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Play therapy interventions and their effectiveness in a school-based counseling program

Nancy Cardenas

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PLAY THERAPY INTERVENTIONS AND THEIR EFFECTIVENESS
IN A SCHOOL-BASED COUNSELING PROGRAM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Nancy Cardenas
June 2005
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ABSTRACT

The objective of this study was to determine if play therapy interventions are effective in the treatment of elementary and middle school children in a school-based counseling program. This project utilized a quantitative design to evaluate the use of play therapy interventions in 70 closed case files of children ranging in age from 5-13. The study found that drawing was the most common play therapy intervention used, and that both behavior and academics improved in the majority of the cases examined. However, treatment success cannot be credited solely to the use of play therapy. There are many external factors such as parental involvement, cultural, and economic influences that are identified and discussed as possible influences to the treatment outcome.
ACKNOWLEDGMENTS

I would like to acknowledge Dr. Janet Chang and Ana Rivera-Vargas, L.C.S.W, for their continued guidance and support, as well as Family Solutions for allowing me to conduct this study at their agency.
DEDICATION

Les quiero dedicar este proyecto a las personas más importantes en mi vida, a mis padres Jesús y María, y a mis hermanas Yadira y Mary. Gracias por todo su apollo, carino, y pasiencia. I would also like to dedicate this project to David for his continued love and support, thank you for being my strength.
# TABLE OF CONTENTS

ABSTRACT ........................................................................ iii

ACKNOWLEDGMENTS .................................................. iv

CHAPTER ONE: INTRODUCTION ....................................... 1

   Problem Statement ..................................................... 2
   Purpose of the Study ................................................... 4
   Significance of the Project for Social Work Practice .......... 5

CHAPTER TWO: LITERATURE REVIEW ............................... 7

   Introduction ............................................................. 7
   Theories Guiding Conceptualization ............................... 8
   Conflicting Findings ................................................... 11
   Cultural and Economic Influences ................................. 13
   Parental Involvement .................................................. 14
   Play Therapy Interventions .......................................... 15
   Play Therapy in Schools ............................................. 16
   Summary ..................................................................... 20

CHAPTER THREE: METHODS ............................................ 21

   Introduction ............................................................. 21
   Study Design ............................................................ 21
   Sampling ................................................................. 22
   Data Collection and Instruments .................................... 23
   Procedures ............................................................... 26
   Protection of Human Subjects ....................................... 26
   Data Analysis ........................................................... 26
Summary .................................................................................................................. 27

CHAPTER FOUR: RESULTS

Introduction ............................................................................................................ 28
Presentation of the Findings .................................................................................... 28
Summary .................................................................................................................. 33

CHAPTER FIVE: DISCUSSION

Introduction ............................................................................................................ 34
Discussion ................................................................................................................ 34
Limitations .............................................................................................................. 37
Recommendations for Social Work Practice, Policy and Research .................... 38
Conclusions ............................................................................................................ 41

APPENDIX A: DATA COLLECTION PROTOCOL .............................................. 42
APPENDIX B: TABLES ......................................................................................... 45
REFERENCES ...................................................................................................... 49
CHAPTER ONE
INTRODUCTION

Play therapy “is a psychotherapeutic method, based on psychodynamic and developmental principles, intended to help relieve the emotional distress of young children through a variety of imaginative and expressive play materials such as puppets, dolls, clay, board games, art materials, and miniature objects” (Webb, 1991, p. 27).

It is crucial that therapists realize that play is a natural constituent in a child’s life. It must be recognized that although play is a natural part of growing up it is indeed purposeful (Landreth, 1982). “Play is to a child what verbalization is to an adult. It is a medium for expressing feelings, exploring relationships, describing experiences, disclosing wishes, and self-fulfillment” (Landreth, 1982, p. ix). According to Bettelheim, (1987) “child’s play is motivated by inner process, desires, problems, and anxieties...play is the royal road to the child’s conscious and unconscious inner world; if we want to understand his inner world and help him with it, we must learn to walk this road” (Webb, 1991, p. 27).
Play is also an important skill building component of a child's development. According to Landreth (1982), a child learns verbal expression, how to cope with life tasks, how to master multiple techniques and symbolic process through the art of play. Play can also be a self-healing process that children naturally engage in (Landreth, 1991). Therefore, it is imperative that therapists allow children to engage in this process.

"Play is a medium for exchange and restricting children to verbal expression automatically places a barrier to the therapeutic relationship" (Landreth, 1991, p. 10). It is absurd to expect a child to communicate or verbalize feelings or life events at an adult level. A child has a limited understanding of traumatic events and the type of feelings that may arise during and after the trauma. Therefore, one should expect an age appropriate level of capacity in their method of expression. "Play is spontaneous, enjoyable, voluntary, and non-goal directed," (Landreth, 1991, p. 7) a gift that a therapist should value and use as the key to unlock a child's world.

Problem Statement

It is clear that play influences crucial components of a child's development. Therefore, children should be
given the opportunity to enhance their developmental skills through this natural ability. Since play is the universal language of children it would be reasonable and highly productive to use this method in the context of a therapeutic relationship. Webb, (1991) cites the 1988 article by Enzer, suggesting that play therapy allows children to "experience catharsis, reduction of troublesome affects, redirection of impulses, and a corrective emotional experience" (p. 28). "In the safety of the permissive environment of the playroom, the child can express his or her feelings in fantasy, thus permitting eventual working through and mastery, which then may carry over to the child’s everyday life" (Schaefer & Reid, 1986, p. 35). It is important to realize that play alone will not produce a significant change in a child’s life. Interpretation of the significance of the play, as well as the interventions used by the therapist will guide the therapeutic process (Webb, 1991).

Numerous play therapists agree that play is valuable and perhaps the best tool to reach a child. They also agree that play therapy would be one of the most successful therapeutic modalities to use in a school-based setting. According to Allen (1993), there are large numbers of school districts across the country who
contract with mental health agencies and community-based social services to provide school-based counseling. Although we are aware that school-based counseling exists in our local school there is still a deficit in empirical research that proves play therapy interventions are effective in school-based counseling programs.

Since there is a lack of research, the education system can be seen as a key player who can cause constraints to the provision of counseling in the schools. Without research supporting the effectiveness of play therapy the education system can choose not to offer counseling services to their students. After all they have no empirical research proving that this additional cost benefits the education system, or the students.

Purpose of the Study

The purpose of this study was to add to the limited amount of information on the effectiveness of play therapy interventions in a school-based counseling program. The study focused on examining the reasons why client’s were referred to counseling, the frequency and duration of their behavior, the client’s academic performance at the beginning and end of treatment, the total number of sessions they received, and the type of play therapy that
was used to determine how effective play therapy interventions were during treatment. The main focus of the study is to determine whether play therapy interventions are effective in the treatment of elementary and middle school children, as well as whether the use of play therapy interventions will help children improve their behavior, social and emotional problems, and academic performance in school.

A quantitative research method was used to conduct this study. Data was collected from randomly selected closed case files from the Family Solutions school-based counseling program. A data collection protocol sheet was designed and used to collect demographic, referral, and academic information, as well as the types of play therapy interventions used in each case file. The information was used to determine the outcome of the treatment and to help identify influential factors to that outcome.

Significance of the Project for Social Work Practice

This study benefits the social work profession by providing research on a topic were research is very limited. School-based counseling is a growing area in social work which needs empirical research to support effective interventions. There is no doubt that play
therapy interventions are used in the clinical treatment of children, however there is very little research supporting its effectiveness.

This study also contributes to the beginning phase of the generalist intervention process, since "play therapy is based on the fact that play is the child's natural medium of self-expression" (Axline, 1947, p. 9). The use of play therapy interventions would provide a safe and comfortable avenue for children to express themselves. This would allow the therapist to build rapport with child clients and begin the therapeutic process on a positive note.

The main focus of this study was to determine if play therapy produces effective outcomes in elementary and middle school children. The study attempted to determine whether children in a school-based counseling program where play therapy interventions are used, improve in behavior and or academics.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter examined the theoretical perspectives on play therapy and various components that may influence the effectiveness of play therapy in a school-based counseling program. The researcher will also identify a variety of play therapy interventions, and the advantages to using play therapy in schools.

According to Schaefer (1976), Sigmund Freud developed the most influential theory of play. Freud’s theory focused on the belief that an adult’s creative process developed from childhood fantasies. His followers also saw “fantasy and make-believe play as an expression of unfulfilled needs or acting out of anxieties and conflicts” (Schaefer, 1976, p. 28). Before this time experts like Freud only focused on the make-believe aspect of play and the significance of it.

However, it wasn’t until the 1920’s that Freud’s daughter, Anna Freud incorporated play in her child therapy sessions as a way to build rapport with her child patients (Webb, 1991). Anna Freud used games and toys, while Melanie Klein, another child analyst, “used child’s
play as the basis for interpretations to the child" (Webb, 1991, p. 26). There are several other play therapy pioneers, all of whom focused on the therapeutic relationship in conjunction with the child's feelings and the way they are expressed during play (Webb, 1991).

Theories Guiding Conceptualization

According to past and current research it is clear that the majority of research on play therapy and its effectiveness are based on studies and observations carried out by clinicians. It is common for clinicians to use their own clients as case examples to study this limited area within social work. The most current interpretation of what play therapy is was formulated by several theoretical perspectives.

According to Landreth, (1991) there are four crucial concepts that led to the development of play therapy and its use in today's schools. These four concepts include psychoanalytic play therapy, release play therapy, relationship play therapy, and nondirective play therapy. Individuals such as Sigmund Freud, Anna Freud, and Melanie Klein used psychoanalytic play therapy, which consists of child behavior observations and interpretations.
Release play therapy was developed by David Levy in the 1930s; its main purpose was to focus on the effect of the play and not on interpretation. This approach allows the child to release feelings and behaviors through the recreation of a situation (Landreth, 1991). Relationship play therapy was also developed in the 1930s by Jessie Taft and Fredrick Allen. This approach "deemphasized the importance of past history and the unconscious and stressed the development of the therapist-client relationship as crucial with a consistent focus on the present, the here and now" (Landreth, 1991, p. 31).

The last major development to influence the use of play therapy in elementary schools was nondirective play therapy. This approach was developed by Virginia Axline in 1947; and stresses belief in a person's natural desire and capacity for growth and self-direction (Landreth, 1991). These four developments are considered stepping stones to the integration of play therapy within the school system.

Each theoretical perspective involves the use of specific play therapy interventions that can be used with children in a school-based setting. Gil, (1991) cites the (1980) works of Nagera, who indicates that the purpose of psychoanalytic play therapy is to examine transference and opposition, highlight the use of interpretation, and
distinguish a child’s capability to use play symbolically to exhibit internal concerns. The ultimate goal is to help children work through complex and traumatic experiences by helping them gain insight about the past trauma (Schaefer & O’Connor, 1983).

A psychoanalytic play therapist should allow a child to play in a nondirective manner with dollhouses, dolls, puppets, and dress-up clothes. Through this form of play the child can manifest internal emotions about past events that should be observed and interpreted by the therapist.

Release play therapy focuses on modeling and reinforcement to alleviate behavioral problems in children. The purpose of release play therapist is to focus on the behavioral problems rather than past feelings that could have provoked the behavior (Gil, 1991). Release play therapist use therapeutic worksheets such as behavior contracts and behavior logs to focus on existing behavioral problems. These types of interventions are ideal to use in a school based setting due to the simplicity of the intervention.

According to Gil, (1991) relationship play therapists use a nondirective approach that involves the use of art work, or story telling with puppets or dolls. The therapist makes sure not to give the client directions
about what is expected of them. They allow the client to decide what do during the session, this type of approach "accepts the child as he or she is, and stresses the importance of the therapeutic relationship" (Gil, 1991, p. 31).

Nondirective play therapy is a less structured approach that is incorporated with other play therapy modalities. A nondirective therapist allows and encourages the child to choose any type of toys, artwork, or games to play with. The child is given the liberty to center their play around any type of theme as long as the child is safe within their environment (Gil, 1991). This approach can also be used within a school setting as long as the therapist comes to the session equipped with a variety of materials for the child to choose from.

Conflicting Findings

Although it is clear that the majority of clinicians think that play therapy should be applied in elementary and middle schools as a medium to explore a child’s inner world, there is uncertainty as to the effectiveness of the therapy. Carroll (2001) a clinician, completed a qualitative study that examined children’s views about play therapy. The majority of the children in her study
identified play therapy as helpful, however they were unable to conceptualize any ideas based on the process of change and how the change occurred. Therefore, Carroll identified this project to be one that contributes little to the debate on the effectiveness of play therapy.

Another study by O'Keefe, (2000) examined exactly what this study will research, the effectiveness of play therapy in a school-based counseling program. However, this study presented inconclusive findings. The researcher stated that it was difficult to determine the effectiveness of play therapy intervention due to the inconsistent use of one specific intervention. However the researcher believed that the clients who received a combination of play therapy interventions did in fact benefit from the treatment. Her research supported this idea (O'Keefe, 2000).

As studied by O'Keefe (2000), there are several factors that influence play among children therefore influencing the effectiveness of play therapy interventions. Factors such as cultural and economic influences, parental involvement, and the different types of play therapy interventions utilized will be examined throughout this study.
Cultural and Economic Influences

As noted by Yawkey and Pellegrini (1984), research demonstrates that the environmental conditions and the economic situation of a family affect the quantity and quality of a child's play. According to these two authors, research has been done on the amount of space a child has to play in, the availability of materials to play with, and how these two factors influence the type of play children engage in. Previous research has determined that an absence of play exists among children from lower socioeconomic classes who live in crowded metropolitan areas. Lack of available toys, or even household objects for play, result in stimulus deprivation (Yawkey & Pellegrini 1984).

According to Yawkey and Pellegrini (1984) controversy lies within this issue, "since play involves the child's interaction with his environment, it becomes quite obvious that different social environments will illicit different behaviors from children" (p. 4). Therefore the play therapy interventions that are used in school-based counseling programs will have different outcomes due to the influences that a child's environment and socioeconomic background provides.
Parental Involvement

Parental involvement is another factor that must be considered when looking at the effectiveness of play therapy interventions. It is important to look at whether or not the parents of a child in a school-based counseling program are in treatment themselves. Virginia Axline’s writings focused on much more than just the therapy process. Instead she observed and wrote about several cases that revealed the correlation between outside factors and the effectiveness of play therapy within a school.

Parental involvement is one of the factors that Axline focused on throughout her cases. According to Axline, (1947), if a parent is in treatment without the child they will gather enough knowledge to provide a positive change to the family system as well as to the child. The parent will begin the change and the child will typically follow. She explains that in her cases the majority of her clients were children that came from neglectful homes therefore parent involvement was minimal to non-existent.

Axline, (1947) did however recognize that "while the parent or parent-substitute often is an aggravating factor in the case of a maladjusted child, and while therapy might move ahead faster if the adults were also receiving
therapy or counseling, it is not necessary for the adults to be helped in order to insure successful play-therapy results" (p. 68). Axline also explained that there have been some cases where play therapy has been used in school-based counseling programs where the child was the only one in treatment, and the majority of these clients demonstrated significant improvements in attitude and behavior, both in school and home (1947).

Play Therapy Interventions

Different play therapy interventions are also important factors that contribute to the effectiveness of the treatment. Children come to treatment with different problems that need to be acknowledged. Therefore it is crucial that adequate play therapy interventions are used to treat different presenting problems. According to Webb and several other clinicians, certain play therapy interventions are most effect when treating certain presenting problems. For example, art techniques are used best with children with anger problems or children who have a physical illness because the child can convey feelings through the technique. Dolls and puppets are best to use with children who have experienced sexual abuse. Storytelling is also valuable because it allows children
to consider alternative solutions to problematic situations. Storytelling would be ideal to use with children who face constant conflict with classmates (Webb, 1991). Board games are also a valuable tool to use with children. According to Schaefer “when playing an organized game, children must abide by the relatively fixed set of rules” (1986, p. 2). Therefore, children with self-control issue would benefit from playing a structure board game.

It is evident that play therapy modalities have a lot to do with the effectiveness of the treatment. The appropriate play therapy interventions should coincide with the appropriate presenting problems.

This study will add to the minimal knowledge base that exists on this subject matter and will serve as a stepping stone for following research. This study will differ from prior studies due to the fact that data will be extracted from an agency which has never participated in such a study.

Play Therapy in Schools

"The ultimate objective of elementary schools is to assist the intellectual, emotional, physical, and social development of children by providing adequate learning opportunities. Therefore, a major objective of utilizing
play therapy with children in an elementary school setting is to help children get ready to profit from the learning experiences offered" (Landreth, 1991, p. 33).

Landreth, along with other clinicians stated throughout their works that there should be no question on whether or not play therapy should be used in a school setting. Landreth, (1991) noted that "until children reach a level of facility and sophistication with verbal communication that allows them to express themselves fully and effectively to others, the use of play media is mandatory if significant communication is to take place between child and counselor" (p. 33).

As noted by Drewes, Carey, and Schaefer, (2001) with the rising number of children who deal with environmental and social problems such as; poverty, physical and, or sexual abuse, domestic violence, divorce, substance abuse, and homelessness there is a great need for an increase in mental health services for our youth. These authors agree that school personnel must acknowledge that "children who manifest behavioral problems are not able to attend and learn, which is further exacerbated by frequent removals from class or school. They also disrupt their peers and create a negative atmosphere for other student which is
not conductive for their learning” (Drewes, Carey, & Schaefer, 2001, p. 46).

A child who lives in a dysfunctional environment doesn’t leave emotional distress and trauma at home. They bring the emotional torment with them into their school environment. This is why Drewes, Carey, and Schaefer, (2001) believe school is one of the most ideal places to provide treatment.

Drewes, Carey, and Schaefer, (2001) discuss several advantages that explain why they believe the use of play therapy in a school setting is valuable. Play therapy in a school-based counseling program alleviates children’s preconceived notions about what counseling really is. It is typical for children to consider counseling as a punishment for inappropriate behaviors. Therefore; if a school clinician uses toys and play materials this will help create a more inviting and comfortable atmosphere for the child (Drewes, Carey, & Schaefer, 2001). This environment will also help “convey the notion that talking is not always required or expected. It also establishes that the setting and play therapist are different from the academic environment and allows the child to be less-performance oriented and more relaxed” (Drewes, Carey, & Schaefer, 2001, p. 49).
Drewes, Carey, and Schaefer, (2001) cite Landreth’s, (1983) writings which indicate that “play provides a medium for building the essential relationship between counselor and child, the counselor is able to enter into the child’s emotional world as it is freely revealed and acted upon by the child” (p. 49).

Providing school-based counseling allows a school clinician to provide a stable and consistent therapeutic setting. This type of environment is crucial for a child coming from a dysfunctional and volatile environment. In order for the client to feel that they have a safe and reliable place the clinician should maintain the same therapeutic materials in the therapy room or the classroom that is used for sessions (Drewes, Carey, & Schaefer, 2001).

Another advantage to school-based counseling includes the notion that children who receive treatment in school can receive treatment for the entire school year. This allows the clinician time to do more extensive therapeutic work with clients. School-based counseling also provides services to numerous children that perhaps would not have received services due to a lack of parental support, or financial inability (Drewes, Carey, & Schaefer, 2001).
Summary

It is evident that therapeutic treatment is necessary in the education system, and it is crucial that an adequate treatment modality is used to provide effective treatment. Play is an essential form of communication for children. In order for clinicians to successfully involve children in the therapeutic process it is crucial that they use a theoretical framework that children comprehend, such as play therapy.
CHAPTER THREE

METHODS

Introduction

This chapter examined the necessary methods used to complete this study. It identified the study’s design and the sample that was selected. The chapter explored how data was collected and what instruments were used to obtain the data. Overall the chapter provides a detailed overview of how the study was conducted.

Study Design

This study examined the effectiveness of play therapy interventions in a school based counseling program. The study was conducted as a quantitative study, using data extraction from the southern cluster Family Solution’s agency. The data was collected from 70 closed case files from the 2002-2003 school year, and included clients from Kindergarten through eight grade levels. The effectiveness of the play therapy interventions were determined by whether or not the client’s behavior and or academic scores improved during treatment.

The study did not use human subjects to collect data. Using human subjects was not an option for this project since the agency does not have any official protocol that
allows clinicians to follow-up with clients after treatment is completed. Using the researchers client’s or other colleague’s clients as subjects was not a possibility due to the limited number of cases that each clinician holds, and to avoid possible data manipulation and bias in the study. It is also important to note that extracting data from human subjects in active cases would not allow an adequate sample for this study. Currently the agency is facing staffing problems which has affected the number of open cases the agency can carry.

Other limitations to this study include data extraction from subjective progress notes in each file. Inaccuracies in the documentation where expected, however the researcher extracted the majority of the information from check off lists which limited inaccuracies in the information collected. It is also imperative to recognize that this project will only used cases from one agency. Therefore the findings from this study cannot be generalized to all agencies that provide school-based treatment to children.

Sampling

Systematic random sampling was used to obtain an adequate number of cases. A total of 180 close case files
from the 2002-2003 academic year were obtained from the Family Solution's case archives. Out of the 180 files every other file was selected until a total of 70 case files were extracted for the study. The closed case files that were used included clients from Kindergarten to eight grade levels. The data that was extracted from each case file came from numerous forms that were included in each closed case file.

Data Collection and Instruments

The data collected for the purpose of this study includes demographic information including age, gender, ethnicity, and the client's grade level at the time of treatment. This information was obtained from the initial referral form the agency receives from the client's school. Other important information such as reasons for the referral, the presenting problem, the frequency and the duration of the problem, academic scores, play therapy interventions used, total number of sessions, and outcomes of the treatment were obtained from each file (see Appendix A). All of this information was extracted from the initial referral form, intake form, clinical assessment, client report cards, behavioral logs, clinician progress notes, as well as the clinicians
closing summary. All of these forms were already included in each of the close case files.

The data collection protocol was designed in conjunction with the information that is available in each case file. Although every case file has the same forms it is essential to realize that the cases were handled by different clinicians, with different views and ideas. Therefore, the content of the forms will be distorted by the clinician’s subjective interpretation.

The primary independent variable that was used in this study includes the different play therapy interventions used during treatment. The play therapy interventions that were selected for this study include therapeutic games, non-therapeutic games, arts & crafts, therapeutic worksheets, drawings, and therapeutic worksheets and drawings.

Therapeutic games include any games that use scenarios and questions that are intended for the purpose of disclosure of feelings and emotions. Non-therapeutic games are ordinary games that are used in a therapeutic way. The purpose of using non-therapeutic games is to reinforce appropriate behaviors and to encourage positive interaction with peers.
Arts and crafts are used in a therapeutic way to allow children to express inner thought and feelings in a way they can relate to. Therapeutic worksheets include any activity worksheets that are purposeful to the therapeutic process. Therapeutic worksheets are typically used with older children because they involve self-expression through writing. Drawings on the other hand, are used for any age level, and allow a therapist to obtain valuable insight to a client’s inner thoughts and feelings.

Once the data extraction was completed it was determined that interpretative drawings and the use of therapeutic worksheets were the two most commonly used variables. In order to conduct the study the researcher assigned nominal levels of measurement to each variable, such as intervention one, two, three, and so forth.

The dependent variables in the study include each client’s academic scores, and problematic behaviors reported in the referral form in each closed case file. The researcher separated these variables into categories using nominal levels of measurement, such as above average, average, below average.
Procedures

The data for this study was collected from the Family Solutions case archives. The researcher had access to a private office in order to maintain case file information confidential. Each case file was assigned a number to facilitate identification of the files that were used, client names or any other identifying information was not recorded.

Protection of Human Subjects

Data was extracted only from closed case files from the agencies' archives. Face to face contact with clients was not permitted during this project. The identity of each case was maintained confidential at all times. Protection was insured by assigning case numbers to each file used, and by eliminating any identifying information. Consent to collect data was obtained from the Family Solution Collaborative agency.

Data Analysis

In order to describe the data, the characteristics of the sample and the research findings dealing with the level of stratification the researcher utilized descriptive statistics. The descriptive statistics included univariate statistics such as frequency
distribution, measures of central tendencies, and dispersion. The researcher used bivariate statistics such as, T-test to measure the effectiveness of play therapy interventions in a school-based counseling program.

Summary

This project used a quantitative research method to determine if play therapy interventions are effective within a school-based counseling program. The data was extracted from closed case files from one community based agency that services children at school sites. The study considered the demographic characteristics of each client along with the type of play therapy interventions that where used during their treatment. The purpose of this study was to determine which intervention is most successful within this agency.
CHAPTER FOUR
RESULTS

Introduction

The data collected was presented using univariate and bivariate analysis. The researcher used the frequency distribution and percentages of the client’s grade, gender, age, ethnicity, reason for referral, frequency and duration of behaviors, academics at the beginning and end of treatment, play therapy interventions used, total number of sessions, and client behavior at the end of treatment.

Presentation of the Findings

Table 1 demonstrates the demographic characteristics of the cases used in the study (see Appendix B). There were a total of 70 cases included in the study sample. Grade levels ranged from kindergarten to 8th grade, both 2nd and 5th grade levels where the most common grades in the study sample each with a percentage of 20.0%.

From the 70 cases examine the majority of the case files involved male client’s. Out of 70 participants, 70.0% were male and 30.0% were female. The age range of the case participants used in the study sample is 5 to 13 years and the mean age of the sampled children is 8.8
years. Approximately half of the respondents 45.7% are between the ages of 8 and 10, 30.0% are between ages 5 and 7, and 24.3% of clients are between ages 11 and 13.

Ethnicity was also examined among the 70 participants in the study sample (see Appendix B). The majority of the cases examined involved clients of a Latino/Hispanic decent 81.4%, 8.6% were Caucasian, 7.1% were African American, and 2.9% were of an unspecified ethnicity. The study sample used included more Latino/Hispanic clients than any other ethnicity. The researcher associates this finding to the fact that the predominant ethnicity in the community of Ontario is Latino/Hispanic.

Table 2 demonstrates the frequency distribution of the treatment data that was examined from each case file. Measurements of frequency were run for each of the following variables; reasons for referral, frequency and duration of the behavior, academics at the beginning and end of treatment, play therapy interventions used the total number of sessions, and behavior at the end of treatment.

The study indicates that emotional problems such as anger and irritability 21.4%, and withdrawn and sad mood 17% are the most common reasons why teachers referred children for counseling. The second most common referral
reason involves behaviors that are out of context or inappropriate on school grounds 21.4%. The remainder of the cases were referred due to physical or verbal bullying 15.7%, for not following adult rules or requests 14.3%, and for low self-esteem 10.0%.

The frequency and the duration of the behaviors were also measured. The data demonstrates that approximately half of the student's displayed the behavior two to three times per week 45.7%. About 17.1% of the student's displayed the behavior more than three times per week, 15.7% displayed the behavior consistently throughout the school day, 11.4% displayed the behavior one time per week, and 10.0% once or twice per day.

The majority of the client's referred for counseling presented the behavior for longer than two months 77.1%. About 2.9% of the sampled student's exhibited the behavior in the range of one to four weeks, and 17.1% for a period of one to two months.

Another factor that was examined included the client's academics at the beginning and at the end of treatment. The researcher attempted to discover whether play therapy influenced the child's academic scores. According to the data, 63.3% of the study sample had average academic scores at the beginning of treatment.
2.9% had above average academic scores and 32.9% were scoring below average. After the treatment was completed, 71.4% of the study sample scored at an average level in their academics, 4.3% scored above average, and 24.3% scored below average. The data indicates that there was an increase in average academic scores after treatment was completed. This indicates that 7.1% of the study sample that was scoring below average academically scored at an average level at the time of treatment termination.

Play therapy interventions were also broken down into categories in order to determine which play therapy modality was most successful. The most commonly used play therapy modality was drawings. Out of the 70 case sample it was used more frequently than the other play therapy interventions 45.7%. Therapeutic games were used 11.4% of the time, non-therapeutic games were used 4.3% of the time, arts and crafts were used 5.7% of the time, therapeutic worksheets were used 20.0% of the time, and therapeutic worksheets combined with drawings were used 12.9% of the time.

It is apparent that the high percentage of clinicians using drawings more frequently than other play therapy interventions, are using them due to the location where sessions are held. Drawing is the easiest form of play
therapy, in terms of the space that it takes and the materials that are needed. Clinicians can transport the necessary materials from site to site easier than the materials needed for other interventions.

The total number of sessions provided for each case sample is also important to determine how effective play therapy interventions are in a school-base counseling program. The mean for the total number of session is 9.1. The number of sessions offered ranged from two sessions to twenty-four sessions, with an average of 6 to 10 sessions. The number of sessions for each individual case study reflects the progress the client made, or whether or not the client remained in treatment. The data revealed that 38.7% of clients received anywhere from six to ten treatment sessions, 21.4% of client’s received two to five sessions, 31.4% of client’s received eleven to fifteen sessions, 4.3% received sixteen to twenty sessions, and 4.2% received twenty one to twenty four session.

The last variable that was analyzed determined the behavior at the end of treatment. The researcher attempted to reveal whether play therapy interventions decreased the behavior that initially caused the client to be referred into counseling. According to the data 70.0% of the case sample had improved their behavior by the end of
treatment, 21.4% of the case sample maintained their behavior the same, and 8.6% had not improved their behavior at all. Based on these findings we see that behavior did improve overall in 70.0% of the case sample. However, it must be stated that other factors aside from play therapy interventions could have influenced this outcome. The T-test results $t = 2.769$, $df = 69$, $P < .01$ indicate that the majority of the student’s in the school-based counseling program improved their academics significantly by the end of treatment.

Summary

The frequency of variables and a T-test where used to determine the results of this study. The results indicate that out of the 70 sampled participants, the majority of client’s were between the ages of 8 and 10. The majority of client’s were males of a Latino/Hispanic ethnic background, and drawing was the most commonly used play therapy intervention. The T-test examined the differences between academics at the beginning and at the end of treatment. The T-test showed that there was a significant improvement in academic performance after the participants received play therapy interventions.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter examined the limitations and results of the study. The results demonstrate that certain play therapy interventions due in fact improve behaviors, and academic performance in elementary and middle school children. However, due to several external factors the study cannot confirm that play therapy interventions alone create an effective change in child clients.

Discussion

Significant observations were exhibited throughout the study. Ethnicity was a notable observation, the majority of the cases examined in the study involved clients of a Latino/Hispanic ethnicity. This finding was expected since Latino/Hispanic is the most prevalent ethnicity in the Ontario area.

The differences in gender were another observation that was made. The majority of participants in the study sample were male. This can be credited to the fact that the majority of children referred for counseling are referred because of inappropriate conduct. Researchers indicate that boys display anger through physical
aggression while girls typically internalize anger (Webb, 1991). Within this study the two most common reasons why children were referred to counseling involved inappropriate conduct. Perhaps this is why the majority of cases examined in this study involved boys rather than girls.

Another observation that should be discussed is that the most commonly used play therapy intervention within the study sample is drawings. There are several factors that may explain why this intervention is used more often, as opposed to other interventions.

In a school-based counseling setting therapist are limited in the amount of space they can use. The majority of schools are not equipped with counseling rooms. Therefore, therapists are often required to hold therapy session in small confined spaces such as crowded offices, even supply rooms. Working under these strenuous conditions limits therapist to the type of play therapy interventions they can use.

Drawing is preferred as an intervention because it is an age appropriate intervention for children and adolescents. Drawing takes the least amount of space, and the necessary materials needed to draw can be easily transported from school to school by the therapist.
Drawing is also the least threatening intervention; the majority of play therapy interventions require some level of communication with the therapist. This can be intimidating for some children and adolescents because they may not feel comfortable talking. Therefore, if they are asked to draw something they can submerge themselves in their creativity and ignore the fact that this too is a therapeutic intervention.

The total number of therapy sessions is another observation that should be examined. The total number of sessions for this case study varied anywhere from 2 to 24 sessions. Within the study there were children that only received a couple of sessions and still managed to show improvement in behaviors and/or academics, as well as children who received several therapeutic session and did not improve at all. In this case it is important to acknowledge that perhaps external factors, other than the play therapy interventions alone influenced the treatment outcome. External influential factors may include whether or not parental involvement exists within the treatment, or the overall stability of a child's home environment.

Overall this study demonstrates that play therapy interventions are effective when working with children in a school-based counseling program. However, the literature
on play therapy explains that there is not enough concrete evidence supporting play therapy as an effective treatment modality. Although play therapists believe that play therapy can provide successful treatment outcomes they agree that there is a lack of research. The literature only emphasizes on the effectiveness of play as a way to communicate with children, and engage them in the therapeutic process. The school-based counseling program that was studied in this project had successful treatment outcomes that prove that play therapy interventions are effective in the treatment of children.

Limitations

The following limitations apply to this project; Family Solutions was the only agency that was included in this study. Therefore, the findings of this study cannot be generalized to other agencies that provide school-based counseling services. The information that was extracted from the 70 close case files can also be identified as a limitation to the study. Subjective case notes may include personal biases or omission of important information that may have altered the data collected for this study, therefore altering the findings of the study.
The study identified and focused only on the most common play therapy intervention used in each case. This is identified as a limitation because the findings did not account for multiple uses of play therapy interventions or other interventions used during the treatment. Another limitation to the study involves the researcher's inability to control or measure external factors that influenced the treatment outcomes such as, parental involvement, or home life stability.

Recommendations for Social Work Practice, Policy and Research

In order to promote the use of play therapy interventions in school-based counseling programs the researcher suggests several recommendations for social work practice. Social workers who provide school-based counseling services at multiple school sites should communicate their needs to the school personnel. The clinician should make arrangements with school personnel to insure that a confidential and safe workspace is available for counseling. Although not many schools are equipped with adequate counseling rooms, prior arrangements can be made if the school personnel is informed in advance.
Another practice recommendation for clinicians would be to use various play therapy interventions that can help with the client’s presenting problem. Clinicians often use only one or two interventions because it is difficult to transport an array of play therapy materials from school to school. Therefore, the researcher suggests that play therapist compile a supply box, with essential play therapy materials to transport from school to school.

Some of the most useful materials to include would be art supplies, clay, small puppets, card games, crafts, therapeutic worksheets, therapeutic and non-therapeutic games, books, and videos. As well as any other artifact that would be essential to use in the treatment of the child.

The researcher also suggests policy recommendations for social work. One of the barriers clinicians face within the school system is the limited knowledge amongst teachers and school personnel about the role of a school-based counselor, and the role of play therapy as a treatment modality. Play therapy is often misinterpreted as play time, instead of being seen a therapeutic treatment intervention.

Therefore, educating school personnel and teachers about the role of a school-based counselor and the purpose
of play therapy can serve as a stepping stone to begin establishing working relationships, between the clinician and school staff for the best interest of the child.

It is essential that clinicians maintain working relationships with the client’s teachers. Establishing multi-disciplinary collaboration with teachers, school psychologists, academic advisors, speech therapists, nurses, and other professionals within the school can allow the clinician access to an array of information about each child. This information can serve as a guide to determine what play therapy interventions would be most effective in the treatment of each child.

The researcher also recommends a growth in the amount of research supporting play therapy. According to the literature on play therapy there is not enough research that supports play therapy as an effective treatment modality for children (Philips, 1985; Russ, 1998). We know that play therapy is an essential way to explore a child’s inner thoughts and feelings; however there is not enough research that indicates the treatment actually creates a change in the clients. It would benefit the social work profession if studies such as these were completed on a broader scope. By including larger sample sizes and extracting data from a variety of agencies we may gather
more concrete findings to the effectiveness of play therapy in children.

Conclusions

Several play therapy interventions were proven to be effective in correcting inappropriate behaviors and improving academic performance within this study. However, there are several external factors that may have influenced the treatment outcomes. The educational and emotional needs of the child, the child’s home environment, and the level of parental dedication in the child’s treatment, are all external factors that should be acknowledged as possible influential factors in the treatment outcome. It is also important to acknowledge that the amount of time and available space clinicians had during sessions influenced the type of intervention that was used. Nonetheless, this study supports the fact that play therapy interventions are effective in a school-based counseling program. Therefore, the researcher hopes that more empirical research is conducted to evaluate this treatment modality as a change agent in the treatment of children.
APPENDIX A

DATA COLLECTION PROTOCOL
DATA COLLECTION PROTOCOL

Case #:

1) Child=s Grade ______

2) Child=s Gender ______
   1. Female  2. Male

3) Child=s Age ______

4) Child=s Ethnicity ______
   1. Latino/Hispanic  2. Caucasian
   3. African American  4. Other

5) Why was the child referred for counseling?
   1) Bullying: physical /verbal
   2) Behaviors that are out of context/inappropriate
   3) Not following adult rules/requests
   4) Withdrawn/Sad Mood
   5) Low Self-Esteem
   6) Anger/Irritability

6) What was the frequency of the behavior?
   1) Once or twice per day
   2) Three or four times per day
   3) Consistently throughout the school day
   5) Once a week
   6) Two or three times per week
   7) More than three times per week

7) What is the duration of the behavior in weeks or months?
   1) One or two weeks
   2) Three or four weeks
   3) One or two months
   4) Longer than two months
8) At the beginning of treatment were the client's academics
   1) Above average
   2) Average
   3) Below average

9) What type of play therapy intervention was used?
   1) Therapeutic games
   2) Non-therapeutic games
   3) Arts/Crafts
   4) Therapeutic Worksheets
   5) Drawings
   6) Therapeutic Worksheets/Drawings

10) Total number of sessions? _________

11) At the end of treatment were the client's academics
    1) Above average
    2) Average
    3) Below average

12) At the end of treatment did the clients behavior
    1) Improve
    2) Stay the same
    3) Did not improve
APPENDIX B

TABLES
Table 1. Demographic Characteristics of the Respondents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
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</thead>
<tbody>
<tr>
<td><strong>Grade (N=70)</strong></td>
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<tr>
<td>Kindergarten</td>
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<tr>
<td>7-8</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>Gender (N=70)</strong></td>
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<tr>
<td>Female</td>
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<td>30.0</td>
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<tr>
<td>Male</td>
<td>49</td>
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<tr>
<td><strong>Age (N=70) Mean = 8.8</strong></td>
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<tr>
<td>5-7</td>
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<td>8-10</td>
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<td>45.7</td>
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<tr>
<td>11-13</td>
<td>17</td>
<td>24.3</td>
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<tr>
<td><strong>Ethnicity (N=70)</strong></td>
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<tr>
<td>Latino/Hispanic</td>
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<td>Caucasian</td>
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<td>African American</td>
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<td>Other</td>
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Table 2. Treatment Data

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<th>Variables</th>
<th>Frequency (n)</th>
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<tr>
<td><strong>Reasons for Referral</strong></td>
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<tr>
<td>Bullying: physical/verbal</td>
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<tr>
<td>Behaviors out of context/inappropriate</td>
<td>15</td>
<td>21.4</td>
</tr>
<tr>
<td>Not following adult rules/requests</td>
<td>10</td>
<td>14.3</td>
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<tr>
<td>Withdrawn/Sad Mood</td>
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<td>17.1</td>
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<tr>
<td>Low Self-Esteem</td>
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<td>10.0</td>
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<tr>
<td>Anger Irritability</td>
<td>15</td>
<td>21.4</td>
</tr>
<tr>
<td><strong>Frequency of Behavior</strong></td>
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<td></td>
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<tr>
<td>Once or twice per day</td>
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<tr>
<td>Consistently throughout the school day</td>
<td>11</td>
<td>15.7</td>
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<tr>
<td>Once a week</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>Two or three times per week</td>
<td>32</td>
<td>45.7</td>
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<tr>
<td>More than three times per week</td>
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<td>17.1</td>
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<td>One or two weeks</td>
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<tr>
<td>Three or four weeks</td>
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<td>2.9</td>
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<td>One or two months</td>
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<td>Longer than two months</td>
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<tr>
<td><strong>Academics at the Beginning of Treatment</strong></td>
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<td>Above average</td>
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<td>Average</td>
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<td>64.3</td>
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<td>Below Average</td>
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<td>Non-therapeutic games</td>
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<td>Arts/Crafts</td>
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<tr>
<td>Drawings</td>
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<td>45.7</td>
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<tr>
<td>Therapeutic worksheets/drawings</td>
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<td>12.9</td>
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Table 2. Treatment Data (cont)

<table>
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<th>Variables</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
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<tr>
<td><strong>Total # of Sessions</strong> Mean = 9.1</td>
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<tr>
<td>2-5</td>
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<td>21.4</td>
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<td>6-10</td>
<td>27</td>
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<td>11-15</td>
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<td>31.4</td>
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<td>16-20</td>
<td>3</td>
<td>4.3</td>
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<tr>
<td>21-24</td>
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<td>4.2</td>
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<tr>
<td><strong>Academics at End of Treatment</strong></td>
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<tr>
<td>Above average</td>
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<td>4.3</td>
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<tr>
<td>Average</td>
<td>50</td>
<td>71.4</td>
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<tr>
<td>Below Average</td>
<td>17</td>
<td>24.3</td>
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<tr>
<td><strong>Behavior at End of Treatment</strong></td>
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<td>Improved</td>
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<tr>
<td>Stayed the same</td>
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<tr>
<td>Did not improve</td>
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<td>8.6</td>
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REFERENCES


O’Keefe, A. M. (2000). The Effectiveness of Play Therapy In A School-Based Counseling Program. San Bernardino, CA.


