

An Exploratory Mixed Methods Study of the Development of Self-Efficacy, Attitudes,
Knowledge, and Skills for Master's Level School-Based Internship Students Attending
Play Therapy Supervision

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Abstract

The purpose of this mixed methods study was to explore the development of attitudes, skills, and knowledge regarding play therapy during a school-based play therapy internship experience. Six graduate students in a counseling program participated in a play therapy internship. They were administered the PTAKSS-Revised (Kao & Change, 2007), an instrument that measures attitudes, knowledge and skills of play therapy. In addition, participants completed the Counseling Activities Self Efficacy Scale on a weekly basis. Participants also participated in qualitative interviews at the conclusion of their Experience. The findings indicated that participants had an initial drop in feelings of self-efficacy, followed by consistent growth. Themes that participants focused on included: Assuming a Therapeutic Role, Growth, and Conflict in their Role. Implications for practice and future research are discussed.

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School-based counseling services address the growing need for counseling services in the K-12 school system (Perryman, 2016). Child-Centered play therapy with demonstrated efficacy for a wide range of issues is a developmentally appropriate intervention for school children (Ray & Bratton, 2010). One challenge in providing counseling to children is the training of school-based counselors. This study examined the process of growth in supervision of school-based counselors in an intensive internship setting. The goals of this study included: (1) to examine the internship supervisee's perception of their growth regarding their attitudes, skills, and knowledge of play therapy; (2) to examine the internship supervisee's levels of self-efficacy; and (3) to explore the internship supervisee's internal perception of obtaining child-centered play therapy supervision regarding their overall internship experience.

Literature Review

Counseling education programs attempt to support student's clinical and professional development to enable effective practice in testing and dynamic environments (Perryman, 2016). Providing school-based counseling to children provides a unique set of challenges as schools are striving to achieve educational and socio-emotional goals in what is often a resource challenged

environment (Perryman, 2016). Internship students working within a school setting find opportunities that support their roles as both a counseling professional and advocate of students. These challenges require the support and guidance of professional supervision.

The school environment plays a crucial role in children's lives as school-based experiences are foundational in supporting both educational and developmental needs (Perryman, 2016). It is estimated that one out of seven children in the United States between the ages of two and eight years have a diagnosed mental, behavioral, or developmental disorder (National Research Council & Institute of Medicine 2009). Schools play an integral role in identifying and addressing children's socio-emotional development and associated disorders in collaboration with parents and community services (Rimm-Kaufman & Hulleman, 2015).

Because children's socio-emotional development is linked to other developmental domains and mental health disorders, effective, timely, and appropriate interventions are imperative (Briggs-Gowan & Carter, 2008; Merikangas et al. 2010). Within the school environment, identifying and addressing socio-emotional difficulties often falls within the purview of the school counselor. However, supports for adequate therapeutic interventions are often challenging given the multiple professional demands experienced by school counselors and high student-counselor ratios (Evans & Weist, 2004; Perryman, 2016; Stickley, Muro & Blanco, 2013).

Collaborative services between university counselor education programs and K-12 schools present an effective method to overcome these challenges. These collaborative services are a support network that reflects the broader responsibility and shared goals of community advocacy that exist between all institutes of education (Palladino-Schultheiss, 2005). Providing children with timely psycho-social interventions offers schools an on-site therapeutic service that supports the work of school counselors. In addition, it eases stressors associated with limited resources while offering families access to professional, no-cost counseling (Muro, Stickley, Muro, Blanco & Tsai, 2015).

Counselor education and supervision programs hold preparing student interns for these multiple roles as an important priority. These programs include comprehensive instruction that encompasses not only the theory and skills required for effective practice but must also create an environment of leadership that supports professional and personal growth. These developmental needs may be viewed through an andragogical lens, a model of adult education where self-directed learning reflects an awareness of student's individual needs and previous learning (Holmes & Abington-Cooper, 2000; Merriam, 2001). Pew (2007) suggests within an andragogical model of education, the support of students' external or intrinsic motivation results in different behaviors and experiences.

Supervision

Supervision is an integral element of counselor practice and growth. It underpins professional development during a counselor's initial training while also developing counseling self-efficacy within professional practice (Cashwell & Dooley, 2001). Wheeler and Richards (2007) suggest supervision impacts a broad range of domains within counselor practice including self-awareness, skills development, self-efficacy, and growth. Client outcomes, which correlate

with the facets of personal and professional growth associated with supervision, highlight the importance of these domains (Halverston, Miars & Livneh, 2006). Counselor education programs show professional leadership through ongoing clinical supervision in training. The supervisory alliance supports students counseling self-efficacy, while also establishing the importance of ongoing clinical development within professional practice (Marmarosh et al. 2013; Cashwell & Dooley, 2001).

Supervision is part of a broader framework of support used by students in training. In a study by Flasch, Taylor-Dillman, Clauber, and Robinson (2017) students identified both peer relationships and supervision as elements of a coping framework that mitigated program related stress and minimized the gap between theory and practice. The impact of supervision and the supervisory process on students perceived self-efficacy is an important aspect of counselor education. Fernando and Hulse-Killacky (2005) found that supervisory styles influence the self-efficacy levels of counseling students and their overall satisfaction with supervision. Interpersonal styles of supervision correlate with higher levels of student satisfaction with supervision, whereas a task orientated style of supervision relates to higher levels of perceived self-efficacy.

Supervision of Play Therapy

Effective training in Child Centered Play Therapy (CCPT) includes supervision that focuses on the theory and practice of play therapy. Allen, Folger and Pehrsson (2007) suggest principles for play therapists outlined by the Association for Play Therapy (APT) require supervisors to use a supervisory model that meets the needs of play therapy students and expected professional standards. This enables students to understand the unique setting in which play therapy occurs and the specific skills that enable its efficacy.

Both Moustakas and Guerney (as cited in Ray, 2011) highlight the importance of ongoing supervision for play therapy students believing it allows students to integrate theory and clinical skills while also supporting individual awareness. Supervisors occupy an essential leadership role in this process by acting as role models for play therapists through their own attitudes, and reflections while striving for the highest standards of supervision training (Kranz & Lund, 1994; Fall, Drew, Chute, and More, 2007). Effective play therapy supervision enables the identification of countertransference issues within clinical practice and enhances the overall effectiveness of the therapist (Wheeler & Richards, 2007; Metcalf, 2003)

Supervision of CCPT

In CCPT the focus of supervision is on the relationship between the play therapist and client specifically on how the therapist's skills and attitudes influence the quality of the therapeutic relationship (Ray, 2011). It is the play therapist's use of skills gained through clinical training and self-awareness that supports an effective therapeutic environment. Ray (2004) proposed a collaborative relationship between supervisors and supervisees that encompasses congruence, unconditional positive regard, and an emphatic understanding of the supervisee's experience. It is in this relationship that students can explore clinical experiences, personal growth, and challenges as they progress towards greater clinical effectiveness. In time the supervisor leads the supervisee towards a peer relationship where consultation replaces guidance while still reflecting the core conditions.

Effective supervision supports student self-efficacy during clinical training. For counselors who utilize a play therapy model, accessing clinical supervision serves as an essential element in professional development. School counselors face a lack of access to appropriate play therapy training and supervision (Van Horne & Post, 2016; Perryman, 2016).

The experience of empathic understanding within the supervision relationship enables CCPT students to develop effective skills and attitudinal responses while also exemplifying the parallel process between the student and their clients (Stulmaker, Lertora & Garza, 2015). The supervisor-supervisee relationship embodies the knowledge, attitude, and skills that students will aspire in future clinical practice. This is in keeping with the Rogerian roots of CCPT where supervisees engage in self-directed practice and where they are valued within a collaborative environment (Merry, 2001).

CCPT Training

Within CCPT training the development of knowledge, attitude, and skills prepares students for counseling practice that incorporates professional and personal progress. Ray (2011) recommended counselors undergo specialized education, training, and supervision. This includes a broad knowledge base about child development, related issues, and empirical research that serves to inform best practice.

In CCPT the therapist's attitude is an integral element of the therapeutic process, and fundamental to the effectiveness of the approach. Landreth (2012) suggested effective therapeutic interventions communicate congruence. The therapist's authentic self-awareness enables emotional connection whilst remaining rooted in the child's experiential reality. The therapist empathically senses the client's experience without judgement or efforts to change the child's perceptions or behavior. When a play therapist conveys unconditional positive regard, he/she honors the child's ability and right to navigate their world in a way that meets their needs. The play therapist understands that the embodiment of these attitudes is the foundation of the therapeutic relationship and creates an environment conducive to authentic expression and healing for the child. When counselors possess appropriate attitudes and knowledge it enables effective play therapy skills that create a meaningful understanding of the client's experience (Ray, 2011).

When CCPT training and education integrates these important skills in training, outcomes such as preparation for future roles in professional leadership and advocacy are supportive. An instrument developed to assess standards is The Play Therapy Attitude-Knowledge- Skills Survey (PTAKSS) developed by Kao and Landreth (1997). This instrument assesses the components of attitude, knowledge, and skills in CCPT training. Many researchers have used the PTAKSS to assess training variables and outcomes for CCPT students (Bratton, Landreth, & Homeyer, 1993; Crane & Brown, 2003; Homeyer & Brown, 2002; Hoymeyer & Rae, 1998; Kagen & Landreth, 2009). In addition, several researchers have conducted studies that showed increased scores in student training outcomes following CCPT training using the PTAKSS-revised.

Development of Self-Efficacy

The interpersonal quality of CCPT is reliant on the personal and professional development of the therapist, of which counseling self-efficacy is an integral element (Larson, 1998; Bandura, 1956). Counseling self-efficacy relates to an individual's belief in their own competency as a counselor and reflects the scholastic environment, experiences in training, student's individual needs, and development (Barnes, 2004; Marmarosh et al. 2013). Counseling self-efficacy is experienced through the model of leadership found in the supervisory alliance which empowers students to exert self-control while viewing challenges as opportunities for mastery, supporting future professional achievements and efficacy (Larson, 1998).

Several studies supported the need for students to gain a broad range of experiences that facilitate mastery and enhance their developing self-efficacy. These studies recognized that the supervisory alliance scaffolds student self-efficacy through performance feedback, advocacy, and mentorship (Daniels & Larson 2001; Larson 1998). Self-efficacy is associated with advanced empathy which leads to an increased ability to deal with dichotomy, an enhanced ability to assess and process, and choose the appropriate therapeutic techniques to use in counseling sessions (Halverston et al. 2006). In addition, higher levels of self-efficacy during practicum result in positive clinical experiences under supervision. Mullen, Uwamahoro and Lambie (2015) suggested there is a need to recognize the development of self-efficacy prior to clinical work. Mullen et al. (2015) also suggested that coursework received prior to clinical sequences had a positive impact on self-efficacy.

Flasch, Bloom, and Holladay (2016) suggested factors relating to counselor training such as feedback and opportunities for clinical experience influence the development of self-efficacy. A study by Tang et al. (2004) suggested a higher level of self-efficacy is correlated with the number of internship hours completed by students. In addition, students reported higher levels of self-efficacy when coursework within the training program enabled greater levels of in vivo experience. For example, McCarthy (2014) found pre-clinical levels of self-efficacy showed future clinical competency. Increased levels of self-efficacy correlated with less critical self-evaluation and correlated positively with client outcomes when related to specific clinical skills.

Self-efficacy continues to be an important factor in the counseling profession following training by influencing both clinical practice and counselor well-being. Gunduz (2012) showed a relationship between school counselor self-efficacy, job satisfaction, and burnout scores. The study found a correlation between the counselor's workload and level of emotional exhaustion reported. In contrast, counselors with lower numbers of clients reported higher levels of self-efficacy with increased workplace stress found to influence the perception of self-efficacy. This supports that counselor self-efficacy acts as a protective factor in counselor practice that promotes continued wellbeing over the professional lifespan. In summary, the supervisory alliance serves an important role in fostering self-efficacy of student counselors.

Method

This pilot study was conducted using a mixed methods approach designed to gather information about the impact Child-centered play therapy supervision has on counseling students at the internship level. A sequential explanatory method was used in which quantitative measures were administered to participants and scored, which were then followed by qualitative interviews

conducted to use participants' perceptions of their experiences to further explain patterns and differences in their quantitative scores (Creswell & Plano-Clark, 2011). The study had three primary purposes: (1) to examine the internship supervisees' perception of their growth regarding their attitudes, skills, and knowledge of play therapy; (2) to examine the internship supervisees' levels of self-efficacy; and (3) to explore the internship supervisees' internal perception of obtaining child-centered play therapy supervision regarding their overall internship experience. Furthermore, the researchers sought to investigate two major questions regarding intensive supervision of play therapy: (1), "What are the overall patterns of growth that master's level play therapists experience during an intensive supervision experience," and (2) "What are the factors which contribute to this growth pattern."

This study explored the impact of child-centered play therapy supervision on intern graduate students. Researchers had each participant complete the Revised Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS-Revised) prior to attending 6 weekly 1-hour long triadic play therapy supervision sessions. Following the final training session, the participants completed the PTAKSS as a post-test measure. Participants also completed the Counselor Activities Self-Efficacy Scale (CASES) weekly prior to supervision sessions. After the last supervision session participants then were asked to complete a short, structured interview about their supervision experience. Structured interviews were used allowing researchers to study the perception of the phenomenon of the growth of play therapy skills with students from a variety of backgrounds.

Participants

The study was conducted at a suburban university in the southwestern United States. Graduate level students pursuing a master's degree in clinical mental health counseling interested in providing play therapy to children in an elementary school were invited to take part. Prior to pursuing this study, approval was granted from the institution review board of the university. To identify student participants at the university, the researchers used purposive sampling. The student participant criteria included the following: (1) completed an introductory course on play therapy, (2) were enrolled in internship, (3) were taking part in the school-based play therapy program offered by the university as an internship site, and (4) were in weekly supervision by a specialist in play therapy. As the purpose of this study was specific to play therapy, all students were counseling interns at a site which provided play therapy services only to children. Twelve students expressed interest in the study; however, only six chose to participate. The sample consisted of 4 females and 2 males. Four of the participants identified themselves as Caucasian, one identified as African American, and one identified as Hispanic. In addition, two participants were between the ages of 21- 25, two identified as being between the ages of 26-30, and lastly, two participants identified as being between the ages of 31-35. Please see the table below with pertinent demographics for the sample.

Table 1: *Participant Demographics*

	Participant #1	Participant #2	Participant #3	Participant #4	Participant #5	Participant #6
Age	28	43	24	28	27	24
Gender	Female	Male	Female	Female	Male	Female
Ethnicity	Caucasian	Caucasian	African American	Hispanic	Caucasian	Caucasian
Status in Program	Internship II	Internship II	Internship I	Internship I	Internship I	Internship I

Researchers

The research team was comprised of two faculty members in a counseling and development program and one student. Both of the faculty members hold Ph.D.s in Counselor Education and Supervision and were the clinical supervisors for the internship students for the duration of the study. These supervisors both held credentials as Registered Play Therapist Supervisors and Board Approved Supervisors for Professional Counseling Interns. One of the faculty members identified as a Person-Centered counselor, while the other faculty member identifies as a Humanistic Developmental Counselor. For the study both supervisors provided feedback for the student intern to deliver Child-centered play therapy. Students were assigned to one of the two supervisors for the duration of their internship setting. Neither of the clinical supervisors were current instructors to any of the student intern participants, and thus they did not assign any grades to the student, only instructive feedback regarding the student’s clinical skills. The third member of the research team is a doctoral student who holds a master’s in counseling and is pursuing a doctorate in Early Childhood Development and Education. The researchers held a preliminary meeting before the analysis of data to engage in the bracketing process. Bracketing is defined as sorting out qualities as part of the researchers’ own life and professional experience (Drew, 2004). Members of the research team discussed presuppositions regarding the growth process, counselor confidence, and rate of growth to bring those suppositions to the awareness of the research team in order to maintain the trustworthiness of the analysis of the data. Specifically, one of the presuppositions was that there would be an initial drop in feeling of self-efficacy from pre-test to the beginning of the study. Another presupposition was that students’ knowledge would remain relatively stable, while skills and attitudes would increase gradually.

Measures

PTAKSS-Revised. The PTAKSS-Revised (Kao & Change, 2007) is a 63 item Likert scale survey intended to measure the perceptions of beliefs, understanding, and perceived ability of developing play therapists. The PTAKSS-Revised is often used to measure the change of perceptions over time following play therapy instruction or training. The instrument comprises three specific domains (Attitudes, Knowledge, and Skills) which when totaled make up a comprehensive or total score. This comprehensive score reflects the developing play therapist’s overall awareness and acceptance of the field of play therapy experienced by the trainee or supervisee. According to Lindo et al. (2012) high internal reliability and good split-half reliability have been established for the PTAKSS. For this study a pretest and posttest were administered.

CASES. The CASES (Lent, Hill, & Hoffman, 2003) is a scale designed to measure the self-efficacy of counselors regarding their ability to perform occupational tasks. This instrument attempts to measure the counselor’s beliefs of counseling skills and abilities and improved competence in skills. The full scale has 41 items, with domains measuring structured helping skills, session management tasks, and ability to cope with challenging clinical situations. However, for this study only the first two domains were used. The first domain measuring structured helping skills contains 15 items. The second domain that measures session management tasks contains ten items. The CASES has been documented to be sensitive to growth counselors in training experience (Lent, Hill, & Hoffman, 2003). The internal consistency of the CASES was .97 for total scale, and it yielded test-retest reliability of .75 at an interval of two weeks. This instrument was completed directly after each supervision session each week.

Interview Protocols. Based on a review of the literature, the researchers utilized the three domains regarding play therapy clinical skills: Knowledge, Skills, and Attitudes. The interview focused on the ways in which students perceived their growth occurring throughout the period of intensive practice and supervision. The participants were provided with written interview protocols after the completion of the sixth supervision session which were then answered in written form by the participants. While this method did not allow for the gathering of non-verbal cues in data, it allowed for important factors in the trustworthiness of the data. First, it allowed for interviewees to self-check their responses to make sure that the words were not incorrectly written by interviewers. A list of the interview questions to each participant is provided in Table 1.

Table 2: *Interview Questions*

Attitudes	Knowledge	Skills
How would you describe your comfort level with conducting play therapy sessions?	What do you feel like the most crucial piece of knowledge you have as a play therapist is?	What play therapy skills do you feel are difficult to acquire?
How do you feel about being around children both personally and professionally?	What do you feel is the piece of knowledge which was most difficult to understand or acquire?	What play therapy skills are the easiest to acquire?
How has your play therapy training impacted your work as a counselor in general?	How would you describe your knowledge regarding play therapy and working with different kinds of presenting problems?	What have you noticed about your supervisor’s perceptions of your skill development?
How would you describe your confidence level as a counselor?	How would you describe your knowledge regarding applying child development principles to play therapy?	Discuss the rate at which you’ve noticed your play therapy skills developing and what you think has contributed to the speed of your skill development?

Results

Quantitative Analysis

Descriptive statistics were used due to the small sample size. Mean scores at pre and post are provided to show the change that occurred over the six-week period for the PTAKSS-Revised subscales and total score. For the CASES weekly mean scores are included to show the growth over time. For the PTAKSS-Revised there are three subscales and a total score. The first subscale (Attitudes) at pretest the $M = 86$, and at posttest $M = 98$. For the Knowledge subscale at pretest the $M = 21.5$ and at posttest $M = 22.83$. For the Skills subscale of the PTAKSS-Revised at pretest $M = 118.5$, and at posttest $M = 128$. Total Score on the PTAKKS-Revised at pretest was $M = 226$ and at posttest $M = 248.83$.

Table 3: *Pre & Post Mean Scores of the PTAKKS-Revised*

	Pre	Post
Attitudes	86	98
Knowledge	21.5	22.83
Skills	118.5	128
Total	226	248.83

For the purpose of demonstrating growth, the mean scores of the pre and post data collection points are provided for the two domains of the CASES. For the initial domain measuring structured helping skills pretest was $M = 89.83$, and posttest was $M = 106.5$. For the second domain measuring session management tasks the initial results were $M = 55.17$ at pretest and $M = 75$ at posttest. Mean scores for each weekly administration for the two domains of the CASES are provided in the table below.

Table 4: *Weekly Mean Scores of CASES*

	Week 1	Week 2	Week 3	Week 4	Week 5
Skills	89.83	82	88.5	93.5	106.5
Session Management	55.17	56.5	61	61.83	75

Qualitative Analysis

Transcribed interviews were uploaded into OpenCode software that facilitates the coding process. Each team member individually coded each interview using open codes. Three different coding methods were used. First the descriptive coding method was used, which is defined by Saldana (2009, p. 70) as “summarizing in a word or short phrase- most often as a noun- the basic topic of a passage of qualitative data.” A second method used within the first cycle of coding was the emotion coding method which is defined as labeling the emotions recalled and/or experienced by the participant (Saldana, 2009). This coding method was used in particular because an area of interest was the individual experience of the counseling interns as they developed through this process. These emotion codes help the researchers to understand that experience and develop an understanding and response to issues related to emotional reactions that participants described in the supervision and intensive practice experience. The final coding method used in the first-cycle coding was process coding. Process coding “uses gerunds to connote action in the data” (Saldana, 2009, p. 77). Process coding is useful in studies that wish

to examine, “ongoing actions/interactions/emotion taken in response to situations.” (Corbin & Strauss, 2008, 96-97).

After each team member had finished their first cycle coding, they engaged in the second cycle coding method of pattern coding. Pattern codes are explanatory codes that help provide an emergent theme or explanation into more meaningful units of analysis. After completing this second cycle of coding, the researchers conducted a research meeting in which they discussed the codes derived from the interviews and emergent themes.

Trustworthiness

In response to potential preconceived hypotheses, the researchers took steps to ensure the credibility of the study. The senior researcher provided training in coding to the entire research team. The team was provided a lecture about the nature of qualitative research and coding. The team then participated in a practice coding exercise with a sample transcript. The practice exercise required all researchers to independently code the document. The group was instructed to use open coding to provide process codes, gerund codes, emotional codes, and second level codes. Codes were assigned to meaningful units of five lines of transcript text. Then the research team convened and discussed the codes that they had assigned. Through discussion the research team came to a conclusion about specific coding decisions. Prior to analyzing the collected data, the researcher’s potential biases and preconceptions were discussed in research meetings to bracket. Each researcher individually coded each interview, which was then presented in the research meetings. This led to the confirmation of similar codes, as many of the researchers had similar codes for similar units of meaning. If disagreements occurred, the senior researcher facilitated a discussion among the entire research team discussing both the similarities and differences in the perspectives of members. Once this discussion occurred, the members discussed potential compromises or codes which all researchers felt accurately represented the content of the transcript.

Findings

The researchers uncovered three major themes: (1) Growth Process, (2) Experiences in Assuming the Therapeutic Role, and (3) Conflict and Challenges in Growth as a Counselor. The first theme highlights different experiences that supervisees have in terms of their growth process regarding the rate of growth and different growth. The second theme illustrates some different experiences that supervisees found regarding assuming the role as the therapist as they transitioned from being a student to be a clinical intern. The final theme was primarily focused upon the struggles that the client experienced in growing in a real clinical environment which was not always as perfect as the experience they imagined.

Growth Process. Four of the six participants noted that they felt their growth as clinicians could be characterized as rapid. Participant six stated, “I have noticed that my play therapy skills are growing more rapidly overall.” This participant further elaborated that they believed an, “increase in self-awareness, a wider variety of presenting problems in my caseload and beneficial supervision” were the primary contributors to their growth. Participant two noted that he believed, “Each week my skills improve within different areas.” Showing that while the overall experience of growth was rapid it seemed to vary in what kinds of skills were the area of growth from week to week. Students discussed different areas of growth. Some participants

discussed the professional growth they experienced in gaining play therapy clinical experience. Five of the participants discussed developing professional skills such as tracking the play of a child or developing the ability to return responsibility rather than solve a problem for the child. However, participant three discussed how this intensive experience was especially helpful in promoting personal growth. She stated, “I feel that I am constantly working on my confidence as a counselor,” while participant two stated, “Although not every moment has been straightforward, the anxiety I have encountered has continued to become manageable through learning and experience.” All the participants acknowledged that a key part of their experience was not only developing the professional skills needed for counseling but also developing personal characteristics.

Assuming the Therapeutic Role. In their interviews all the students referenced important experiences related to taking on the role of the therapist. One theme that emerged over many of the interviews was the importance of therapeutic presence. Participant six stated, “My play therapy training has helped me to be more present, become more accepting of my mistakes within a session...” Five of the participants discussed the importance of self-acceptance as a part of being a play therapist. The relational aspect of therapy was one important aspect of the process that all the participants remarked on and participant six stated, “I believe the most crucial piece of knowledge is understanding how powerful the experience of the therapeutic relationship is to the client.”

Besides therapeutic presence, the difficulty in separating professional life from personal life was discussed. Stoltenberg (1997) discussed how in certain phases of counselor development when the counselor develops high levels of self- and other- awareness they may find they have a decreased sense of motivation from the emotional exhaustion that occurs from possessing acute awareness and empathetic attunement with clients. In such cases it may be difficult to separate personal life from professional life or to “turn off” such empathic sensitivity. In particular participant three said, “Despite my efforts to keep my professional life apart from my personal life, thoughts of how the children are doing continue to cross my mind, no matter the setting.”

Conflict and Challenges in Growth as a Counselor. The participants in this study noted several areas in which as clinicians they felt they needed further growth, and they identified areas of frustration as clinicians. One of the most common responses was centered on the lack of knowledge of child development as a new clinician. Several participants described that they had an academic knowledge of the principles of child development but felt ill-prepared to apply that knowledge in a therapeutic setting. One participant stated, “I have an idea of how I can pinpoint development issues in play therapy, but as far as a thorough knowledge base on how to apply the principles I am still inexperienced.” Another common area of challenge was the play therapy skill of applying themes. Ray (2011) defines identifying themes as identifying the coherent metaphor from which the child communicates the meaning he or she attributes to experience” (p.106). The struggle of the students is quite natural, and as Ray (2011) indicated very little is written about the identification of themes in play therapy. In fact, a literature search in the *International Journal of Play Therapy* only yields two articles in the past 26 years whose primary topic is the discussion of themes. Particularly participants reported difficulties identifying what is and is not a theme and determining how persistent it might be in the child’s life outside the playroom.

Discussion

This study sought to address two major questions regarding intensive play therapy supervision, (1), “What is the overall pattern of growth that master’s level play therapists experience during an intensive supervision experience?” and (2) “What are the factors which contribute to this growth pattern?”

The quantitative data yielded from this study provides some interesting implications for the growth pattern of play therapists under intensive supervision. The analysis of the *PTAKSS*, yielded some interesting results. A comparison of subscale scores from pre-test to post-test shows that over time the attitudes and skills of the participants increased, while the knowledge of the students remained the same. This may be due to a lack of instructional material during this time period, or this may be due to student’s perceiving they have a firm grasp on working or a false sense of confidence with clients initially, but when confronted with the complexity of attending to the client in the moment a lack of experience arose. As the duration of supervision increased, the student’s skills also increased, but the comprehension that there is more to learn did as well.

An analysis of both domains of the *CASES* tended to indicate sporadic patterns of growth. The results show that from the first to second data-point, perceptions of self-efficacy remained the same or even diminished somewhat, which may result from students with high levels of confidence entering fieldwork and after being met with the frustrating realities of counseling adjust their confidence and perception of self-efficacy accordingly. For both domains, there were sharp increases in perception of self-efficacy from the fourth data collection point to the fifth data collection point.

The qualitative data from this study provided insight into the experiences of participants and their perception of what led to their growth over intensive supervision. All the participants discussed the theme of growth in terms of personal awareness and assuming the therapeutic role. Thus, it appears supervision that provides a warm atmosphere and discussing personal reactions to assuming the therapeutic role may well contribute to developing skills and attitudes of becoming a therapist. These findings correlate with studies that indicate supervision encompasses a broad range of domains that support both professional and personal growth such as self – awareness and skills development (Wheeler & Richards, 2007). These domains of growth are of clinical importance given they are also associated with client outcomes in counseling (Halverston, Miars & Livneh, 2006).

For the play therapy supervisor these results support several issues which may be important to address in supervision and in the overall training of a play therapist. First is that the expected growth for play therapists can be sporadic with large leaps along with periods of plateaus and inconsistent skill acquisition. A common saying among play therapists is as Landreth (2012) says, “Some children are like molasses, some children are like popcorn” (p. 57). This quote shows that children sometimes exhibit rapid and sudden growth while others seem to exhibit slow and steady growth. The growth of children can be unpredictable. Based on some results in our study, this aphorism has applications for the play therapist in training. Play therapy

supervisors should know sometimes students will be like “popcorn” and seem to gain and apply skills rapidly. At other times, they may seem as molasses and seem to be very slow to integrate skills, knowledge, and attitudes into their professional practice.

Providing a focus on personal characteristics and emotional/personal responses to becoming a therapist may become the focus of supervision as opposed to case conceptualization or play therapy techniques. This student factor is also reflected in previous literature on supervision which indicates different supervisory styles may result in different student outcomes, such as satisfaction with supervision or increased self-efficacy (Fernando & Hulse-Killacky, 2005). It appears awareness of the student’s personal needs and their intrinsic motivations is an important consideration within the supervisory relationship, as well as the creation of a collaborative focus that supports self-directed practice (Stulmaker, Lertora & Garza, 2015; Merry, 2001).

One challenge that was identified by many therapists was that they may have known certain principles, but the application of developmental principles or identification of play therapy themes were hard to operationalize. The application of human development principles and identification of play themes remains a challenge for play therapists, which may show a need for increased focus in play therapy curriculum or specialized practice in play therapy supervision.

Limitations. Due to the exploratory nature of this study, the sample was limited. The sample size was restricted in size, diversity, and geographical location. Caution should be used when attempting to apply the results to larger groups which may differ significantly from the participants used in the study. Further research of this topic should include larger scale research of supervision of intensive play therapy experiences. Another limitation of this study is that both the quantitative measures as well as the qualitative interviews were based on self-report. As a result, these findings may be impacted by the participant’s unique perspectives and self-understanding. Further research could also include the effects of intensive play therapy experiences in different settings such as clinical settings and with practitioners of varying levels of experience.

Conclusion

This study explored the growth of master’s level students who took part in an intensive play therapy supervision experience. This study highlighted the unique growth pattern that students in intensive supervision may experience; it has highlighted some important factors in facilitating the growth of play therapists. Play therapists need a focus on personal responses to adopting the role of the counselor, as well as addressing anxiety and the lack of confidence that is a natural part of becoming a mental health professional. This study helps highlight skills and knowledge sets that may be more difficult to address through supervision and may need increased attention both in supervisor settings and curricular experiences in play therapy. Principles of development are key to the application of play therapy; however, these concepts can be difficult to apply in practice or even recognize during a play session. Themes are also a much-misunderstood topic with which students continue to feel mystified. It appears that

including theme work with supervision practices would improve intensive training experiences and improve the practice of play therapy supervision, which has to date been researched little.

References

- Allen, V., Folger, W., & Pehrsson, D. E. (2007). Reflective process in play therapy: A practical model for supervising counseling students. *Journal of Education, 127*(4), 472-479.
- Bandura, A. (1956). Psychotherapist's anxiety level, self-insight, and psychotherapeutic competence. *Journal of Abnormal and Social Psychology, 52*, 333-337. doi:10.1037/h0043075
- Barnes, K. (2004). Applying self-efficacy theory to counselor training and supervision: A comparison of two approaches. *Counselor Education and Supervision, 44*, 56-69
- Bratton, S., Landreth, G., & Homeyer, L. (1993). An intensive three-day play therapy supervision training model. *International Journal of Play Therapy, 2*, 61-79.
- Briggs-Gowan, M. J., & Carter, A. S. (2008). Social-emotional screening status in early childhood predicts elementary school outcomes. *Pediatrics, 121*(5), 957-962.
- Cashwell, T. H., & Dooley, K. (2001). The impact of supervision on counselor self-efficacy. *The Clinical Supervisor, 20*, 39-47. doi: 10.1300/J001v20n01_03
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.
- Crane, J., & Brown, C. (2003). Effectiveness of teachers play therapy attitudes and skills to undergraduate human service majors. *International Journal of Play Therapy, 12*, 49-65.
- Creswell, J. W., & Plano, C. V. L. (2011). *Designing and conducting mixed methods research*. Los Angeles: SAGE Publications.
- Daniels, J., & Larson, L. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Journal of Counselor Education and Supervision, 41*, 120-130.
- Drew, N. (2004). Creating a synthesis of intentionality: The role of the bracketing facilitator. *Advances in Nursing Science 27*(3), 215-223.
- Evans, S. & Weist, M. (2004). Commentary: Implementing empirically supported treatments in the school settings: What are we asking? *Clinical Child and Family Psychology Review, 7*(4), 263-267
- Fall, M., Drew, D., Chute, A., & More, A. (2007). The voices of registered play therapists as supervisors. *International Journal of Play Therapy, 16*(2), 133-146. doi:10.1037/1555-6824.16.2.133.
- Fernando, D., & Hulse-Killacky, D. (2005). The relationship of supervisory styles to satisfaction with supervision and the perceived self-efficacy of master's-level counseling students. *Journal of Counselor Education and Supervision, 44*, 293-304.
- Flasch, P., Bloom, Z., & Holladay, K. (2016). Self-efficacy of counselor trainees in pre-practicum: A phenomenological study. *Journal of Counselor Practice, 7*(1), 1-20.

- Flasch, P., Taylor, D., Clauber, R. & Robinson, E. (2017). Examining students self-perceived competence and comfort in an experiential play therapy counseling course: A single group pretest-posttest investigation. *International Journal for the Scholarship of Learning and Teaching*, 11, 1-6.
- Gunduz, B. (2012). Self-efficacy and burnout in professional school counselors. *Journal of Educational Sciences: Theory and Practice*, 12(3), 1761-1767.
- Halverston, S., Miars, R., & Livneh, H. (2006). An exploratory study of counselor education student's moral reasoning, conceptual level, and counselor self-efficacy. *Journal of Counseling and Clinical Psychology*, 3.
- Holmes, G., & Abington-Cooper, M. (2000). Pedagogy vs. andragogy: A false dichotomy. *Journal of Technology Studies*, 26(2), 50-55.
- Homeyer, L. E., & Brown, C. J. (2002). The Intensive, three-week interim semester: Is it effective? *TCA Journal*, 30, 34-42
- Homeyer, L. E., & Rae, A. (1998). Impact on semester length on play therapy training. *International Journal of Play Therapy*, 7, 37-49.
- Kagen, S., & Landreth, G. (2009). Short-term child-centered play therapy training with Israeli school counselors and teachers. *International Journal of Play Therapy*, 18, 207-216.
- Kao, S., & Change, J. M. (2007). A report on revising the Chinese version of play therapy attitude knowledge-skill survey. *Psychology Testing*, 54, 121-146.
- Kao, S., & Landreth, G. L. (1997). Evaluating the impact of child-centered play therapy training. *International Journal of Play Therapy*, 6, 1-20. <http://dx.doi.org/10.1037/h0089405>
- Knowles, M. (1980). *The modern practice of adult education, revised and updated*. Englewood Cliffs: Prentice Hall Regents.
- Kranz, P., & Lund, N. L. (1994). Recommendations for supervising play therapists. *International Journal of Play Therapy*, 3(2), 45-52. <http://dx.doi.org/10.1037/h0089168>
- Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). New York, NY: Brunner Routledge.
- Larson, L. (1998). The social cognitive model of counselor training. *The Journal of Counseling Psychology*, 26, 179-218.
- Lent, R. W., Hill, C.E., & Hoffman, M. A. (2003) Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology*, 50(1), 97-108.
- Lindo, N., Chiao-Feng, C., Carlson, S., Sullivan, J., Akay, S., & Meany-Walen, K. (2012). The impact of child-centered play therapy training on attitude, knowledge, and skills. *International Journal of Play Therapy*, 21, 149-166
- Marmarosh, C. L., Nikityn, M., Moehring, J., Ferraioli, L., Kahn, S., Cerkevich, A., . . . Reisch, E. (2013). Adult attachment, attachment to the supervisor, and the supervisory alliance: How they relate to novice therapists' perceived counseling self-efficacy. *Psychotherapy*, 50(2), 178-188. <http://dx.doi.org/10.1037/a0033028>
- McCarthy, A. K. (2014). Relationship between rehabilitation counselor efficacy for counseling skills and client outcomes. *Journal of Rehabilitation*, 80(2), 3-11.

- Merriam, S. (2001). Andragogy and self-directed learning: Pillars of adult learning theory. *New Directions for Adult and Continuing Education*, 2001(89), 3-60.
- Merry, T. (2001). Congruence and Supervision of client-centered therapists. In G. Wyatt (Ed), *Congruence. Rogers' therapeutic conditions; Evolution, theory and practice*, 1, 174-183. Ross-on-Wye, UK: PCCS Books.
- Metcalf, L. M. (2003). Countertransference among play therapists: Implications for therapist development and supervision. *International Journal of Play Therapy*, 12, 31-48.
- Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... Swendsen, J. (2010). Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980-989.
- Moustakas, C. (1959). *Psychotherapy with children: The living relationship*. New York: Harper and Brothers Publishers.
- Mullen, P., Uwamahoro, O., Blount, A., & Lambie, G. (2015). Development of counseling students' self-efficacy during preparation and training. *The Professional Counselor*, 5(1), 175-184.
- Muro, J., Stickley, V., Muro, L., Blanco, P. & Mei-Hsiang Tsai (2015). Considerations for Elementary schools and university collaborations: A guide to implementing counseling research. *The Journal of Research Administration*, 1(46), 102-117
- Muro, J., Holliman, R., Blanco, P., & Stickley, V. (2015). Exploring play therapy training: An investigation of the impact of practice on attitudes, knowledge, and skills with with master's level students. *International Journal of Play Therapy*, 24(4) 234-247.
- National Research Council (NRC) and Institute of Medicine (IOM). (2009). *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities*. Washington, DC: The National Academic Press.
- Palladino-Schultheiss, D. (2005). University-urban school collaboration in school counseling. *Professional School Counseling*, 8(4), 3330-336
- Pereira, J., & Smith-Adcock, S. (2013). The evaluation of a child-centered play therapy workshop for school counselors. *International Journal of Play Therapy*, 22, 129-142.
- Perryman, K. L. (2016). Play Therapy in Schools. In O'Connor, K., Schaeffer, C., Braverman, L. (2nd Ed.), *Handbook of Play Therapy* (485-504). Hoboken, NJ: Wiley & Sons
- Pew, S. (2007). Andragogy and pedagogy as foundational theory for student motivation in higher education. *InSight: A Collection of Faculty Scholarship*, 2, 14-25.
- Ray, D. C., & Bratton, S. C. (2010). What the research shows about play therapy: 21st century update. In J. N. Baggerly, D. C. Ray, & S. C. Bratton (Eds.), *Child-centered play therapy research: The evidence base for effective practice* (pp. 3-33). Hoboken, NJ: Wiley.
- Ray, D. (2004). Supervision of basic and advanced skills in play therapy. *Journal of Professional Practice*, 32, 28-40.
- Ray, D. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York, NY: Routledge.

- Rimm-Kaufman, S., & Hulleman, C. (2015) SEL in elementary school settings: Identifying mechanisms that matter. Durlak, J., Domitrovich, C., Weissberg, R., Gullotta, T. *In Handbook of Social and Emotional Learning* (151-167). New York, NY: Guildford Press.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Sage: Thousand Oaks, CA
- Stickley, V., Muro, J., & Blanco, P. (2013). Collaborating university play therapy programs with elementary schools- Alleviating school counselor stress. *Open Journal of Education*, 1(5), 143-147
- Stoltenburg, C.D., (1997). The integrated developmental model of supervision: Supervision across levels. *Psychotherapy in Private Practice*, 16, 59–69.
http://dx.doi.org/10.1300/J294v16n02_07
- Stulmaker, H., Lertora, I., & Garza, Y. (2015). Facilitating empathic perspective taking in beginning Child-Centered play therapists: The role of supervision. *International Journal of Play Therapy*, 24(4), 177-189.
- Tang, M., Addison, K. D., LaSure-Bryant, D., Norman, R., O’Connell, W., & Stewart-Sicking, J. A. (2004). Factors that influence self-efficacy of counseling students: An exploratory study. *Counselor Education and Supervision*, 44, 70–80. doi:10.1002/j.1556-6978.2004.tb01861.x
- Van Horne, J., & Post, P. (2016). Play therapy supervision for school counselors. *Play Therapy Magazine*, 11(2) 16-19.
- Wheeler, S. & Richards, K. (2007). The impact of clinical supervision on counselors and therapists, their practice and their clients. A systematic review of the literature. *Journal of Counselling and Psychotherapy Research*, 7(1), 54-65.