel's time, many writers and teachers recognized the value in education and some even made use of it" (1955, p. 418). According to Miller, Frobel believed that a child is attracted most by "living things and by moving and movable objects. He looked upon play as the cornerstone of his system" (1914, p. 261). Miller believed Frobel considered play a strong medium for education and advocated that educators and developmentalists should accept the idea that education should take account of the child's natural interests and stage of development (Miller, 1974). Edmond Seguin, a French physician and educator, gave momentum to physical education and the play movement through his emphasis on educating the mind through the body. According to Caplan (1973), impetus for the play movement was provided by William James: "The more different kinds of things a child gets to know by treating and handling them, the more confident grows his sense of kinship with the world in which he lives" (p. 264).

In the late 1800's, Milton Bradley favored the concept of teaching young children through play, and later devised toys, games and equipment to aid in instruction. John Dewey followed Bradley in

believing that education was best learned through integration with practical experience. He fostered the principle of "learning by doing" (Miller, 1974, p. 266).

Caplan (1973) considered Karl Groos the "first to wonder why the various forms of play exists. He saw play as a safety valve for the release of children's negative and destructive feelings" (p. 267). Carol Pratt, a preschool teacher and educational toymaker, in 1913, founded the City and County School, a play school for children in New York City. She was convinced that a child's urge to play must never be set aside nor treated as something apart from serious work (Caplan, 1973). From this background emerged educators and child developmentalists, such as Ruth E. Harley and Robert M. Goldensor (1963), Jackson and Todd (1948), Jean Piaget (1962), and Brian Sutton-Smith (1963), all of whom spent their lives examining educational practices, child development learning and intellectual growth, and integrating play into their specific disciplines.

With the establishment of play as educational and as developmentally sound, came child psychologists who brought play into their framework. With this sprang the essence of play as a therapeutic element in child psychotherapy. Predominant in the early psychological circles was Sigmund Freud and the psychoanalytic approach to therapy. With the advent of this perspective came a "new dimension to the understanding of play and therapy" (Reider in Slovenko and Knight,

1967). Following Freud and the psychoanalytic view came Pfeifer who "propounded the first psychoanalytic theory of play" (Reider, 1967, p. 13). Lebo (1955) documented the first actual recorded case of play in therapy, the case of 'Hans', a five year old boy, who was under the supervision and care of Freud.

According to Miller (1974), in 1919 Melanie Klein utilized free play symbolization and spontaneous play as a substitute for adult free association. Later, Anna, Freud's daughter, modified her father's and Klein's techniques and created her own therapeutic approach to children. In the words of Miller (1974), "She viewed child therapy radically different from the adult variety." Anna Freud viewed the therapist's job as educational as well as interpretive. To do this the therapist needed to "actually enlist the child's confidence and affection. Anna Freud stressed that the child's relationship to the therapist was the most important therapeutic agent; and she used play as a vehicle to establish rapport" (Miller, 1974). According to Lebo (1955), Anna Freud utilized children's play to find unconscious motivation behind imaginative play as well as drawings and paintings. Unlike Klein and Freud, Anna Freud considered play as "not necessarily symbolic of anything" (Miller, 1974, p. 227), that play may simply be play and for no other reason than for entertainment.

Lebo summarized the development and progression of play as a therapeutic alternative:

> Psychoanalysis, while stimulating an interest in diagnosing and treating emotionally disturbed children, soon found its techniques and approaches had to be modified, if they were to be used effectively with children. These difficulties paved the way for use of relationship and later non-directive therapeutic techniques in play therapy (1955, p. 419).

"The struggle of child development specialists and nursery school teachers to preserve the child's right to satisfy his intense urge to play" has been a prime motivator for further investigation (Curry, 1974, p. 273). It was because of the emphasis concerning the most effective ways to educate preschool children, that child play gained enough acceptance to be studied in the school setting. Curry (1974) regarded this new impetus as having urged "educators to reduce the heavy emphasis on fast and rote memory and to allow grade school children to explore, discover, and problem solve through play" (p. 273). This concensus gained momentum not only from Curry but among other researchers, critics, and play advocates such as Featherstone (1977), Blackie (1967), Kohlberg (1968), and Weber (1971).

This contingent of play advocates enlarged to include not only educators and developmentalists, but scholars from many related disciplines. Social scientists (De Gazia, 1962), comparative psychologists (Bran, 1945; Harlow, 1958), and cognitive psychologists (Singer, 1966, 1973; Piaget, 1951) have investigated play in depth and

and contributed their findings to their respective disciplines, adding breadth to the concept of play as a necessary ingredient in the emotional, intellectual, social and physical growth of the child. As the depth and breadth of knowledge about play increases, the effectiveness of play as a therapeutic technique becomes more apparent.

Play Therapy Definitions

Play was referred to by Harms (1948) as the "language of childhood" (p. 233). Lowenfeld (1967) considered play as all the activities of the child which are "spontaneous and self-generating, are ends in themselves, and are emulated to 'lessons' or to normal physiological needs of the child." Play for the child can be related to the ability to deal with and experience by creating model situations, as well as the ability to master reality by experiment and planning (Erickson, 1970).

Rush (1977) distinguished play from reality in that the child uses real world objects and situations to create his or her own world and in time gain control over that world. Rush (1977) concurred and added that "play permits the child a release of his inner emotions without having to take direct action" (p. 56). According to Isaacs (1968), "the discharge in play of these inward tensions makes it easier for little children to temper their behavior in real life" (p. 57).

Play is practicing what is already mastered; play is friendly aggression, sex without coition, excitement about nothing; play is social behavior not defined by a specific common activity or by social structure; it is pretense not intended to deceive. "Whatever the orientation, play is paradoxical behavior" (Miller, 1974, p. 255).

Hartley (1961) listed eight reasons for children to engage in play:

1. To imitate adults
2. To play out real life situations in an intense way
3. To reflect relationships and experiences
4. To express pressing needs
5. To release unacceptable impulses
6. To reverse roles usually taken
7. To mirror growth
8. To work out problems and experiment with solutions

Relationship to Mental Health

In play children are afforded the opportunity to meet their environment and create it at their own level, they can discover what that level is and they do not have to be concerned with adult expectations as to how they should behave or act in their own creation. "Active play can be looked upon as a sign of mental health; its absence is either indicative of some inborn defect or mental illness" (Isaacs, 1968, p. 58).

It is important to recognize that normal children use play spontaneously and more easily than disturbed children. It is sad that some children's anxiety "is so great that they cannot play. We may look upon their inability to join other children in recognition and creative play as one of the surest sign of grave inner disturbances that will sooner or later disturb mental life" (Isaacs, 1968, p. 59). The child who is experiencing temporary or long-term difficulties is less free to play. The child's play is more likely to appear "automatic or driven and is more likely to be over-controlled, both in the use he makes of the items populating his world and in his freedom to express and use these items in his service" (Bosdell, 1973, p. 90).

Play as Therapy

It is important for therapists to distinguish between play as activity and play as technique. Play is termed "technical only when it is used in treatment for diagnosing and therapeutic process" (Amster, 1943, p. 62). Lowry maintained that it might "be more accurate if we spoke of 'activity' instead of 'play', with reference to therapy. It is the activity with its releases of fantasy, imagery, fears, hostility and other feelings, thoughts which give quick insights into problems besetting our child patients" (1955, p. 574).

Bosdell (1960) suggested that through this technique (play) the child gains emotional release and also learns skills for coping with the environment as situations that confront him or her. Play therapy

also affords the child the opportunity for release of hostility toward parents, siblings, peers, etc. "It offers the child the chance to alleviate guilt feelings and the opportunity to express fully all love fantasies" (Solomon, 1940, p. 763).

It is in the therapeutic play setting where children are able to experience their feelings, deal with them, and alleviate them (Schiffer, 1969). Conn (1955) stated, "every therapeutic method is a form of learning process in which the child learns to accept and to utilize constructively that degree of personal responsibility and self-discipline necessary for effective self-expression and social living (p. 753). Axline (1969) considered play therapy as providing a unique opportunity "to find suggestions, mandates, rebukes, restraints, criticisms, disappointments, support, intrusions gone. They are all replaced by complete acceptance and permissiveness to be himself" (p. 16). Axline further stated, "the very essence of an accepting, understanding, friendly, open, trusting therapist, in the play room, provides him a sense of security" (p. 17).

Amster (1943, 1964) listed six ways that play can be used to guide the therapist through the therapeutic play session. Amster stated that play can be used:

1. For diagnostic understanding of the child.
2. To establish a working relationship.

3. To break into the child's daily play routine and into his or her defenses against anxiety.

4. To help a child verbalize conscious and associated feeling.

5. To help a child act out unconscious material and to relieve the accompanying tension.

6. To develop a child's play interactions which can carry over into daily life and which will strengthen him or her for future life.

Application to the School Setting

"While the above writers and many others who write concerning counseling with children, refer to play therapy and psychotherapy, many of the techniques, in these sources, may be used by the elementary counselor" (Nelson, cited by Gazda, G. M., 1968, p. 268). Nelson continued, "The literature on play in counseling, though mainly related to play therapy, is replete with models which can be emulated by the elementary school counselor" (p. 268).

Traditionally, "play has been used educationally to modify the child's behavior to help him with his current problems of adjustment" (Hartley, 1961). Other therapists use play therapy techniques to enhance the personal through play group therapy (Dinkmeyer, 1968; Axline, 1969; Nelson, 1964). With this evidence to support the use of play as a therapeutic technique, application to the elementary school setting is recommended.

Today we find that play therapy has been integrated into the classroom and mixed with classroom media (Nelson, 1964). Two primary programs to bring play and play therapy techniques to the normal child are DUSO Kit by Don D. Dinkmeyer (1970), and the portable school play kit by Sherman and Leton (1965).

The DUSO Kit was developed to be used as a training device, a diagnostic tool as well as a therapeutic device to deal with the attitudes and social and emotional adjustment of young children to the school situation. The kit is designed to be used by teachers and counselors among the full range of children (normal to maladjusted) at grades level of K-4. The DUSO Kit contains all necessary items for a variety of activities such as role playing, puppet play, music and also uses a varying media approach to reach a maximum number of students (e.g., recordings, activities, visual, career, posters, etc.).

Sherman and Leton's School Play Kit was devised to facilitate teaching preschool children concepts and attitudes about school; to assist in diagnosing the nature and conditions of school maladjustment; and to elicit the expression of feelings of anxiety and hostility toward resolutions of classroom problems. The Kit, a portable miniature classroom with a portable teacher and dolls, utilizes play therapy techniques for the purpose of assessing the child's attitudes and feelings about school.

Schiffer (1969) warned that there has not been extensive clinical experience in our schools in the United States, and that there is not a substantial body of knowledge to guide a clinician who might be interested in implementing a treatment program with children in schools. Miller supported this contention and added, "In studies of children in play therapy situations, the effectiveness and validity of studies done are in question." She supported further research with play therapy in the school setting among young children (Miller, 1974).

Summary

This chapter has detailed the historical perspective of play and the use and development of play as a therapeutic technique among child psychotherapists. Some of the functions and utilizations of play as a therapeutic technique for elementary school counselors were alluded to. Some discussion of the relation of play to the mental well being of the child was presented. Finally, the relationship of play and play therapy to the educational setting was discussed.

Chapter III

Procedure

Introduction

The problem described in this study was to assess the amount play is used in the therapeutic session with K-6 children by elementary school counselors. The study consisted of 139 elementary counselors throughout the state of Montana. The method of assessment was through a descriptive questionnaire. A detail of the research procedures for the proposed study is presented. This chapter is divided in the following manner:

1. Population Description and Sampling Procedure
2. Investigative Categories
3. Method of Data Collection
4. Method of Data Organization
5. General Questions to be Answered
6. Analysis of Data
7. Precautions Taken for Accuracy
8. Summary

Population Description and Sampling Procedure

This proposal surveyed the elementary counselors in the state of Montana. The population must have been employed in Montana schools during the 1976-1977 school year. A list of counselors so qualifying was obtained from the Superintendent of Public Instruction (Helena, Montana 59601). The entire population of 139 elementary counselors were surveyed with no control group to be selected or pretested.

Investigative Categories

The study was conducted among K-6 elementary counselors employed in Montana schools during the 1976-1977 school year. This was an after the fact investigative-descriptive type survey, with no control group.

Validity and reliability of the instrument was established prior to administration to the survey population. The instrument was then screened in order to correct for errors, delete and/or reword items for clarity, progression and distribution of items. The questionnaire was pilot tested among four counselors to establish validity and reliability. The questionnaire was then submitted to two members of the investigator's graduate committee, one professor in the elementary education department, one professor in the secondary education department and one graduate student in Guidance and Counseling to establish face validity.

The questionnaire and cover letter with an enclosed, self-addressed, stamped envelope were sent to the elementary school counselors. A follow-up letter was sent to non-respondents. A personal phone call was placed to some respondents to improve the return of the completed instrument.

Method of Data Collection

Initially, a questionnaire with a cover letter was sent to 139 elementary counselors in Montana. Each respondent was asked to

complete the questionnaire and return it in the enclosed, self-addressed and stamped envelope.

A follow-up letter was sent to those respondents not returning the questionnaire within a two-week period; further follow-up was then by telephone to those respondents not returning the questionnaire within a month.

Method of Data Organization

The information provided by the descriptive inventory was compiled, tabulated and displayed through various graphs and tables.

General Questions to be Considered

The following are the general questions which were considered when tabulating and analyzing the data gained from the descriptive instrument:

1. To what extent does training in psychology and counseling prepare the respondent to use play therapy techniques?
2. To what extent do the respondent(s) use play therapy techniques?
3. What needs for further training in play therapy are expressed by the respondents?
4. What obstacles are of importance to the respondents when using play therapy techniques?

Analysis of Data

The data collected from this descriptive-investigative study were reported as percentages, and in the form of graphs and tables.

Precautions Taken for Accuracy

A hand calculator was used with all calculations and for all tables and graphs to insure accuracy and decrease any potentially contaminating variables. The investigator asked another individual to double check all calculations and computations as an added precautionary measure to decrease errors and to add confidence to the calculations and results.

Summary

In this chapter, the problem of this proposal, the population surveyed, the method of organizing the data, general questions answered, the analysis of the data, and precautionary measures taken to insure the accuracy of the data were discussed.

Chapter IV

Analysis of Data

This chapter reports the results of a descriptive questionnaire mailed by the investigator. The survey was mailed to 139 elementary counselors in the state of Montana, during the fall of 1977. The questionnaire was designed by the investigator to gather the elementary counselors' primary perceptions of play as a therapeutic tool in their clinical setting among K-6 children, and to gather the elementary counselors' perceptions of their training toward counselor certification.

The results of the questionnaire are shown in table form with appropriate explanation and discussion following. Generally, the results are reported intact as the investigator received them; in some cases, reorganization occurred with similarities grouped together. Percentages appear in some tables, as does the "total" of the number of respondents to individual items from the questionnaire.

Due to the nature of the instrument, data were collected which indirectly related to the general questions presented in Chapter I along with those that are directly related to the four questions to be answered by this study. This additional data is not presented independently of itself, but rather, incorporated into existing general questions and their resultant discussion.

Findings

A total of one hundred thirty-nine (139) questionnaires were mailed to 139 elementary counselors in the State of Montana. One hundred questionnaires were returned, providing a return percentage of 71.94. Of these one hundred returned questionnaires, 10 were from those who did not answer the questionnaire due to various reasons which include:

1. Three were returned because of "No counselor at school" and one of these because the school was "being served by Regional Services."
2. Two were returned because the "counselor had moved" and there was as yet no replacement.
3. One responded with "not an elementary counselor."
4. One indicated he worked in the Senior High only.
5. One was a Title 1 coordinator.
6. Another was a "special education supervisor."
7. One questionnaire was returned by the building principal indicating the counselor was hospitalized.

Response Analysis

The following tables, data analysis and discussion relate to General Question 1:

A. To what extent does training in Psychology and Counseling prepare the respondent to use play therapy techniques?

Table 1

Certified Counselors in Montana

Yes	%	No	%	Total
66	38.6	18	21.4	84

Data Analysis

Out of the 84 respondents to item number one of the questionnaire, 66 respondents, or 78.6 percent, indicated they are presently certified counselors in the State of Montana; and 18 respondents, or 21.49 percent, indicated they are presently counselors in Montana schools while not being certified.

Table 2

Level of Education

	Number	Percent
Bachelor's	6	6.7
Fifth Year	13	14.4
Master's	57	63.3
Sixth Year	11	12.2
Specialist Degree	2	2.2
Ed.D., Ph.D.	1	1.1
Other	0	0.0
	90	

Data Analysis

Seven categories were provided in item number two of the questionnaire to determine the distribution of education among elementary education counselors in the State of Montana. The respondents were requested to "check the appropriate space which represents the level of education they have obtained." Seventy respondents, or 77.7 percent, had obtained a fifth year certification or a Master's degree. Six respondents, or .7 percent, held only a Bachelor's degree, while 14 respondents, or 5 percent, obtained higher credentials (sixth year, Ed.d, Ph.D, other degree or certifications).

Table 3
Types of Problems Encountered Among Clients

Aggression	4
Behavioral Problems/Situations	10
Career Ed. - awareness	1
Crime related	2
Discipline	3
Emotional Problems/Incidences	8
Enuresus/Toilet Training	3
Home Problems/Relationships	13
Hyperactivity	6
Hypoactivity	2
Mental Illness	1
Motivation/School Work	4
Peer Relationships	5
Self Concept	7
Separation/Divorce/Death	16
Problems with Teachers	1
Underachievers	4
Total	87

Data Analysis

In item 13, 87 respondents listed the types of cases encountered while counseling in the elementary setting. Sixteen respondents, or 8.4 percent, indicated separation (either divorce, death, or separation) as the most common type of case they encountered in their daily practice. Home problems and/or home relationships were indicated by 13 respondents, or 14.9 percent. Ten respondents, or 11.5 percent, indicated behavioral problems and situations, followed by emotional, self-concept, hyperactivity, and peer relationships. Aggression, motivation/school work and underachievers were tied. Discipline and enuresus/toilet training tied and were followed, in order, by crime-related and hypoactivity, career education and awareness, mental illness and problems with teachers.

Table 4

Enrollment in Major Graduate Programs

	Total	Subtotal	%
Career Ed.	4	--	4.5
Guidance-Counseling		52	59.0
Counseling	16		18.2
Educational	7		7.9
Guidance & Counseling	22		2.5
Guidance	5		5.7
Secondary, G&C	1		1.1
Marriage/Youth Counseling	1		1.1
Rehab. Counseling	1		1.1
Educational	--	11	12.5
Education	6		6.8
Elementary Ed.	3		3.4
Secondary Ed.	2		2.3
Administration	7		7.95
Industrial Arts	1		1.1
Home Economics	1		1.1
Learning Disabilities	1		1.1
Math	1		1.1
Physical Education	2		2.3
School Psychology	2		2.3
Special Education	2		2.3
Corrective Reading	1		1.1
Total Respondents	--	88	--

Data Analysis

The respondents were requested, in item five, to write the post graduate program they enrolled or majored in. Of the 88 counselors who addressed item number five, 52 respondents, or 59.1 percent,

indicated counseling, educational counseling, guidance and counseling, or guidance as their major; 11 respondents, or 12.5 percent, indicated education (elementary or secondary education) as their major, and seven respondents, or 7.95 percent, of the counselors indicated administration as their major program of study.

Table 5

Institutions Attended to Attain Elementary Counselor's Training

College of Great Falls	2	
Eastern Montana College	14	
Montana State University	7	
Northern Montana College	3	
University of Montana	6	
Attended all Montana institutions	1	
Total Montana institutions		33
University of Minnesota	1	
University of North Dakota	1	
University of South Dakota	1	
South Dakota University	1	
University of Wyoming	1	
University of Northern Colorado	1	
Total of out of state institutions		6
Total of all institutions and respondents		39

Data Analysis

In item number nine, the respondents were requested to write in the institution where they received their elementary counselor training. A total of 39 respondents addressed themselves to this item, with 33.84 percent indicating they attended institutions in Montana and six respondents receiving their training from institutions not in the State of Montana.

Table 6

Years Worked as a Counselor Outside of the School Setting

0	1	2	3	4	5	6	7	8	9	Total
55	5	7	2	2	2	1	0	0	1	75

Table 7

Years Previously Worked as an Elementary School Counselor

0	1	2	3	4	5	6	7	8	9	10	12	15	20	Total
5	4	16	18	14	12	6	4	2	0	1	2	1	3	78

Data Analysis

Tables six and seven summarize the data from item numbers 11 and 12 from the questionnaire. The respondents were requested to write, in the space provided, the number of years they spent counseling outside the school setting and the number of years spent counseling with K-6 children in the school. The results indicated 73 percent of the respondents have had no experience outside the school setting and 16 percent had only one or two years experience. Seventy-six percent of the respondents also indicated they had one to six years experience working with K-6 children in the school setting.

Table 8

Courses and Credits Taken in Counseling and Psychology

Courses / Credits	0-2 / 0-6	3-5 / 7-13	6-8 / 14-20	9-11 / 21-27	12-15 / 28-34	16< / 35<	Total
Counseling	9 / 3	15 / 9	10 / 6	1 / 1	0 / 7	0 / 6	67
Elementary Education	12 / 0	6 / 7	2 / 3	2 / 0	0 / 2	0 / 3	37
Child Development	18 / 0	16 / 3	5 / 2	1 / 0	0 / 0	0 / 0	43
Child Therapy	15 / 0	5 / 0	4 / 0	1 / 0	0 / 0	0 / 0	30
Guidance Service	17 / 14	10 / 8	0 / 3	0 / 0	0 / 0	0 / 0	52
Group Therapy	25 / 7	8 / 4	0 / 0	0 / 0	0 / 0	0 / 0	44
Psychology	8 / 1	21 / 15	5 / 6	0 / 2	0 / 2	0 / 0	50
Other*	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	22

*0-9, Courses; 6-40, Credits.

Though a space was allocated to provide an alternative for other course work taken, no request was made to be specific in their course work.

Data Analysis

The questionnaire provided eight categories in item number three. Respondents were asked to write in the number of courses taken in each category. The examination of returned questionnaires revealed a split survey on this item. Some respondents chose to write in the number of credits taken in each category, rather than the number of courses taken. Table 8 displays this discrepancy.

The category most respondents (67) addressed was Counseling courses, followed by guidance services courses (52 respondents), psychology courses (50 respondents), group therapy courses (44 respondents), child development courses (43 respondents), elementary education courses (37 respondents), and child therapy courses (30 respondents). Twenty-two respondents indicated they had taken coursework not provided for in this item. Further analysis indicated 25 respondents took between three and eight courses in counseling and 15 others indicated they had taken between seven and 20 credits in counseling. This brought the total to 40 respondents (or 59.7 percent) indicating they had taken courses or credits in counseling. Examination of the responses to courses or credits taken in Guidance Services showed that 94.2 percent of the respondents had taken between 0 and 13 credits or 0 and 5 courses. Evaluation of the responses to courses in Psychology indicated 36 respondents or 72 percent had taken between 3 and 5 courses or 7 to 13 credits. In the Group Therapy category, 72.7

percent had taken 0 to 2 courses or 0 to 6 credits. The overall results are displayed in Table 9.

Table 9

Number of Specialized Courses Taken

	0	1	2	3	Total
Art Therapy	20	3	0	0	23
Music Therapy	21	2	0	1	24
Play Therapy	19	4	1	0	24
Other	12	0	1	0	13
					12/84

Total of 12 had taken course work requested.

Total of 84 respondents addressed this item.

% of 74.3% were trained in these specialized areas

Data Analysis

In item number four, the respondents were provided four categories to write in the number of courses they had taken in these areas of specialization. An examination of the questionnaire indicated three respondents had specialized training in Art Therapy, three in Music Therapy, five in Play Therapy, with one indicating specialization in elementary Physical Education and Family Life. The majority of the respondents (72) indicated no specialized training in these areas. This indicated that 14.3 percent of the respondents had training in these specialized areas.

Table 10

Preferred Role as Counselor

	1	2	3	4	5	6	7	8	x*	Respondents	Points
Administrative functions	0	0	3	8	14	30	12	1	0	68	365
Disciplinarian	0	1	1	2	7	7	38	10	0	66	291
Guidance Services	58	20	3	0	0	0	0	0	1	82	784
Teacher	3	6	11	20	14	12	1	0	1	71	462
Curriculum Advisor	1	19	26	17	10	4	0	0	1	78	588
Clinician	13	19	8	10	7	4	7	1	0	69	549
Tester	1	9	20	21	18	4	3	0	0	76	538
Other[1]	7	2	1	1	1	1	2	7	0	22	143

* - did not rank, only checked (v,x) this as a choice.

1 - did not require the respondents to be specific when selecting this alternative category.

Table 10 (continued)

Column 1=10 points, 2=9 points, 3=8 points, etc., then divide the total points by the total respondents to equal the average points per respondent ($\bar{x}$).

	Total Points	Total Respondents	$\bar{x}$
Preferred role as Counselor is:			
Guidance Services	784 pts.	82	9.6
Clinician	549 pts.	69	8.0
Curriculum Advisor	588 pts.	78	7.5
Tester	538 pts.	76	7.1
Teacher	462 pts.	71	6.5
Other	143 pts.	22	6.5
Administrative	365 pts.	68	6.4
Disciplinarian	291 pts.	61	4.9

Data Analysis

In item number six of the questionnaire, the respondents were requested to rank their preferred role as counselor. Table 10 displays the total respondents who addressed each specific category of item six of the questionnaire. Fifty-eight respondents indicated Guidance Services as their most preferred job function and had a mean of 9.6. Clinician was second with a mean of 8.0. Curriculum Advisor was third, with a mean of 7.5, followed by tester, teacher, other, administrator and finally by disciplinarian.

Table 11

Current Time Allocated as Counselor

	1	2	3	4	5	6	7	8	x	Respondents	Points
Administrative functions	11	8	12	7	12	10	3	2	0	65	467
Curriculum Advisor	1	12	15	19	12	6	3	0	0	68	473
Guidance Services	45	18	7	6	2	1	1	0	1/3[1]	82	731
Teaching Classes	16	16	7	7	3	7	9	3	1/3[1]	68	507
Clinician	9	11	7	5	10	12	6	2	0	65	430
Disciplinarian	0	4	9	8	9	10	14	4	0	58	346
Liaison	0	6	6	14	8	8	6	0	0	50	330
Other[2]	4	5	3	2	1	0	1	7	1/3[1] 2[3]	26	154

1 - did not rank; determined their job as being in 1/3's.

2 - other - a slot was provided--no request was made to be specified.

3 - did not rank--only checked (√,x) these categories.

Table 11 (continued)

Column 1=10 points, 2=9 points, 3=8 points, etc., then divide the total points by the total respondents to equal the average points per respondent ($\bar{x}$).

Current job description allots time as:

	Total Respondents	Total Points	$\bar{x}$
Guidance Services	82	731	9.0
Teaching Classes	69	507	7.3
Administrative	65	467	7.2
Curriculum Advisor	68	473	7.0
Clinician	65	430	6.6
Liaison	50	330	6.6
Disciplinarian	58	346	5.9
Other	26	154	5.9

Data Analysis

In item number seven of the questionnaire the respondents were requested to rank their actual job description or role as counselor. The following table summarizes the respondents' rank orders. Eighty-two respondents indicated that Guidance Services functions occupied most of their time, with a mean of 9.0. Teaching classes was ranked second, with a mean of 7.3. This indicated the respondents considered

teaching classes as occupying the second largest portion of their time. Administrative functions was ranked third with a mean of 7.2, Curriculum Advisor was ranked fourth with a mean of 7.0, Clinician was ranked fifth with a mean of 6.6, followed, in rank order, by Liaison, Disciplinarian and finally by the category Other.

Table 12

Numbers of Respondents Trained as Elementary Counselors

Yes	No	Some	Total
39	46	3	88

Data Analysis

In item number eight the respondents were requested to indicate whether they had been trained in elementary counseling. Eighty-eight respondents answered the item. Thirty-nine respondents or 44.3 percent indicated they had received training as an elementary counselor, 46 respondents, or 52.3 percent, indicated they had not, while three respondents, or 3.4 percent, indicated they had received some training in elementary counseling.

Table 13

Basic Counseling Approach

Non-Directive	1	2	3	4	5	Directive
	2	15	24	27	19	
	2.3%	17.2%	27.6	31.0	21.9	
Total						87

Data Analysis

Table 13 displays the summarized data of item number 10 from the questionnaire. The respondents were requested to indicate their preferred style of counseling by circling the number which most approximates the style they most often utilize. Of the 87 respondents addressing this item, 66 respondents, or 75.9 percent, indicated a middle of the road style of counseling, suggesting that more often than not, the counselors used various approaches.

Discussion of General Question 1

General question #1, "To what extent does training in psychology and counseling prepare the respondents to use play therapy techniques?" was addressed through the display and discussion of tables one through thirteen. An examination indicated that 78.6 percent of the respondents were certified counselors, 93.3 percent had obtained a minimum of a fifth year certification, 78.9 percent held a minimum of a Master's degree, 59.1 percent majored in guidance and/or counseling

and 84.7 percent of the respondents received their certification from Montana institutions of higher learning. An investigation of course-work taken showed that most respondents had varied background in counseling, guidance services, and psychology courses. Though most respondents were aware of play therapy and related specialized courses, only 14.3 percent were exposed to training in these specialized areas.

Though the 73 percent of the respondents indicated no out-of-school counseling experience, 76.9 had one to six years experience counseling among K-6 children in the school setting.

An examination of the roles preferred and actual job description of the respondents showed there exists a large discrepancy. The respondents preferred to do guidance related services, then clinical therapy, curriculum advising, testing and teaching classes, in that order. The respondents' job descriptions, however, had them performing guidance related services, as desired, but with classroom teaching and administrative functions occupying the respondents' time more often than desired. Curriculum advising occupied less time than desired, and clinical therapy occupied much less time than desired.

When respondents did clinical therapy, they frequently utilized a variety of styles, depending upon the client and the therapeutic situation. In their specific elementary setting, the problems the respondents most often encountered included separation/divorce/death,

home problems, relationships, behavioral problems/situations, emotional problems/incidences, and self-concept. Some problems indicated by the respondents lend themselves to play therapy techniques.

The following tables, data analysis, and discussion related to General Question 2:

B. To what extent do the respondents use play therapy techniques?

Table 14

Extent Respondents Use Play Therapy Techniques

Percent of Time	0	1-4%	5-9	10-14	15-24	25-29	30-49	50<	NA	Total
Number of Respondents	25	4	7	8	3	3	2	7	1	60

Data Analysis

Table 14 summarizes the answers to item number 16 of the questionnaire. The respondents were requested to write in the percentage of time they used play therapy techniques. Sixty respondents addressed this item. One respondent indicated "not applicable," 25 respondents or 41.7 percent indicated that they never use play therapy techniques; four respondents, or 6.7 percent used play therapy one to four percent of the time; 15 respondents, or 25 percent, used play therapy, five to 14 percent of the time.

Discussion

The data above indicated that few of the respondents used play therapy techniques in the clinical setting, and those who did, did so with low frequency.

The following tables, data analysis and discussion relate to General Question 3:

C. What needs for further training in play therapy are expressed by the respondents?

Table 15

Value of Play as a Therapeutic Tool

1	2	3	4	5	Total
4	30	28	6	1	69

Data Analysis

Sixty-two of the respondents, or 89.9 percent, indicated by circling the number most appropriate on item number 15 of the questionnaire that play therapy was at least an average or better therapeutic technique. Six of the respondents, or 8.7 percent, considered play a poor tool and one respondent, or 1.4 percent, considered play a very poor therapeutic device to use with K-6 elementary children.

Table 16

Viability of Play as a Therapeutic Tool

Viable	Non-Viable	Total
57	7	64

Data Analysis

Table 16 summarizes item number 17, with 64 respondents addressing the item by checking whether they considered play a viable or non-viable tool to use among K-6 children. Fifty-seven of the respondents, or 89.1 percent, indicated that play therapy techniques were a viable therapeutic tool; while seven respondents, or 10.9 percent, indicated play as a non-viable tool.

Table 17

Quality of Training

1	2	3	4	5	Total
1	3	16	33	28	81

Data Analysis

The respondents were requested to circle the most appropriate number indicating how adequately the respondents were trained to use play as a therapeutic technique in the elementary setting. Sixty-one of the respondents, or 75.3 percent, indicated they were poorly or never trained to use play as a therapeutic technique while twenty

respondents, or 24.7 percent, considered their training as adequate or better.

Table 18

Need for Further Training in Play Therapy

Yes	No	Total
69	11	80

Data Analysis

In item number 19 of the questionnaire, the respondents were requested to indicate, by checking the appropriate answer, whether they needed further training in play therapy techniques. From the 80 responses to this item, 69 respondents, or 86.2 percent, indicated they needed further training; while 11 respondents, or 13.8 percent, indicated no need for further training in play therapy techniques.

Table 19

Potential Attendance in Future Play Therapy Training

Would	Would Not	Maybe	Total
69	10	2	81

Data Analysis

Eighty-one respondents indicated, on item number 20 of the questionnaire, whether they would attend a training session on play therapy techniques. Sixty-nine respondents, or 85.2 percent, indicated they would attend the training sessions. Ten respondents, or 12.3 percent, indicated they would not attend, and two respondents, or 2.5 percent, were undecided about attending such training sessions.

Discussion

The graphs and data analysis summarized the results of items number 15 through 20 of the questionnaire. The results showed that: (a) 89.9 percent of the respondents considered play a valuable therapeutic tool, (b) 89.1 percent of the respondents indicated that play therapy techniques were a viable therapeutic tool, (c) 75.3 percent of the respondents indicated they were poorly or never trained to use play as a therapeutic tool, (d) 86.2 percent of the respondents indicated a personal need for further training in play therapy techniques, and (e) 85.2 percent of the respondents indicated they would attend play therapy training sessions if provided.

The following table, data analysis, and discussion relate to General Question 4:

D. What obstacles will be of importance to the respondents when using play therapy techniques?

Table 20

Ranked Obstacles When Using Play Therapy Techniques

	1	2	3	4	5	6	7	8	9	10	11	√[1]	Total
Room Size 48	5	4	6	3	6	5	1	3	0	3	0	1	280
Play Equipment or Materials 43	7	6	7	5	5	4	3	2	1	9	0	3	295
Efficiency or Effectiveness of Play as Tool 34	3	4	3	1	6	3	4	0	4	6	0	0	212
Supervisor 26	1	0	2	3	0	2	5	3	3	3	4	0	121
Case load 36	7	5	7	4	2	2	2	1	4	1	0	1	276
Therapeutic Training 54	21	8	8	7	2	0	1	2	1	1	0	3	478
Time Per Session 50	3	12	2	5	4	2	7	4	0	8	3	0	291
Administrative 35	1	1	8	3	2	6	5	4	2	3	0	0	218
Validity of Play as a Therapy 36	3	7	2	1	3	3	1	7	5	2	1	1	221
Facilities 36	5	5	2	8	4	2	0	1	5	3	0	1	252
Other 25	2	0	0	0	0	1	0	0	0	1	1	0	31

Table 20 (continued)

1 - only ✓ the answer did not prioritize.

2.- not required to indicate specifics.

Column 1=11 points, Column 2=10 points, 3=9 points, etc., then divide the total by the total respondents to equal the average responses ($\bar{x}$).

The obstacles confronting respondents when using play therapy techniques are:

	Total Respondents	Total Points	$\bar{x}$
Therapeutic Training	54	478 pts.	8.9
Case Load	36	276 pts.	7.7
Facilities	36	252 pts.	7.0
Play Equipment & Materials	43	295 pts.	6.9
Efficiency or Effectiveness of Play as a Tool	34	212 pts	6.24
Administration	35	218 pts.	6.23
Other	5	31 pts.	6.20
Validity of Play as a Therapy	36	221 pts.	6.1
Room Size	48	280 pts.	5.8
Time per Session	50	280 pts.	5.6
Supervisor	26	121 pts.	4.7

Data Analysis

Table 20 summarizes the data collected from item number 14. The respondents were requested to prioritize the obstacles they perceived which would interfere with the use of play in the therapeutic setting. The category of "therapeutic training" had 54 respondents, totaling 478 points, for a mean of 8.9. The category of "case load" was second with a mean of 7.7. Thirty-six respondents addressed this category. Length of session was addressed by 50 respondents yet they ranked this category lower on the average with a resultant mean of 5.6, for 10th on the ranked list.

Discussion

The table and data analysis indicated the respondents considered lack of training as the biggest obstacle confronting them in using play therapy techniques.

Summary

The chapter was introduced, then a discussion followed on generalities of the data collected. The discussion of the findings was followed by the response analysis of data collected from the questionnaire. The response analyses were arranged to organize the collected data and direct specific items to the general questions posed in Chapter I and reviewed in Chapter III. Each general question was addressed with graphs and appropriate data analysis, with pertinent discussion culminating the research.

Chapter V

Summary, Conclusions, and Recommendations

Summary

The purpose of this study was (a) to determine the extent of and usage of play as a therapeutic tool among K-6 children by counselors in the school setting; (b) to determine the counselors' level of training in the areas of play, music, art therapy; (c) to locate possible hinderances or obstacles in the use of play as a therapeutic tool; and (d) to determine the receptivity to possible training sessions on the use of play as a therapeutic tool.

A review of literature was presented to provide a brief historical background, trace the development of play as therapy, and extract some applications of play as a therapeutic tool.

A twenty item questionnaire was mailed to 139 elementary counselors in the State of Montana in the Fall of 1977. Returns were compiled through January 1978 and results were forwarded to the State Office of Public Instruction, Helena, Montana, specifically to the Department of Guidance and Counseling.

Conclusions

The results of the study indicated the following:

1. Seventy-eight point six percent of the respondents were certified counselors and 93.3 percent had obtained a minimum of fifth year certification or higher to include Master's, Ph.D., Ed.D., and

sixth year certifications. Fifty-nine point one percent of the respondents majored in Guidance and/or Counseling and 84.7 percent of the respondents received their counselor preparation from Montana institutions of higher learning.

2. Though the respondents had varied backgrounds in counseling, guidance services, and psychology course work, only 14.3 percent were exposed to training in the specialized areas of play, music or art therapy.

3. Eighty-nine point nine percent of the respondents considered play a valuable therapeutic therapy technique, 89.1 percent considered play therapy techniques a viable therapeutic tool, 75.3 percent indicated they were poorly or never trained in play therapy techniques, 86.2 percent of the respondents indicated a personal need for further training and 85.2 percent indicated they would attend play therapy training sessions if provided.

4. The majority of respondents indicated that lack of therapeutic training was the greatest obstacle interfering with the use of play in the therapeutic setting.

Recommendations

Based upon the results of the survey, the investigator suggested the following:

1. Graduate programs in counseling should include art, music and play therapy training in their counselor preparatory programs.

2. The Montana State Office of Public Instruction, in cooperation with the Montana Personnel and Guidance Association and/or the institutions of higher learning, should provide the counselors in the state of Montana with institutes or workshops in art, music and play therapy.

3. Further investigation should be conducted to identify the geographical regions for possible locations for the institutes or workshops.

4. A concerted effort should be made to provide for this expressed need in the field of counseling.

5. Further investigation and determination of other possible tools, skills and awareness to increase the effectiveness of elementary counselors would be valuable.

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APPENDICES

APPENDIX A

QUESTIONNAIRE

INSTRUCTIONS: You will be able to complete the following questionnaire in about 15 minutes. Please fill out these items as you a) perceive play therapy in relation to your clinical setting among K-6 aged children and/or b) as you view your training toward counselor certification.

If you lose the enclosed self-address stamped envelope, please return the questionnaire to:

Corry L. O'Brien, Director
The Center for Counseling Assessment & Special Services
P.O. Box 165
Lame Deer, MT 59043

1. I am presently a certified counselor in the State of Montana. _____ Yes
   _____ No

2. The highest level of education I have attained (check the appropriate space):

   _____ Bachelor's, _____ 5th year, _____ Master's, _____ 6th year,

   _____ Specialty Degree, _____ Ed.D., Ph.D., _____ other

3. I have the following number of graduate courses in my psychology counseling training (number of courses in the spaces):

   _____ Counseling
   _____ Guidance Services
   _____ Elementary Education
   _____ Group Therapy
   _____ Child Development
   _____ Psychology (learning, personality)
   _____ Child Therapy
   _____ Other
   Specify _____

4. I have the following number of courses specializing in (number of courses in the spaces):

   _____ Art Therapy
   _____ Play Therapy
   _____ Music Therapy
   _____ Other

5. In my graduate program I majored in _____

6. Ideally, I consider my role of counselor should be (rank order, Number 1 as most preferred):

   _____ Administrative Functions
   _____ Curriculum Advisor
   _____ Disciplinarian
   _____ Clinician
   _____ Guidance Services
   _____ Tester
   _____ Teacher
   _____ Other

14. Please rank the obstacles you perceive which interfere with the use of play in the therapeutic setting (Number 1, the obstacle most often incurred):

_____ Room size	_____ Training (therapeutic)
_____ Play equipment or materials	_____ Time per session
_____ Efficiency/effectiveness of play as a therapeutic tool	_____ Administrative
_____ Supervisor	_____ Validity of play as a therapy
_____ Case load	_____ Facilities (other than play equipment)
_____ Other	

15. As a therapist, I consider play as a _____ therapeutic tool (circle the most appropriate number):

Very successful	Successful	Average	Poor	Very Poor
1	2	3	4	5

16. I use play therapy _____% of the time (write the appropriate percentage in the blank):

17. I consider play a _____ viable, _____ non-viable therapeutic tool among K-6 aged children.

18. I feel I have been _____ trained, in my counseling program, to use play as a therapeutic technique in the elementary clinical setting (circle the most appropriate number to fill in the above spaces):

Excellently	Very adequately	Adequately	Poorly	Never
1	2	3	4	5

19. I feel I need more training in order to use play therapy. _____ Yes _____ No

20. If training sessions in play therapy techniques were available, I _____ (would, would not) attend them.

7. I presently spend most of my time performing these tasks (rank order, Number 1 the most often performed):

_____ Administrative Functions	_____ Clinician
_____ Curriculum Advisor	_____ Disciplinarian
_____ Guidance Services	_____ Liaison between Staff and Administration
_____ Teaching Classes	_____ Other

8. I have been trained in Elementary Counseling. _____ Yes _____ No

9. I received my Elementary Counseling training in the following institution:

_____

10. My basic counseling approach is represented with a circle on the following continuum (circle the most appropriate number):

Non Directive _____ Directive
1 2 3 4 5 6

11. I have worked as a Counselor outside the school setting _____ years (write the number of years in the blank).

12. Including this year, I have worked with K-6 children for _____ years (write the number of years in the blank).

13. I encountered the following types of cases in the elementary clinical setting with K-6 aged children.

1. _____
2. _____
3. _____
4. _____
5. _____

APPENDIX B

msu
COLLEGE OF EDUCATION

DEPARTMENT OF EDUCATIONAL SERVICES
MONTANA STATE UNIVERSITY, BOZEMAN 59715

We are conducting a state-wide survey among elementary school counselors to find out about the use of play therapy techniques in the elementary school setting. Your answers are very important to the accuracy of our research.

You may find the accompanying questionnaire quite interesting and easily completed in 15 minutes. All that is required of you is your honest response to each questionnaire item.

Your response will be held in the highest confidence. No individual information with any individual identification will be released. All information will be used in a statistical manner.

A self-addressed stamped envelope is enclosed for you to return your completed questionnaire. Your prompt completion and return of the questionnaire will be greatly appreciated.

Thank you very much for taking the time to participate in this study.

Sincerely,

Corry L. O'Brien
Graduate Student
Department of Educational Services
Montana State University
Bozeman, MT 59717

TELEPHONE (406)994-4933

APPENDIX C

msu
COLLEGE OF EDUCATION

DEPARTMENT OF EDUCATIONAL SERVICES
MONTANA STATE UNIVERSITY, BOZEMAN 59715

Recently, we mailed you a questionnaire asking your cooperation in an important survey.

If you have not had a chance to complete and return the questionnaire, may we ask you to take the 15 minutes to do so now? We are trying to get as near to a "perfect survey" as possible. All responses will be held with the highest order of confidence and used only in statistical reporting modes. To do so would require a reply from everyone who received a questionnaire. Let me reiterate: Your participation is vital to the success of our study. May we count on you?

We extend our appreciation and thanks for your help in this study.

Sincerely,

Corry L. O'Brien
Graduate Student
Department of Educational Services
Montana State University
Bozeman, MT 59717

TELEPHONE (406)994-4933