

## **The Impact of Supervised Clinical Experience on Play Therapy Attitude, Knowledge and Skills**

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### **Abstract**

*Supervision is a key component to the development of competent mental health counselors. Using a mixed methodology, we examined the impact of supervision on graduate students' play therapy attitudes, knowledge, and skills. Quantitative data revealed statistically significant improvements. Qualitative data revealed that students perceived the supervision experience to be acceptable and effective. Limitations and implications for future studies are discussed.*

**Keywords:** play therapy, supervision, attitudes, knowledge, skills

### **1. Introduction**

Supervision is a critical component of competent counselor development (Bernard & Goodyear, 2004). Mental health counseling students and their clients benefit from students receiving regular supervision from counselors, or supervisors, who have more advanced training and experiences. Much like the counseling process, supervisors and supervisees work to build a relationship in which the supervisee feels safe to explore areas in need of improvement including, but not limited to: clinical skills, client conceptualization, ethical practice, treatment planning, and self-awareness (Bernard & Goodyear).

Through practice, supervision, feedback, and self-reflection student counselors are likely to increase their awareness, knowledge, and skills in the areas mentioned above. This research was intended to investigate the effectiveness of supervised clinical practice on the development of play therapy attitudes, knowledge, and skills of student counselors who had specific training in child-centered play therapy.

#### **1.1 Child-Centered Play Therapy as an Intervention for Children**

Child-centered play therapy (CCPT) is rooted in the philosophy of Carl Rogers's Person-centered theory, believing that persons are self-directed and moving toward self-actualization. A counseling relationship characterized by empathy, genuineness, and unconditional positive regard is necessary and sufficient for client's self-understanding and continued maturity, without the need for direction or teaching from the counselor (Landreth, 2002). Virginia Axline (1974), the creator of CCPT wrote:

Non-directive play therapy is based upon the assumption that the individual has within himself [sic], not only the ability to solve his [sic] own problems satisfactorily, but also this growth impulse that makes mature behavior more satisfying than immature behavior. (p. 15)

Piaget (1962) describes play as an essential component in children's emotional, social, and cognitive development. According to Landreth (2002), children use play as their natural mode of communication and use toys much in the same way adults use words. Play allows children to express themselves, master new learning, practice adult roles, make meaning of their experiences, and work through traumatic events (Gil & Drewes, 2005).

For almost a century, child therapists have used the context of play to help children cope with emotional and behavioral difficulties. In recent years, CCPT has become a highly researched, developmentally appropriate therapeutic tool applicable for working with children across various settings (Bratton, Ray, Rhine, & Jones, 2005). Play therapy is a viable treatment for children because, unlike adults, young children lack the cognitive skills to translate their inner thoughts, feelings, and experiences into verbal communication (Axline, 1974; Landreth, 2002).

The provision of high quality play therapy services is contingent on comprehensive training and supervision in play therapy principles and procedures (Kranz, Lund, & Kottman, 1996; Landreth, 2002). According to the Association for Play Therapy (APT, 2011), there are 187 universities offering play therapy courses. Although many of these courses include a supervised practical component, many play therapists receive their training from workshops rather than structured courses and supervised experience (Phillips & Landreth, 1995, 1998; Ryan, Gomory, & Lacasse, 2002).

## **1.2 Play Therapy Attitude-Knowledge-Skill Survey**

Kao and Landreth (1997) developed the Play Therapy Attitude-Knowledge-Skill Survey (PTAKSS) to gain an understanding of the process of child-centered play therapy training and supervision for graduate students. Students grow and change both professionally and personally through play therapy training and supervision (Landreth & Sweeney, 2009). "Learning to be a play therapist requires sincere self-examination, self-understanding, and self-acceptance since the expectation is that prospective play therapists will learn to incorporate their evolving philosophical beliefs about children into their working belief system" (Kao & Landreth, 1997, pp. 2-3). Landreth (2002) noted that providing supervision can expedite the self-insight of play therapists in training. Therefore, supervision in play therapy training is a critical component that cannot be overlooked.

Researchers have used the PTAKSS to understand how play therapy training may impact learners' attitude, knowledge, and skills (Kao & Chang, 2007; Kao & Landreth, 1997). However, these studies focused mainly on quantitative data and did not explore how weekly supervision can contribute to these changes. The current study utilized both quantitative and qualitative data to examine the impact of play therapy training and supervision on students' play therapy attitudes, knowledge and skills. When administering the PTAKSS to trainees, studies have consistently demonstrated improvements in students' skills and knowledge after receiving supervised play therapy experience (Kao & Chang, 2007; Kao & Landreth, 1997; Homeyer & Rae, 1998). However, it is also important to consider students' perceptions of these changes.

## **1.3 Purpose of the Study**

In the current study, we sought to examine the impact of a counseling practicum on graduate counseling students' play therapy attitudes, knowledge and skills. The participants of this study have been trained and practice humanistic counseling with children and adults. Utilizing a mixed methodological approach we investigated the process and outcome of a practicum course taught during a 15-week semester. As a measure of program evaluation (Nastasi, Moore, & Varjas, 2004), we also examined students' perceptions of the content and structure of the supervised counseling experience.

## **1.4 Research Questions**

In this study, we addressed the following guiding research questions: 1) what is the impact of supervised play therapy experience on graduate students' attitudes about children, interactions with children, and play therapy knowledge and skills? 2) What are graduate students' perceptions of the structure and content of a counseling practicum course?

## **1.5 Research Design**

According to Dukes (1984) qualitative inquiry reveals the subjective experiences of participants and balances objective data. Powell, Mihalas, Onwuegbuzie, Suldo, and Daley (2008) indicated that a mixed methodological approach facilitates in depth data collection and a more focused understanding of the problem under investigation. Based on this perspective, in the current study we utilized a mixed methodological investigation of the impact of a supervised counseling experience on graduate students' play therapy attitude, knowledge and skills. In addition to administering the revised Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS; S. Kao, personal communication, July 3, 2009) before and after a 15 week counseling practicum, we also conducted individual interviews with participants at the end of the semester.

## **2. Methodology**

### **2.1 Participants**

We conducted the current study at a large suburban university in the Southern United States. We invited graduate counseling students enrolled in a 15-week counseling practicum to participate in the research. Student participants were made aware of their voluntary participation and their choice to withdraw from the study at any time without any negative impact to their grade or standing in the course. Because of the nature of the study, only counseling students who had been trained in play therapy were eligible to participate. A total of 12 students trained in child-centered play therapy chose to participate in the study. Each of the student participants reported counseling from a humanistic theory of counseling such as, Adlerian, person-centered or existential, prior to the start of their practicum. Participant characteristics are presented in Table 1.

### **2.2 Research Team**

An Assistant Professor (the first author) and two graduate counseling research assistants comprised the research team. All three researchers have training and experience in play therapy interventions and/or supervision. The research assistants, who were not connected to the course under investigation, conducted recruitment and informed consent procedures, administered the pre- and post-surveys, conducted the post-intervention interviews, transcriptions and de-identification of the data. These students also assisted the first author during the data analysis process.

### **2.3 Counseling Practicum**

All counseling and supervision sessions related to the counseling practicum were held in a counseling clinic at the research site. The clinic offers individual counseling for adult and adolescent clients and play or activity therapy for children ages three years and older. The center also offers counseling for couples and families. The counseling practicum is designed to provide students with actual counseling experience with a variety of clients and presenting problems. The specific goals of the course included helping students to develop and demonstrate an integration of counseling theory and skills, utilizing a guiding theory of counseling, session and case management, and ethical and legal conduct. Instructional methods of the course consisted of assigned readings, role plays, group discussion, didactic lectures, journal exploration, case conceptualizations and related presentations, video/film analysis, experiential activities, and individual/triadic and group supervision.

At this university, following the successful completion of a graduate-level theories course, students are expected to identify a counseling theory that aligns with their already held beliefs about people and the process of change. Thus, students work from their chosen theory, rather than from a selected method or supervisors' expectations. Of importance to theory development and application, students were supervised according to their identified guiding theory. Each participant ascribed to humanistic theory prior to their practicum experience and this research study.

Individual/triadic supervisors of participants consisted of three doctoral-level counselors, each supervisor had completed a doctoral-level course in supervision, two or more graduate level courses in play therapy and had taken numerous play therapy workshops at local, state, national, and international venues. Each supervisor was a member of the Association for Play Therapy and the American Counseling Association in addition to other state and national professional organizations. Additionally, the supervisors had three or more semesters of providing clinical supervision to counselors-in-training. As is required by the university, the doctoral supervisors were under the direct supervision of a licensed professional counselor throughout the duration of this practicum.

The counseling practicum was structured to meet the standards established by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2009) and included the following: (a) a minimum of 100 clock hours over the 15-week semester; (b) at least 40 clock hours of direct service with actual clients; (c) one hour per week of individual and/or triadic supervision; (c) an average of 1 1/2 hours per week of group supervision; (d) audio/video recordings of counseling sessions for use in supervision; and (e) on-going evaluation of counseling performance throughout the practicum. Assignments were specifically designed to assess the Student Learning Outcomes (SLOs) established for this course.

## 2.4 Data Sources

**2.4.a Play therapy attitude knowledge and skills survey.** We administered the English translation of the revised Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS; S. Kao, personal communication, July 3, 2009) to each of the 12 research participants before and after the 15-week counseling practicum. The PTAKSS takes approximately 10-15 minutes to complete and explores respondents' beliefs about children, interactions with children, and self-efficacy related to play therapy knowledge and skills. The 63-item self-administered instrument consists of three subscales. The Attitude Subscale contains items that reflect the beliefs and interaction patterns trainees are expected to learn in child-centered play therapy training. The Knowledge Subscale contains items reflecting what trainees should know as a result of child-centered play therapy training. The Skills Subscale demonstrates the degree of trainee confidence in using play therapy skills.

**2.4.b Individual interview.** At the end of the 15-week counseling practicum, two research assistants conducted individual interviews with each research participant. During the interview, we examined students' impressions of the course content and structure, and the perceived impact of supervised clinical experience on play therapy skills and practices, beliefs about children, interactions with children, and perceived changes in themselves (e.g. behavior, attitudes, feelings, and relationships). Examples of interview questions include: 1) What did you learn about yourself as a result of this semester's play therapy experiences? 2) What did you learn about your beliefs about children as a result of these experiences? 3) What is your identified guiding theory? 4) To what extent did you apply this theory in your play therapy sessions this semester?

## 2.5 Qualitative Data Analysis Strategy

Using an adaptation of Huberman and Miles (1994) data analysis strategy, we employed an inductive-deductive approach (e.g., Varjas, Nastasi, Moore, & Jayasena, 2005) to analyze the data. The initial stages in qualitative data analysis typically involve an inductive process often referred to as *open coding* (Corbin & Strauss, 2008). This procedure facilitates the emergence of patterns and themes from the data. The latter stages of the coding process are deductive in nature and involve testing and confirming codes developed during the inductive stages (Patton, 2002). See Table 2 for steps in qualitative data analysis.

## 3. Findings

In the current study we employed a mixed methodological approach to examine the impact of supervised clinical experience on students' attitude towards children, interactions with children, and play therapy knowledge and skills. We also explored students' perceptions of the content and structure of the counseling practicum. Before and after the 15-week course, we administered the English translation of the revised Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS; S. Kao, personal communication, July 3, 2009) to the 12 research participants. In an attempt to balance objective data (Dukes, 1984) and gain a deeper understanding of participants' perspectives (Powell, Mihalas, Onwuegbuzie, Suldo, & Daley, 2008), we also conducted an individual interview with each participant at the end of the 15-week semester.

### 3.1 Statistical Results

A paired-sample t-test was conducted to evaluate the impact of a 15-week counseling practicum on students' scores on the Attitude, Knowledge, and Skill subscales of the PTAKSS. First, the difference of the Attitude score before ( $M = 4.265$ ,  $SD = .263$ ) and after ( $M = 4.451$ ,  $SD = .269$ ) the supervised clinical experience is statistically significant,  $t(12) = -2.689$ ,  $p < .05$ , eta squared = .396. Second, the difference of the Knowledge score before ( $M = 3.574$ ,  $SD = .392$ ) and after ( $M = 4.023$ ,  $SD = .459$ ) the supervised clinical experience is statistically significant,  $t(12) = -.4106$ ,  $p < .05$ , eta squared = .605. Finally, the difference of the Skill score before ( $M = 3.731$ ,  $SD = .383$ ) and after ( $M = 4.186$ ,  $SD = .386$ ) the supervised clinical experience is also statistically significant,  $t(12) = -3.422$ ,  $p < .05$ , eta squared = .516.

In conclusion, there were statistically significant improvements and a large effect size on students' scores in all three subscales: Attitude, Knowledge, and Skills, after 15 weeks of counseling practicum.

### 3.2 Emerging Themes

We conducted analysis of the 12 end-of semester interviews and developed six major categories based on the data: (a) *desire to help*, (b) *play therapy skills and knowledge*, (c) *play therapy relationship*, (d) *supervision*, (e), *generalizing*, and (f) *personal dimensions*.

#### 3.2.a *Desire to help.*

We defined *desire to help* as students' willingness to participate in the study with no focus on personal gains derived from their involvement. During the individual interviews, we asked students why they chose to participate. Although we provided monetary incentive, 75% of the students ( $n=9$ ) stated that they merely wanted to help with research. One student, for example, noted that she wanted to help further play therapy research. Another student referred to her own experiences in recruiting participants for research projects "so, I want to help somebody else out."

#### 3.2.b *Play therapy skills and knowledge.*

We coded *play therapy skills and knowledge* when students referred to the demonstration of specific play therapy skills, and an application of play therapy theory, principles and practices. During the individual interviews all of the respondents commented on play therapy skills and knowledge. One student described in detail how she used specific play therapy principles and skills with one of her play therapy clients.

I felt like metaphors were helpful. It was a safe way to talk about what he has problems with. Encouragement statements were especially helpful because he struggled with feeling like a failure and not being perfect. So in the playroom, when he was struggling with something, I would encourage him. And, I think that really helped. Cause his tolerance for frustration seemed to grow with our sessions. I think reflection of feeling was really helpful for him because he would hear what I've seen. And I think that for him sometimes he is not aware of what he is portraying.

#### 3.2.c *Play therapy relationship.*

We coded *play therapy relationship* when students commented on the relationship between therapist and child client(s). During the individual interviews 83% ( $n=10$ ) of the respondents made reference to the therapeutic relationship. One student noted the importance of building a healthy relationship to facilitate client safety. "Knowing that you do have to build that relationship before they feel comfortable to express their emotions and problems." Another student described a strong therapeutic alliance and the challenges of termination.

Just that bond, the therapeutic relationship is so powerful. You know, it's such a cool thing. So, I get emotional because it really is, you know. Just knowing it's our last session, and things that I just saw her play out, and you know. Just thinking she has been touched by this too. So, it's been a really cool thing.

#### 3.2.d *Supervision.*

We defined *supervision* as students' references to individual, triadic or group supervision received during the counseling practicum. During the individual interviews, all of the respondents described their experiences with various aspects of supervision. One student described the benefit of receiving individual feedback from her supervisor.

I think the most helpful thing for me is the feedback that my supervisor gave me because he is very professional and then I am a new play therapist in this field. So, I have a lot of questions, and we watched tapes, but I usually pointed out the things that I struggled with, and then he gave me feedback.

Another student commented on the helpful nature of triadic supervision.

We were able to watch videos and get some feedback on different ways to facilitate play therapy in session, finding different ways to say things, or to really understand the deeper meaning in the play and reflect that back to the child.

A third student described the safety she experienced in group supervision.

I really like my supervision group. I feel really safe in the group that I had. And so, it actually was really comfortable for me to discuss my progress. People would give me feedback that was either “you did a good job about this,” or “maybe you can think about this.” That was really helpful to me because it was given in a really nice way. So I could use it. Yeah, I guess, sometimes, it can be a little bit uncomfortable to have to show someone a tape or something that I didn’t think was really good. But, then I got so much positive feedback and help from it that it ended up being a positive experience.

### **3.2.e Generalizing.**

We defined *generalizing* as students’ references to the application of play therapy knowledge and skills to contexts outside of play therapy clients and supervision. Throughout the individual interviews, 83% ( $n=10$ ) of the respondents commented on their use of play therapy language and skills outside of the supervised clinical experience. Several students referred to the use of such skills in their personal and/work interactions. One student described her use of play therapy language and skills with children in general. “Not only in the practicum but also outside the class, I try whenever I see children. I try to speak in their language and every time they feel sad or happy, I try to reflect their feelings first.” Another student commented on the positive impact of play therapy on her family relationships.

I think [the play therapy training] helped my relationships with my little brothers because I don’t get to see them a whole lot. But, I feel like I have tools to use to help me connect better with them. And really let them feel that I understand them and I care about them when I am around them.

### **3.2.f Personal dimensions.**

We coded *personal dimensions* when students made comments about their behavior, attitudes, feelings, or perceptions. This code included any reference to changes in one or more of these variables. During the individual interviews, all of the students commented on various aspects of personal growth derived from the supervised clinical experience. These statements often referred to increased self-awareness or knowledge about children. One student described struggling with a need to be involved in her client’s play.

I definitely need to be aware that I have a desire for the child to engage me in his/her play. [One of my clients] never engaged me in play, so I had to be careful that I didn’t try to make him involve me in his play. So, I think that is something that I learned about myself is that I have that desire for them to do that, to involve me. But, I know that I need to keep that within myself and not put that on them.

Another student noted the need for patience throughout the course of play therapy.

I think what I learned the most is be patient with the process, really trust it. I think that, at first I was trying to find out the underlying meaning and interpret it, maybe what they were playing repeatedly. But then I found that it was more about the process to them, being able to play through [their issues] instead of me trying to interpret what’s going on.

Two other students commented on specific beliefs about children. “I’ve learned that I have a lot of faith in kids, in what they do. They play with what they feel they need.” “I think something that was reinforced is how creative [children] are and how they are able to deal with their experiences in these really creative ways.”

## **4. Discussion**

In the current study, we sought to evaluate the impact of supervised clinical experience on graduate counseling students’ play therapy attitudes, knowledge, and skills. As such, we administered the English translation of the revised Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS; S. Kao, personal communication, July 3, 2009) to 12 students trained in child-centered play therapy (CCPT) and practicing from a humanistic counseling theory. According to statistical analyses of PTAKSS scores, students reported improved positive attitudes and beliefs toward children, increased play therapy knowledge, and greater confidence in applying play therapy skills. Through individual interviews, we also explored students’ perceptions of the counseling practicum.



Emerging themes from qualitative data analysis revealed that the students perceived the practicum to be acceptable (i.e. useful, and informative) and effective (i.e. facilitated insight/awareness, self-growth, knowledge, and skill acquisition). The quantitative results of this study yielded similar findings to other studies that used the same measure, PTAKSS. Students, who received supervised play therapy training improved in the areas of play therapy attitude, knowledge, and skills as compared to prior to their supervised training (Kao & Chang, 2007; Kao & Landreth, 1997; Homeyer & Rae, 1998). These results help to substantiate the necessity for regular and consistent clinical supervision such as that provided during a practicum experience.

Students' comments throughout the interviews brought balance to the PTAKSS responses and allowed for a deeper exploration of participants' subjective experiences. All of the participants discussed the impact their practicum experience had on their skills and knowledge. Through supervised practice, students were able to practice the skills they had learned prior to practicum and were able to receive support, encouragement, and feedback during their practicum experience. This finding is consistent with literature suggesting that practice and supervision contribute to a counselor's effectiveness of using counseling skills (Bernard & Goodman, 2004; Ivey & Ivey, 2007; MacCluskie, 2010; Young, 2009). Participants of this study were able to integrate their classroom learning with clinical practice and supervision, a necessary experience for counselor development.

The impact of the therapeutic relationship between client and counselor as a necessary factor for clients' symptom improvement has been well documented and discussed in the helping-profession literature. . In CCPT, of which all participants were trained, the client-counselor relationship is emphasized as not only necessary but sufficient for effective counseling (Landreth, 2002). Asay and Lambert (1999) suggested that 30% of favorable outcomes are attributed to the client-counselor relationship, which highlights the importance of this counseling component. The majority of participants of this study indicated that the relationship between the counselor-in-training and the client was enhanced during their practicum experience. Thus, the results indicate the importance of practicum supervision and the impact it has on the development and improvement of client-counselor relationship in play therapy.

For all student participants, supervision was considered a meaningful experience in which students felt support and encouragement. They described areas of personal growth as well as learned practical skills to use in their counseling sessions with children. Counselors, who receive play therapy training by means of workshops, may be less likely to receive supervision specific to play therapy. Thus, the importance of supervision by a supervisor whom is also trained and skilled in play therapy seems to be an important factor in the development of future mental health counselors who practice play therapy (Landreth, 2002).

### **5. Limitations**

An initial limitation is the small number of participants and lack of control group. Due to the nature of the study and qualitative component, we determined a smaller number of participants would provide us the means to illuminate the students' experiences. Although we were able to gather rich descriptions of participants' experiences and perceptions, we acknowledge the limitation of the quantitative analysis due to the small sample size. Whereas data analysis revealed positive outcomes related to acceptability and perceived effectiveness of the counseling practicum, the potential for researcher bias represents a possible limitation as well. The first author's dual role as researcher and practicum instructor may have negatively affected data collection and analysis procedures. Therefore, in order to minimize researcher bias, we utilized research assistants not connected to the study, to conduct recruitment, informed consent procedures, data collection, and de-identification of responses. We also facilitated trustworthiness through audit trail, and the use of multiple coders to establish validity and reliability of emerging themes (Patton, 2002).

### **6. Future Research**

Future research studies with various designs can add to the literature and expand mental health professionals' understanding of strategies for improving play therapists' clinical ability to work with children. In response to our noted limitations, a research design with a larger sample size would help to substantiate the results. Additionally, the use of a control/comparison group would help to create a design with more rigor and generalizable results. All of the research participants of this study took at least one graduate-level course in child-centered play therapy (CCPT). A future research suggestion is to investigate the impact of university graduate-level courses in play therapy compared to workshop-based instruction in play therapy.

Results of such research would help to give clarity to counselors' developmental differences that may be correlated to their instruction type. Perhaps of interest to the larger community of mental health professionals is the impact of play therapy supervision on a counselor's overall clinical development. Using assessments that measure counseling skills, beyond those used within a play therapy counseling session, pre and post practicum experience would provide insight into the transferability of CCPT skills to counseling with adult clients. Again, using a design with an adequate sample size and a control/comparison group would substantiate the findings.

## 7. Conclusion

Clinical supervision has been noted to enhance counseling students' clinical development and counseling effectiveness as they work toward becoming licensed mental health professionals (Bernard & Goodyear, 2004). This study specifically examined the effects of practicum supervision on students' play therapy attitudes, knowledge, and skills. Quantitative and qualitative results demonstrated supportive findings for clinical supervision through practicum with students enrolled in a graduate mental health counseling program. Participants demonstrated statistically significant improvement with large treatment effect sizes in each of the measured areas. Participants also described how the practicum experience influenced their personal and professional development.

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**Table 1: Participant Characteristics**

	Frequency	%
Gender		
Male	1	8.33
Female	11	91.67
Age		
20-29 years	11	91.67
30-39 years	1	8.33
Theory		
Adlerian	10	83.33
Person-Centered	1	8.33
Existential	1	8.33
Play Therapy Course Credits		
1 course	5	41.67
2 courses	7	58.33
Play Therapy Workshops		
None	5	41.67
1-3 days	5	41.67
4-6 days	1	8.33
6+ days	1	8.33
Clinical Experience in Play Therapy		
None	5	41.67
under 1 year	7	58.33
Previous Work with Children		
None	2	16.67
School Teacher	1	8.33
Child Care	8	66.67
Other	1	8.33

**Table 2: Steps in Qualitative Data Analysis**

<b>Steps</b>	<b>Procedures</b>
<i>Sketching ideas and taking notes</i>	Three coders independently analyzed a subset of the data (six of the twelve individual interviews). This stage involved writing notes and reflective passages in the margins of the transcripts. As the coders poured over the data, they noted their initial thoughts/reactions to the interview material.
<i>Summarizing field notes</i>	During weekly coding meetings, the three coders discussed their reactions to the data, compared and contrasted margin notes/reflective passages, noted commonalities and discrepancies; and developed a summary sheet. This summary consisted of ideas/reactions that were consistent among all coders.
<i>Working with words</i>	The coders developed metaphors based on the content of the summary sheet. This involved formulating key phrases that reflected their interpretation of the participants' responses/ideas. Creswell (2007) considered this stage a precursor to code development.
<i>Making contrasts and comparisons</i>	The coders compared and contrasted the key phrases (Huberman & Miles, 1994), and grouped them into categories. This stage facilitated reduction of the data as similar phrases were combined and overlapping categories were merged.
<i>Identifying codes and reducing information</i>	Creswell (2007) highlighted the importance of reducing the data in order to remove redundancy. The coders further collapsed some of the categories, adjusted category headings, and developed preliminary codes related to the data (Huberman & Miles, 1994).
<i>Initial coding</i>	The three coders established inter-coder agreement (e.g. Marques & McCall, 2005) by independently applying the preliminary coding manual to a subset of the data (six of the twelve individual interviews). During weekly meetings they discussed agreement and discrepant coding, made adjustments to the preliminary coding manual and re-applied it to the data subset. This process continued until the coders reached a mean agreement of 86% to 90% (Bakeman & Gottman, 1997) and finalized the coding manual.
<i>Final coding</i>	The coders applied the finalized coding manual to all twelve individual interviews. To guarantee continued inter-coder agreement, 50% of the data were coded by all three coders. During weekly meetings, the coders continued to discuss discrepancies and coder drift (Marques & McCall, 2005). Inter-coder agreement, based on participants' responses across interview questions, ranged from 85% to 92% throughout the final coding period.