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Toward an Understanding of Administrative Support For School-based Play Therapy

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Toward an Understanding of Administrative Support For School-based Play Therapy

Abstract

Play therapy exists with successful outcomes for young children. Despite the popularity and empirical support of play therapy, it is underutilized in the elementary school setting due to multiple individual and systemic barriers, which are indirectly or directly influenced by school administrator support. The purpose of this study was to explore the experiences of administrative support from the perspective of elementary school mental health professionals. Specifically, this study looked at how school mental health professionals describe administrative support and how important support is for play therapy utilization. This study is grounded in social support theory which holds that workplace administrative support can be studied through four domains of support: emotional, instrumental, informational, and appraisal. The qualitative study used semi-structured interviews with elementary public school mental health professionals from rural, suburban, and urban schools in New York and Maine. Using directed content analysis, the findings showed administrators generally provided administrative support for play therapy, however lacked understanding of play therapy and the need for clinical supervision. Other findings included gaps in an appraisal system that did not align with their counseling role and a need to show therapy data outcomes because of the data driven climate of the school setting. This study has implications for future practitioners and administrators in providing insight regarding support for play therapy utilization.

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Dedication

This dedication starts with my parents who I know are looking down from heaven. They encouraged a love of learning. I also dedicate this to my husband, Glenn, who I know wasn't really surprised when I said I was going back to school to deal with feelings around "empty nest". And to my adult children, Katie and Matt, that I hope this dissertation journey serves as a model to never stop being curious and asking questions. You are both so strong in so many ways.

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Biographical Sketch

Mary Anne Peabody is currently Deputy Director of National Services at Children's Institute in Rochester, New York. Mrs. Peabody attended University of Utah in Salt Lake City with a Bachelors of Science degree in both Psychology and Therapeutic Recreation. She completed her Masters of Social Work at University of Utah, and a Certificate of Advanced Study in Play Therapy and Clinical Supervision from University of Southern Maine, in Gorham, Maine. She began doctoral studies in the summer of 2010 at St. John Fisher College in the Ed. D. Program in Executive Leadership. Mrs. Peabody pursued her research in understanding administrative support for play therapy in public elementary school settings under the direction of Dr. Dianne Cooney Miner and received the Ed.D. degree in 2012.

Acknowledgements

Abstract

Play therapy exists with successful outcomes for young children. Despite the popularity and empirical support of play therapy, it is underutilized in the elementary school setting due to multiple individual and systemic barriers, which are indirectly or directly influenced by school administrator support.

The purpose of this study was to explore the experiences of administrative support from the perspective of elementary school mental health professionals. Specifically, this study looked at how school mental health professionals describe administrative support and how important support is for play therapy utilization. This study is grounded in social support theory which holds that workplace administrative support can be studied through four domains of support: emotional, instrumental, informational, and appraisal.

The qualitative study used semi-structured interviews with elementary public school mental health professionals from rural, suburban, and urban schools in New York and Maine. Using directed content analysis, the findings showed administrators generally provided administrative support for play therapy, however lacked understanding of play therapy and the need for clinical supervision. Other findings included gaps in an appraisal system that did not align with their counseling role and a need to show therapy data outcomes because of the data driven climate of the school setting. This study has implications for future practitioners and administrators in providing insight regarding support for play therapy utilization.

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Chapter 1: Introduction

Introduction

Counseling young children is strikingly distinct from counseling adults.

Counselors working with young children are challenged to adapt their skills with careful

consideration of the unique developmental differences of children. Developmentally,

young children between the ages of three and ten have limited abstract thinking skills and

may not have fully developed the language skills needed to communicate in traditional

verbal therapy; however they often easily express themselves through actions and play

(Landreth, 2002; VanVelsor, 2004).

The counseling modality of play therapy offers the child counselor a

developmentally responsive way of communicating other than traditional "talk therapy"

(Landreth, 2002). Play therapists equip their space with expressive materials, such as

toys, puppets, a dollhouse, and art materials, which allow the child an opportunity to

symbolically express through play what they may or may not be able or willing to share

in words (Landreth, 2002; Schaefer & Drewes, 2010). Widely considered by practitioners

to be the treatment of choice for young children, play therapy has been called the oldest

and most popular form of child therapy (Reddy, Files-Hall & Schaefer, 2005).

A growing number of well-designed outcome research studies exist that

demonstrate the efficacy of play therapy with various populations and presenting

disorders (Baggerly, Ray, & Bratton, 2010; Bratton, Ray, Rhine & Jones, 2005; LeBlanc

& Ritchie, 2001; Ray, Bratton, Rhine & Jones, 2001; Reddy, Files-Hall & Schaefer,

2005). Despite the widespread acceptance of play therapy as a recognized intervention, a gap exists between its use and targeted population, particularly in schools. Given play therapy's popularity in the general field of child counseling, it would seem reasonable to think school mental health personnel would use play therapy; however play therapy is underutilized in the school setting (Ray, Armstrong, Warren, & Balkin, 2005).

To better understand why this underutilization exists, recent research has examined factors that contribute to and inhibit the use of school based play therapy. A small number of studies have identified both individual and systemic challenges facing school mental health professionals as they attempt to practice play therapy (Berkowitz, 2005; Bratton, 2010; Ray, 2010; Ray, et al., 2005; Shen, 2008). Indirect barriers such as lack of training, time, materials, or space may be ameliorated through more direct support and leadership of the administrator.

Administrative support is situated in the relationship that exists between the school mental health professional and the school administrator. It is well documented that administrators potentially shape, support, or impede school counseling intervention efforts (Ameatea & Clark, 2005; Dollarhide, Smith, & Lemberger, 2007; Fitch, Newby, Ballestro, & Marshall, 2001; Payne, Gottfredson & Gottfredson, 2006). Furthermore, the counselor-administrator relationship is viewed as critical for both individual counselor and program effectiveness (Janson, Militello, & Kosine, 2008; MacDonald, Armstrong, & Henson, 2008; Ponec & Brock, 2000). How then does the relationship between school mental health professionals and administrators impact the use of play therapy in elementary school settings?

Supportive relationships are often demonstrated through specific supportive

behaviors. This study set out to examine the school mental health professionals-administrator relationship through the lens of social support, a theory by House (1981), adapted and applied to school administrators by Littrell, Billingsley & Cross (1994), that specifically examines four dimensions of support: emotional support (trust, listening, showing concern), appraisal support (offering feedback, evaluations), informational support (advice, suggestions, training opportunities) and instrumental support (time, and funding for resource needs). To date, there is little information about the experience and nature of administrative support for play therapy in the elementary school context. This study examined how school mental health professionals describe the support they receive from the administrators, what types or domains of support they value, how important support is or is not, and what processes and strategies they use to advocate for administrative support. Understanding this supportive process may lead to a better understanding of the counselor-administrative relationship and ultimately help address the underutilization of play therapy in our nation's schools.

Background of the Study

An increasing number of young children arrive at school each day with social and emotional needs that impact their ability to learn (Adelman & Taylor, 2006). In fact, the mental health needs of children have been called a national crisis in the landmark report by the New Freedom Commission on Mental Health (2003). Findings from this report state one in five children show mental health concerns such as disruptive behavior disorders (31%), mood disorders (21%), and adjustment disorders (16%), yet less than half of these children receive treatment (Jans, Stoddard, & Kraus, 2004; Kataoka, Zhang, & Wells, 2002; New Freedom Commission, 2003; U.S. Public Health Service, 2000).

To address this national crisis, in 2003 the New Freedom Commission identified schools as the natural setting to deliver services, given that most children attend school from their formative years until late adolescence (New Freedom Commission, 2003). Moreover, schools have become the de facto location where children receive mental health services, as approximately 75% of the children who do actually receive any mental health services, receive them in school by a mental health professional, typically defined as the school counselor, social worker or school psychologist (Farmer, Burns, Phillips, Angold, & Costello, 2003; Foster, Rollefson, Doksum, Noonan, & Robinson, 2005; Rones & Hoagwood, 2000; U.S. Public Health Services, 2000). These figures point out the fact, that school mental health professionals play the critical and primary role in addressing the mental health needs of young children (New Freedom Commission, 2003; National Research Council and Institute of Medicine, 2009).

School mental health personnel are often considered members of what are called pupil personnel services (Doll & Cummings, 2008). According to Title 20 United States Code Service 7801(36), the term "pupil services personnel" means school counselors, school social workers, school psychologists, and other qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including related services as that term is defined in section 602 of the Individuals with Disabilities Education Act [20 USCS 1401] as part of a comprehensive program to meet student needs (United States Code Service, 2011)).

Because in different states, the pupil service personnel working in a therapeutic capacity with children may come from counseling, social work, psychology or another related discipline, the term school mental health professional by Adelman and Taylor

(2006) is used in this study to encompass the school counselor, social worker, or psychologist, who may offer play therapy services (Adelman & Taylor, 2006). While each of these specific professions has distinct differences in training, there are many overlapping tasks in their roles, as described below.

The American School Counselor Association (ASCA, 2012) defines a professional school counselor as a licensed educator who is trained in school counseling and has the necessary skills to address personal, social, academic and career development needs of students. The role of the school counselor includes both direct work with children in groups, crisis intervention, developmental classroom lessons, and early identification practices (ASCA, 2012). They also indirectly work to support children by consulting with teachers, administrators, parents, and community therapists (ASCA, 2012).

The National Association of School Social Workers (NASSW, 2012) describes the role of the social worker as the individual who provides a vital link among the school, home, and community. In some schools, the social worker may be assigned to serving children identified as needing special education support services, while in other schools, both students in general education and special education can access the services of the school social worker (NASSW, 2012). Similar to school counselors, social workers may work individually with children, in group work, and in classrooms. They may provide crisis intervention, consultation, and referrals to community agencies (NASSW, 2012).

The National Association of School Psychologists (NASP, 2012), reports the role of the school psychologist is continually expanding to move from the traditional role of assessment of students for the purpose of determining eligibility for special education

services to also including direct counseling of children (Ehrhardt-Padgett, Hatzichristou, Kitson, & Meyers, 2004; Hojnoski & Missall, 2006; NASP, 2012, Natasi, 2000). With changes brought about by Individual Disabilities Educational Act of 2004, school psychologists are also becoming instrumental in providing preventative practices and supporting evidenced based practices required to meet new mandates (Ysseldyke, Burns, Dawson, Kelley, Morrison & Ortiz, et al., 2006).

While the three separate disciplines may vary slightly in their pre-service educational training, there are similarities in the daily responsibilities that encompass their multi-faceted roles and their need for administrative understanding and support. These responsibilities may include: (a) school wide initiatives; (b) consultation with multiple individuals; (c) classroom lessons; (d) crisis response; (e) responsive counseling services for children identified under special education; and (f) direct counseling services to general education students (ASCA, 2012). With such a wide variety of responsibilities, the experience of providing individual or small group counseling and specifically play therapy may be challenging for the school mental health professional, even if they desire to provide the intervention (ASCA, 2012, Ray, 2010). To address the challenges mental health professionals may look to their administrators for workplace support.

Theoretical Framework

This study was guided by James House's variation of social support workplace theory (1981), which was later modified by Littrell et al.,(1994) to fit support behaviors by school principals. House (1981) explained support through a structure of four domains which he called, instrumental, informational, appraisal and emotional support. The first

domain according to House (1981) is defined as instrumental support, includes actions that a person performs that meet the other individual's actual needs, such as time to perform necessary tasks of the job, funding for materials, or locating the needed space necessary for the individual to perform their responsibilities. The second domain is informational support which is defined as information which a person provides another, for example, advice, direction, ideas or suggestions. The third domain is appraisal support which is defined as behaviors which have an evaluative nature including affirmations, feedback, and social comparisons of individuals. The fourth and final domain of House's theory is emotional support which is defined as providing or showing interest, trust, care, listening, and empathy (House, pp. 24-25).

Specific to the school context, Littrell et al. (1994) adapted House's (1981) four dimensions of support to further understand the relationship between teachers and their principal. In adapting the dimensions to the educational setting, Littrell et al. (1994) used the following descriptions of the four support domains.

First, instrumental support can be described as principals directly helping teachers by providing necessary materials, space, adequate time for both teaching and non-teaching duties, and helping with any type of managerial concerns that may come up throughout the course of the work. Secondly, informational support would be best described as principals providing teachers with information that is helpful to improve their practices within the classroom, colleagues, or with parents. For example, principals may provide informational support by authorizing teachers' attendance at professional development workshops, offering practical information about effective teaching practices or classroom management or providing suggestions to improve parental communication

strategies. Third is appraisal support and principals as instructional leaders are often

charged with formal and informal evaluation of teachers. Frequent and constructive

feedback about what constitutes effective teaching and how the teacher is meeting the

different aspects of the responsibilities of the job would fall into the appraisal support

domain. Fourth is the domain of emotional support, whereby principals may show

teachers that they are trusted, valued, and worthy by considering the teachers' ideas and

suggestions, maintaining open and respectful communication, showing an interest in the

teachers' work and ideas and showing appreciation or recognition (p. 2).

While these definitions are specific to the role of the classroom teacher, many are

also applicable to the role of the mental health professional that uses play therapy.

Moreover, the support domains may overlap, for example, the description of appraisal

support places the administrator in the role of evaluating the practices of the mental

health professional. This situation is acknowledged in the school based play therapy

literature as often problematic because unless the principal has received mental health

counseling training, they may be fully competent to offer administrative supervision, but

not adequately trained to address clinical and psychological issues (Drewes, 2001).

However, an administrator might display informational support by responding to the

counselors request for separate clinical supervision from a mental health professional

(Fall & Sutton, 2004). By listening, showing interest, and then providing the additional

professional development opportunity, the administrator demonstrates emotional and

informational support. All domains of support might contribute to a successful counselor-

administrator relationship. Despite the acknowledged importance of the administrative

and counselor relationship, no research to date has explored how this relationship impacts

the use of play therapy methods or what types of supports are needed for the use of play therapy. In order to potentially close the play therapy service delivery gap, there is a need to further examine administrative support domains with regard to play therapy utilization from the perspectives of the school mental health professional.

Statement of the Problem

Although schools have been identified as the primary setting to address the mental health crisis of children in the United States, they are ill-prepared to do so (Bratton, 2010). Providing mental health and counseling services in schools is no easy task and is influenced by many complex socio-political factors including: current climate of academic accountability, competing school wide priorities, lack of specialty mental health training, and administrative "buy in" or support (Berkowitz, 2005; McLaughlin & Mitra, 2001; Ray et al., 2005). Unfortunately, the current climate of academic accountability in schools has marginalized many efforts that support the emotional or developmental needs of young students, and in turn has impacted the practices and relationships between educators, administrators, and counselors (Dahir & Stone, 2003; Stone & Dahir, 2006).

The passage of No Child Left Behind federal legislation (NCLB), has presented schools with a number of demands as they attempt to meet both the academic and emotional needs of children. Under the NCLB federal legislation, federal funding is contingent on student performance on academic tests (U.S. Department of Education, 2002). Emphasizing accountability, the legislation also requires public reporting of academic progress and gains, linking such movement to monetary sanctions (Daly, Burke, Hare, Mills, Owens, Moore & Weist, 2006; U. S. Department of Education,

2002).

The extent to which accountability has impacted elementary schools and school counselors in particular is of much debate (Brown, Galassi & Akos, 2004; Dollarhide & Lemberger, 2006). While some researchers believe NCLB has helped to better articulate and define specific personnel roles, interventions, and child outcomes, others believe the results have only furthered a narrowing view of children and marginalization of practices (Adelman & Taylor, 2006; Dollarhide & Lemberger, 2006). Such narrow views of children's developmental growth fail to consider how children learn and develop in numerous ways, not just academically, thereby advocating for a broader "whole child" perspective (Association for Supervision and Curriculum Development, 2011). The "whole child" approach takes into account teaching practices that are developmentally appropriate, as defined by the National Association for the Education of Young Children (Copple & Bredekamp, 2009). Developmentally appropriate practices in both teaching and counseling show respect for the unique language, cognitive, and problem solving capabilities of young children.

Consequently, when adults view the needs of young children in a more holistic view, they often encourage practices that support emotional safety as a pre-requisite to academic learning (Brandt, 2003; Kress, Norris, Schoenholz, Elias, & Seigle, 2004; Vygotsky, 1978; Zins, Weissberg, Wang, & Walberg, 2004). Unfortunately, emotional safety does not appear on standardized tests and may not be a high priority in some schools (Adelman & Taylor, 2011; Zins, Bloodworth, Weissberg & Walberg, 2004). The arts, physical education, and mental health programming may be viewed as subjects or areas that do not directly relate to what is measured on the tests, therefore, are often

considered first on the cutting block of a shrinking school budget (Zins et al., 2004). According to the literature, administrators faced with limited resources have allocated money for improving academic achievement, instead of the mental health needs of children, further widening the gap between empirically supported and developmentally sensitive interventions reaching the children in need (Daly et. al, 2006; Weist & Paternite, 2006; Wilson, Lipsey & Derzon, 2003).

Much of what is written on administrative support in the school context is centered on teacher's classroom experiences as opposed to the role and experiences of school mental health professionals (Billingsley, 2004; Dolar, 2008; Dollarhide et al., 2007; Littrell et al., 1994). Multiple studies on administrative support for teachers however, provide insight into factors that have found to impact teacher job satisfaction, commitment, and intent to stay in the profession (Littrell et al., 1994). Even within the teacher literature, Ingram (2003) suggested that the concept of principal support for educators be further clarified and Lockwood (2004) recommended identifying valuable principal support behaviors would further the educational research literature.

There is a scarcity of research on administrative support for counselors; however what has been studied is the importance of a mutually collaborative relationship between the school administrator and school counselor (Ameatea & Clark, 2005; Dollarhide et al., 2007). The counseling literature on relationships has examined factors such as alliances, collaboration, and leadership, from either the perspective of the counselor or the administrator, with only a few studies from the perspective of both professions (Dollarhide et al., 2007; Janson et al., 2008).

Expanding on the concept of a working alliance, the opportunities for open and

frequent communication, acknowledgment, and trust permeate this viewpoint and provide

a foundation for a collaborative relationship (Janson et al., 2008). Ponec and Brock

(2000) demonstrated that the counselor-principal relationship is strengthened by trust,

effective communication methods, and clear definitions of roles. Dollarhide et al., (2007)

found that principals value counselors who are able to solve problems, effect change, and

advocate on behalf of students. The notion that administrators and school mental health

professionals perform more effectively when mutual understanding and support is shared

illustrates the importance of shared leadership, shared goals, and shared knowledge

(Janson et al., 2008).

Research in recent years has examined factors that contribute to and inhibit the

administrator and counselor relationship within the school context (Armstrong,

MacDonald & Stillo, 2010; Ponec & Brock, 2000; Zalaquett, 2005). With some

exceptions, however, what constitutes administrative support for play therapy practices

has yet to be studied (Berkowitz, 2005, Ray et al., 2005, Shen, 2008). The few relevant

quantitative studies reflect varying results with regard to administrative support for play

therapy utilization, suggesting more research is needed in this area (Berkowitz, 2005;

Ray, 2010; Ray et al., 2005; Shen, 2008). While quantitative surveys provide one

method of inquiry; however, what is missing from the play therapy literature is a specific

focus on how play therapy is conceptualized by those school mental health professionals

that the literature identifies as directly using play therapy and the administrators who may

directly or indirectly inhibit its use.

In addition to the previous challenges, other barriers exist for the school mental

health professional that practices play therapy (Drewes, 2001; Ray et al. 2005). Multiple

studies confirm several barriers including: (a) lack of time for direct counseling;(b) lack of materials and space; (c) lack of play therapy specific training; and (d) lack of administrative "buy in," understanding, or support (Berkowitz, 2005; Bratton, 2010; Ray, 2010; Ray et al., 2005; Shen, 2008). Bratton (2010) identified the unique position of the school mental health professional to address challenges to implementing play therapy in the school setting. These included educating administrators about the current early mental health crisis for children that impacts academic potential and the empirical evidence supporting play therapy. Furthermore, Bratton (2010) advocated that school mental health professionals use play therapy and play-based interventions that are culturally and developmentally sensitive. If school mental health professionals could more fully deconstruct the concept of a lack of administrative support, perhaps many of these barriers might lessen.

What is clear is school mental health professionals face many barriers to utilizing play therapy, and school administrators influence school counseling efforts. However, the literature does not satisfactorily define administrative support in such a way as to be useful for the school based play therapist. Because support is often conceptualized as a multidimensional notion (House, 1981), or a composite of behaviors, it is important to investigate how school based play therapists describe and experience administrative support so they can use this information to advocate for the practice of this treatment approach in helping young children in need.

Purpose of the Study

Therefore, the purpose of this study was to explore the experiences and perceptions of administrative support from the perspective of elementary school mental

health professionals who self-identify as using play therapy. Specifically, the study looked at how school mental health professionals described administrative support, types of specific supportive behaviors exhibited from administrators, and if administrative support was an important factor in play therapy utilization.

While several quantitative research studies have explored factors that impede play therapy practice, little qualitative inquiry has been conducted specifically on administrative support for play therapy (Ray, 2010; Shen, 2008). Additionally, little is known on how the relationship between the school mental health professional and the administrator either impedes or supports the use of play therapy in schools. Furthermore, this study extends the current theory of House (1981) adapted by Littrell et al., (1994) into another context thereby adding to the literature across several fields. Currently, the incomplete nature of the research regarding how elementary public school play therapists define and experience administrative support leads to limited awareness, handicapping potential efforts to address the present service delivery gap.

Significance of the Study

Children deserve empirically supported treatments to prevent or treat mental health problems. If young children do not receive effective mental health treatment, they may continue to have serious consequences impacting early learning, social competence, and lifelong health (National Scientific Council on the Developing Child, 2008). Untreated mental health issues have long term implications on children's ability to fulfill their potential and may result in consequences for health, education, labor, and criminal justice systems in our society (Kataoka et al., 2002; National Research Council and Institute of Medicine, 2009). The consequences of an educational system's inability to

meet the social, emotional, mental and behavioral needs of young students are devastating not only for the child and their family, but potentially to the child's academic future, peer relationships, neighbors, and the overall community (Lagana-Riordan & Aguilar, 2009; National Research Council and Institute of Medicine, 2009; National Scientific Council on the Developing Child, 2008).

Yet, developmentally young children between the ages of four and ten rely on adults to provide them with services they desperately need to succeed. Adult advocates, including school mental health professionals have an ethical responsibility to bring effective interventions to young children. This study is particularly relevant to potentially lessen the service delivery gap that exists of an effective and developmentally responsive treatment approach reaching young children in need. This study is critically important because school is the primary setting of counseling services for our nation's children. Despite this fact, a substantial underutilization of the empirically supported treatment of play therapy exists due to multiple barriers which may be further understood by careful examination of the concept of administrative support.

Research Questions

The following primary question guided this study, followed by a sub-question:

1. How do public elementary school mental health professionals experience and describe the support they receive for play therapy from their administrators?

2. How important is the role of the administrator in creating an environment of support for play therapy services?

Ascertaining this information from the perspectives of the mental health professional might contribute to closing the knowledge gap around administrative support

for play therapy in the literature. Furthermore, this study provides a deeper understanding of the necessary supports that administrators can offer to enhance the counselor-administrative relationship. Finally, as school mental health professionals examine more fully how administrator support of play therapy is experienced, described, and the importance of that support, the current underutilization of play therapy in schools may be influenced.

Summary

Play therapy in elementary schools appears to be one intervention that may address the counseling needs of young children allowing children to profit from the educational experience. Although play therapy offers an empirically validated developmentally appropriate treatment for the early intervention needs of young students, implementing the approach in the current era of accountability has been met with several challenges (Ray et al., 2005). While quantitative studies have discovered specific barriers to play therapy in schools, what has not been explored and remains largely unknown is how the relationship between the school mental health professionals and the administrators impact the use of play therapy methods. This qualitative study sought a deeper understanding of the experiences and perceptions of specific dimensions of administrative support for play therapy from the perspectives of the school mental health professional.

The remaining four chapters of this document are outlined. Chapter Two reviews the literature that is relevant to the administrator support, counselor-administrator relationships, play therapy, school based play therapy, and barriers to providing play therapy in the school context. Chapter Three explains the methodology of the study,

including context, study participants, data collection, analysis procedures, and a summary of the methodology used in the study. Chapter Four provides an in-depth presentation of the study findings. The final chapter discussed and interprets the results including limitations of the study and implications for practice, professional development, education, policy, leadership and future research.

Definition of Terms

Administrators: For purposes of this study, administrators will be defined as elementary building level principals, vice-principals, assistant principals.

Appraisal Support: Principals are charged with providing ongoing personnel appraisal, including frequent and constructive feedback about work, information regarding effective teaching, and clear guidelines regarding job responsibilities (Littrell et al., 1994).

Elementary School: a school classified by state and local practice and composed of any span of grades not above grade eight. For this study, public elementary schools included urban, suburban and rural school communities (U.S. Department of Education, Institute of Education Sciences, National Center for Educational Statistics, 2011).

Emotional Support: Principals show teachers that they are esteemed and trusted professionals who are worthy of concern by considering teachers' suggestions and ideas, maintaining open communication, showing appreciation, and taking an interest in teacher's work and ideas (Littrell et al., 1994).

Informational Support: Principals provide teachers with useful information to improve practices. For example, principals provide informational support by authorizing teachers' attendance at in-service workshops, and providing suggestions to improve instruction and classroom management (Littrell et al., 1994).

Instrumental Support: Principals directly help teachers with work-related tasks, such as providing necessary resources, materials, space, helping with managerial concerns and ensuring adequate time for teaching and non-teaching duties (Littrell et al., 1994).

Play therapists: For the purpose of this study, play therapists were defined as school based mental health professionals from various disciplines who use play therapy as a counseling treatment approach. Inclusion criteria were professionals who had completed a minimum of one graduate level course in play therapy or 45 hours of play therapy training, had worked in an elementary school setting for a minimum of five years and who self-identified as using play therapy in their work with young children. Both credentialed (Registered Play therapists/Registered Play Therapist-Supervisors) and non-credentialed play therapists were included in this study.

Play therapy: For the purposes of this study, the Association for Play Therapy (2011) definition was used. Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.

School mental health professional: school counselor, school social worker, school psychologist (Adelman & Taylor, 2006).

Chapter 2: Literature Review

Introduction

  Chapter 2 represents an overview of the literature that informed the study. The review further explains for the reader the application of relational support related to school mental health professionals and school administrators. The review also carefully analyzes empirical research associated with the relationship between school mental health professionals and administrators and school based play therapy in general, specifically those studies that identified lack of administrative support. Administrative support is examined through the social support theory of House (1981) and the adaptation of the theory by Littrell et al., (1994) which identified four domains of support, including emotional, appraisal, informational and instrumental. The topic of administrative support will relate to the conceptual framework of Littrell et al., (1994) discussed in Chapter 1, and guided the researcher's thinking throughout the study.

  The chapter is divided into five sections of a literature review: (a) administrative support research; (b) school mental health and administrator relationship research; (c) play therapy research; (d) play therapy in the schools; and (e) barriers to counseling and play therapy. The purpose of this review was to learn how similar studies that looked at administrative support have been examined through research in order to learn what is meant by administrative support and what could be generalized to the elementary school level specific to administrative support for the practice of play therapy.

Domains of Administrative Support

Administrative support has been studied in the field of education among general and

special educators (Billingsley, 1993; Billingsley, 2002; Littrell et al., 1994; Quinn &

Andrews, 2004); speech pathologists (Schetz & Billingsley, 1992) and library programs

(Oberg, 2000). In a study by Littrell et al., (1994) the effect of principal support on

special and general educators' stress, job satisfaction, health, commitment and intent to

stay in the field of teaching was examined. Using a survey method, the researchers

measured administrative support in terms of the four broad dimensions of behaviors:

emotional, appraisal, instrumental, and informational. While educator's roles are different

than school mental health professionals, both disciplines depend on administrative

support to successfully meet the needs of children. Results from this study validated what

House (1981) originally theorized that emotional support is the most important form of

support for teachers, followed by appraisal, instrumental, and finally informational.

Additionally, this study showed while administrators may offer support, it may not be the

kind of support teachers believe is important. Addressing and assessing behaviors of

support that are meaningful and gratifying is a crucial learning from this study.

Measuring similar variables used in the study by Littrell et al., (1994), Billingsley,

Gersten, Gilman & Mowant (1995) summarized the effect that administrator support had

on special educators and special education programs. Barriers were identified that

included a lack of understanding about the role of the special educator by the

administrator, limited day to day assistance, lack of long range planning for the

program's future and the perception that the administrator did not fully recognize the

challenges or successes of the role. In comparison the authors also identified strong

communication skills and actions that showed respect as demonstrations of administrative support. This study illustrates that while specific domains of support can guide a study, additional other data may likely emerge in the data collection and analysis stages of the study. This is particularly relevant to this study as the voices of the participants regarding administrative support did extend beyond the four domains and were captured throughout the study.

In a study of speech pathologists, Schetz and Billingsley (1992) conducted interviews to gain data on how principals provided support and what support meant to the speech pathologist. Findings from this study identified four key elements of administrative support including, adequate resources and working conditions, advocacy, promotion of staff development opportunities and day to day assistance with program operations or concerns. This study utilized House's (1981) dimensions of support, but also remained open to the discourse that came from the voices of the participants. The role of the speech pathologist is similar in some ways to the role of the school mental health professional in that typically they may be the only one assigned to the building, and are considered a support service not a teaching professional, yet still in need of administrative support.

In a review of three qualitative studies of administrative support for school library programs, three elements of effective administrative support were identified (Oberg, 1996). First, the principal directly promoted the work of the librarian and the available services to teachers through in-service professional development activities. Second, principals spoke supportively of the library, accompanying students to the library and spending time promoting the services within the library. Third, the principal provided

direct funding of professional development training for the library staff, secured

necessary funding for materials, and continued to support necessary personnel.

The before mentioned studies guided by House's (1981) theory of administrative

support show how administrative support is described and experienced by different

personnel working in the school context. These studies were helpful to the current study

as they illustrate how a theoretical framework can be incorporated throughout phases of

both quantitative and qualitative studies, including the data collection phase, and in data

analysis.

Administrator-Counselor Relationships

House's (1981) theory claims emotional support is often the most significant

domain of workplace support. Descriptions of emotional support often include how an

administrator shows interest, trust, concern and appreciation to the other individual

(Littrell et al., 1994). Although not specific to the four domains of support, Dollarhide,

Smith and Lemberger (2007) used qualitative methodology to survey exemplary

principals known to be supportive of school counseling to ascertain and understand

critical incidents they identified as significant and meaningful to their appreciation of

school counseling. It was hypothesized that the critical incidents might have come at any

juncture in their lives and in a variety of contexts, even as a student themselves. Based on

the results of their data, three domains emerged: prior exposure to school counseling,

present perspectives on school counseling, and recommendations for school counseling.

The study resulted in principals' sharing that the critical incidents that seemed to

most determine support can come from the relationship that the counselor has built with

the principal and the community. Furthermore, the study identified an important

paradigm shift in the way the profession viewed principal-counselor relationships. Instead of the principal defining the role of the counselor, the study revealed school counselors can empower themselves to create the scope of their own influence when they demonstrate trustworthiness, competence and a collaborative respect with others in the school. Results show counselors are not powerless to influence the principals perception of school counseling and that perceptions and appreciation evolve as counselors empower themselves to expand their roles. This study shows how the reciprocal process between the school mental health professional and the administrator includes respect, appreciation, and trust, all components of the emotional domain of support which results in a supportive and collaborative relationship.

Clemens, Milsom and Cashwell, (2009) used leader-member exchange theory (Graen & Uhl-Bien, 1995) to examine the relevance of the principal-school counselor relationships to school counselor role definition, job satisfaction, and turnover intentions. Leader member exchange theory is an organizational psychology theory that appears to have cross over to the principal-counselor relationship. The 188 participants in the sample comprised of 80 elementary counselors, 48 middle school level and 50 high school level counselors and six other counselors that either worked in a K-2 primary school or a K-12 setting, across 23 randomly selected school districts. Findings reported that the principal-school counselor relationship and the school counselors' use of advocacy skills were comparable and statistically significant. The stronger the relationship between the school counselor and principal and the more closely that the program aligned with how counselors defined their role, the more satisfied the counselors were in their job and less likely to accept employment elsewhere.

These research findings lend empirical support for the following assertions: (a) the principal-school counselor relationship is essential to program implementation and school counselors can effect change in their role by advocating for themselves; (b) how the role is defined had implications for counselor job satisfaction and future intent to stay in the position and; (c) school counselor's use of advocacy skills was positively influenced by the quality of the relationship they had with their principal. The results continue to identify that school mental health professionals must be their own advocates to help educate the administrators, which in turn may garner support for programs and practices.

Janson, Mitltello and Kosine (2008) investigated how school counselors and principals perceived their professional relationship using Q methodology. Forty-five opinion statements were developed and sorted by 17 principals and 22 counselors. The analysis of the factors resulted in four groupings: (a) working alliance;(b) impediments to alliance; (c) shared leadership; and (d) purposeful collaboration. Results showed that while all factors contained attributes of the school counselor-principal relationships, only the purposeful collaboration viewpoint closely aligned with the national counseling model. Furthermore, the viewpoint focused on professional advocacy efforts of the school counselor and collaboration with the principal on school improvement initiatives. Finally, the study suggests the advocacy role of the counselor is critical both for the counseling position itself and for advocating for appropriate approaches that benefit children. This final conclusion is particularly relevant to the current study, as lack of administrative "buy in" may stem from a lack of understanding about the importance of a developmentally responsive approach such as play therapy.

Play Therapy Research

   The efficacy of play therapy as a viable treatment approach has been extensively studied. During the decade of 2000-2009, two meta-analyses on play therapy outcomes have been conducted, contributing to the recognition of play therapy in the larger child psychotherapy field (Bratton et al., 2005; LeBlanc & Ritchie, 2001). The earlier meta-analysis by LeBlanc and Ritchie (2001) consisted of 42 controlled studies that were identified as therapeutic play interventions in the abstract or procedure sections, used a control or comparison design, and provided sufficient statistical information. The studies were coded for analysis using the following characteristics:

Table 2.1

Study Coded Characteristics

Modality of play therapy (e.g. behavioral, child centered, filial (parent-child)

Inclusion of parents in the play therapy experience

Duration of play therapy

Gender of participants

Presenting problem of the client

Other therapies used in conjunction with the play therapy

Publication date

Source of article (journal, dissertation or unpublished document)

Published or unpublished study

Average age of participants

Random control group or comparison group

From the studies, 166 effect sizes were calculated and included in the meta-analysis. Findings concluded play therapy is an effective treatment for children (12 years and younger) with treatment groups having an overall effect size (ES=0.66), which was consistent with the effect sizes reported in earlier meta-analyses of the broader field of child psychotherapy (Casey & Berman, 1985, ES=.71; Weisz, Weiss, Han, Granger, & Morton, 1995, ES=.71). Two characteristics were significantly correlated to therapy outcome: parent involvement and number of sessions. The study combined and compared parents-as-therapist therapies (such as filial therapy where the parent is trained to be the direct provider of the intervention with their child or parent-child interaction therapy) to other therapies that did not involve the parent. The parent involved therapies resulted in performing 0.83 standard deviations better than non-treatment groups on outcome measures. Involving parents in treatment and training them in therapeutic play therapy skills clearly outperformed all other modes of play therapy.

The number of therapy sessions was also correlated to treatment outcome. Maximum effect sizes were associated with approximately 30-35 sessions and decreasing effect sizes were reported after 35 sessions. Additionally the data showed when therapy duration was less than ten sessions; a negative effect size was reported which may be explained by the common clinical experience that problem behaviors often intensify during the beginning stages of therapy. The average effect size determined in the meta-analysis (0.66) corresponded to approximately 13 play sessions. However, the researchers stressed there were insufficient data to make strong conclusions and called for more play therapy research.

Responding to that call, a more recent meta-analysis was conducted by Bratton et

al., (2005) in an effort to expand upon the initial findings of LeBlanc and Ritchie (2001). This second meta-analysis more than doubled the number of play therapy studies reviewed thereby contributing to the overall body of research. These researchers looked at 93 individual play therapy and filial play therapy (parent or paraprofessional being the direct provider of the intervention with the child) studies conducted between the years from 1953-2000. Of the 93 studies studied, 36 were conducted in a school setting, followed by 34 in an outpatient clinic. Coded characteristics included: (1) treatment modality/theoretical model used; using the broad categories of humanistic-nondirective or nonhumanistic-directive; (2) treatment provider: mental health professional versus a trained paraprofessional; (typically parents) supervised by a professional; (3) setting;(4) duration; (5) format: individual or group; (6) target problem behavior or presenting issue; (7) outcome measures used; (8) gender, age and ethnicity of child participants; (9) published or nonpublished documents; (10) design of study; and (11) source of child participants receiving treatment.

Studies included in this meta-analysis were those that the primary investigator specifically identified and labeled the intervention as play therapy, used a controlled research design and had sufficient data to compute effect size. These researchers found a large effect size indicating large treatment effect relative to control groups, regardless of whether a humanistic/non-directive approach was used or a more directive approach. Other results clearly showed that when parents, teachers or mentors are conducting play therapy sessions with the child the effect size is significant and when play therapy is conducted by the child's parents only, the largest treatment effect was reached (Bratton et al., 2005).

Findings established that play therapy is a statistically viable intervention and while humanistic approaches yielded higher outcomes than nonhumanistic outcomes, those results should be interpreted with caution. There was a large difference in the number of studies coded as humanistic (n=73) and nonhumanistic (n=12), and both treatment models are considered effective from these findings. Length of treatment and parental involvement (filial therapy) appeared to impact the outcome of play therapy. Both meta-analytic studies show empirical support for play therapy as an effective mental health treatment intervention, across settings (Bratton et al., 2005; LeBlanc & Ritchie, 2001). These effect sizes show comparable treatment effect sizes with other meta-analytic researchers who have studied child psychotherapies (Kazdin, Bass, Ayers, & Rodgers, 1990; Weisz et al., 1995). These meta-analysis studies show play therapy is an empirically and developmentally responsive treatment when the client is a young child (LeBlanc & Ritchie, 2001; Bratton et al., 2005). Furthermore, because schools have been identified as the major provider of counseling services to children (Farmer et al,.2003; Rones & Hoagwood, 2000) , an understanding of the literature on play therapy in the school setting is critical.

School Based Play Therapy

Bratton et al., (2005) further separated school-based play therapy research from the total play therapy research in the meta-analysis study. Studies in a school setting demonstrated a lower treatment effect than play therapy conducted in a clinic, residential or crisis setting. This indicates location affects treatment outcomes. The authors noted the lower number of sessions in schools may be occurring as school mental health professionals must at times limit the number of sessions in efforts to serve more children.

However, the study also noted that the average number of sessions in school settings was 8.4, which is approximately one third of the length of sessions in the clinical setting (22.4 sessions). Lower frequency of the intervention may have accounted for the lower treatment effect. These studies did not differentiate whether the children were general or special education children which may impact the number of sessions required by a student's individual education plan. This school based meta-analysis study has implications regarding administrative support both for time and job responsibilities (instrumental support). The treatment effect is clearly compromised as a result of the limits to time due to the multi-faceted expectations that the school mental health professional faces on a daily basis.

Moreover, several researchers have studied the non-directive child centered play therapy in schools to address emotional, academic and behavioral concerns in children (Baggerly & Jenkins, 2009; Blanco, 2009; Fall, Balvanz, Johnson, & Nelson, 1999; Fall, Navelski, & Welch, 2002, Garza & Bratton, 2005; Packman & Bratton, 2003). Fall et al., (1999) using a randomized control group design with 62 children between the ages of 6 and 9, explored the efficacy of six, 30-minute nondirective play therapy sessions implemented by elementary school counselors trained in nondirective play therapy. Teachers reported increased learning for 67% of the children receiving the intervention. The research findings suggested that 30 minutes of non-directive play therapy over six sessions can positively impact a child's perception self-efficacy, which may potentially help a child with positive choices and decision making during their school experience (Fall et al., 1999). Because the primary mission of schools is education and learning, tying play therapy to academic achievement is critical to gain increasing support and

relevance for administrators.

Fall et al., (1999) conducted a second study on children who qualified for special education by conducting a randomized no-treatment control group design. The sample comprised of 66 participants from ages 6 to 10 with 36 children in a brief child-centered play therapy group and 30 children in the no-treatment control group. The experimental group received 30 minutes of child-centered play therapy, once a week for 6 weeks. The researchers were interested in studying if the play therapy intervention would effect change in the children's self-efficacy behaviors, social concerns, anxiety and classroom behavior (Fall & McLeod, 2001). Findings in this study resulted in children from both groups showing improvement in self-efficacy as measured between group and disability, age and self-efficacy, and behavior and age. These findings did not support a relationship between six sessions of child-centered play therapy and an increase in the self-efficacy of children classified as special education students. This is in contrast to the previous study by Fall, Navelski, and Welch (2002) with similar age children not identified for special education where a significant relationship did exist. Researchers discussed that the non-directive child centered approach may not provide the needed level of adult direction that this population of children with special education needs may require. More directive play therapy approaches could continue to be researched in the school setting to substantiate or refute this finding and thereby provide empirical evidence of the efficacy of a more directive play approach with specific populations. Given many children identified with special needs may also be identified for responsive counseling services provided by the school mental health professional, support for training (informational support) in multiple approaches to play therapy is important to articulate to the school administration.

Play Therapy and Mental Health Professionals

The research committees from the Association for Play Therapy (APT) and the American Counseling Association (ACA) sponsored a joint investigation of mental health providers of play therapy and what they were providing (Lambert, Leblanc, Mullen, Ray, Baggerly, White & Kaplan, 2005). The purpose of the project was to expand the research base of those who identify as play therapists and/or those who use play therapy. Comparisons of participant's membership in ACA or APT were made through a survey that looked at training, supervision, theoretical orientation, work setting, and play modalities used. Surveys were obtained from 978 participants, representing all 50 states, several Canadian provinces and other overseas locations, with less than two percent of the respondents from outside of the United States. Using descriptive and inferential information, the study reported differences between ACA and APT members in terms of their training, supervision received, and practice. Results showed APT members engaged in significantly greater amounts of continuing education in play therapy when compared to play therapists that belong to ACA. Respondents were asked to choose a primary professional identity, and the majority identified as professional counselors (45.00%), next social workers (20.50%) and school counselors (9.80%).

This study shows the lack of specifically trained mental health professionals working in school settings, yet it is estimated that 70 to 80% of mental health services for children are provided in schools (Burns, Costello, Amgold, Tweed, Dalene-Stangle, Farmer & Erkanli, 1995). With a growing number of children experiencing both emerging and diagnosed mental health needs and schools identified as critical delivery settings, play therapy is not being utilized in schools to the full extent of its possibilities

(Bratton, 2010; Ray et al., 2005).

Barriers to Providing School Counseling Services

With the impact of No Child Left Behind legislation of 2001 (U.S. Department of Education, 2002), Dollarhide and Lemberger (2006) used a qualitative study to survey 210 school counselors to explore both positive and negative effects of this legislation on their counseling programs, their knowledge about the legislation, and if they had a role in the testing process. Open ended questions were developed and the survey was administered on-line. Results indicated 72% of the school counselors felt they had general knowledge, and listed the legislations positive effects as more data driven information to guide school improvement efforts, while negative effects included stressed teachers and discouraged students. More specifically, responses included reluctance of teachers to give up class time for counseling or developmental curriculum, testing as a deterrent to counseling, and the focus on academics to the exclusion of social and emotional needs of students. Researchers recommended that these results support the need for counselors to use data themselves at the school, district, and macro-level to advocate for their programs and to communicate a holistic approach to student development. The data from this current study will help contribute to that effort by informing the field regarding the meaning of administrative support for using play therapy, an empirically supported treatment.

Scarborough & Culbreth (2008) examined discrepancies between actual and preferred practices of 361 school counselors across elementary, middle and high school levels, resulting in findings that measured perceptions of organizational support, as well as outcome expectancy of self-efficacy. In this quantitative study outcome expectancy of

self-efficacy was described as the belief that certain behaviors will lead to specific outcomes. Results support discrepancies between actual time spent and the way they would like to spend time, with high school level counselors least likely to be practicing in the way they preferred, and elementary level counselors most likely to be practicing how they preferred. Years of experience also figured in the results, with more experienced counselors practicing in ways they preferred. Additionally, school counselors were more likely to be engaging in tasks if they believed that the tasks led to particular outcomes and if they felt the organizational system of the school also supported their tasks. This study quantitatively looked at organizational support, time, tasks, and self-efficacy, resulting in findings that validate the importance of organizational support.

Barriers to Providing School Based Play Therapy

The beliefs, perceived barriers and methods of play therapy delivery by elementary school counselors was studied by Ebrahim (2008). This quantitative study examined the use of play therapy by elementary school counselors, their beliefs regarding play therapy, their sense of perceived barriers to implementing play therapy, and the methods used to overcome those barriers. Other goals of the study were to determine if relationships existed between school counselors' use of play therapy and their level of education, formal training in play therapy, membership in the Association for Play Therapy, gender and type of school (non-public and public). Descriptive statistics results showed that 78.8 % used play therapy and 57.1 % used it often or sometimes, with about 10% using it always or almost always. Females and males showed no difference in use and no statistically significant correlations were found between level of education and whether they used play or not or level of education and the extent to which they use play

therapy. No statistically significant difference was found between school type (public and non-public) and whether or not they used play therapy. A statistically significant positive correlation was found between the number of graduate level play therapy courses and whether or not they used play therapy and the number of courses and the extent to which play therapy was used. This finding suggests that the more play therapy coursework taken, the more likely the counselor was to use play therapy and the extent to which they used this modality increased.

Although the elementary school counselors surveyed in this study seemed to believe that play therapy was useful to their students, and an overwhelming majority used it, they also reported several barriers to implementing play therapy including a lack of time, space, training, resources, and support and/or understanding from parents, teachers, or school administrators. When asked to list the top three barriers to implementation, lack of time was listed by almost half of the participants (48.5%), lack of training or experience in play therapy (18.9%), lack of space (7%), lack of resources or equipment (6.1%), and lack of support/understanding from parent, teachers and administrators (5.3%). Seven percent of the participants listed other barriers they considered to be the greatest, including having trouble getting access to students, school's primary focus on academic achievement/test results, play therapy not fitting into the model of school counseling, lack of supervision or appraisal support, administrators having different priorities and several others.

Although 77.2% felt they had administrative support to conduct play therapy, and 65.7% felt the faculty supported their use, only 57.4% of the respondents strongly agree, agree, or somewhat agreed that the educational faculty understood what they are doing

when they conduct play therapy, and fewer (55.1%) felt that the administration understood. These findings add to the varying results of other studies in the literature regarding the lack of administrative support and how counselors perceive administrators and teachers as barriers to implementation (Shen, 1998, Ray et al., 2005). Furthermore, given the identified barriers to implementation, only (27.3%) said that they had found ways to overcome barriers, reporting using their own money to purchase play therapy toys and materials, and educating administrators, parents, and teachers through sharing play therapy related written materials. Finally, this study suggested more qualitative research might shed light on ways the counselors have been able to overcome perceived barriers and recommended additional research on the efficacy of play therapy by elementary school counselors (Ebrahim, 2008). This study informs the current study as it identified descriptors of all four domains of administrative support (emotional, instrumental, informational, and appraisal) yet did not categorize these barriers under the House's (1981) theoretical lens. The current study used the four domains of House's (1981) social support theory to further understand administrative support.

Ray et al., (2005) also used a quantitative survey method to examine elementary school counselors' play therapy training, use of play therapy, beliefs about children and factors that limit their use of play therapy. Although the elementary school counselors surveyed appeared to believe in the value and utility of play therapy, primary barriers to implementation were identified, including lack of time available and lack of training in play therapy. Regarding training, 67% indicated they had no coursework in play therapy, 21% indicated one university level play therapy course and 12% reported taking two or more courses. Analysis of data revealed that the relationship between formal training in

play therapy and use of play therapy was significant. Fewer than 2% listed a belief that play therapy was ineffective. While 70% listed lack of time as a limiting factor in using play therapy, the relationship between lack of time and the number of hours using play therapy was not statistically significant. Other barriers listed such as lack of space, supplies, administrative support and non-counseling duties did not reach statistical significance. Researchers noted a surprising finding in that counselors did not identify a lack of administrator support if the counselor could concentrate on receiving play therapy training and spend more time on direct counseling duties. This study while inconsistent with results from other studies that have identified a lack of administrative buy-in or support helps inform the current study by exploring how counselors actually advocate for more play therapy training or prioritize direct counseling time over other tasks. This study also identified several barriers that were further examined through the specific domains of support by Littrell et al. (1994), for example: space, materials, and time (instrumental support); training (informational support); and acceptance (emotional support).

Shen (2008) surveyed 239 Texas public school counselors to understand the reasons for use or nonuse of play therapy. This exploratory study looked at both secondary and elementary level counselors using quantitative survey methodology. Using descriptive statistics, Shen's findings supported earlier findings that elementary school counselors are supportive of play therapy because of positive reasons, including (a) intervention advantages; (b) philosophy of the counselor; (c) rewarding counseling outcomes; (d) convincing empirical data; and (e) support of parents and teachers. In contrast, counselors may avoid the play therapy approach because of (a) lack of training

and confidence; and (b) lack of time and budgetary resources. The implications in Shen's (2008) study advances the need for more research in this particular area, as if a greater understanding of how school mental health professionals experience administrative support can be explored, the receptiveness to play therapy usage from administrators may continue to increase.

Similarly, Berkowitz (2005) surveyed 134 school psychologists to investigate the use, prevalence, and efficacy of play therapy in schools. Results showed 40% of the psychologists used play therapy. Using statistical procedures, there were no statistically differences found for demographic variables of age, gender, degree, preschool, elementary, or high school in their response to play therapy usage. Respondents when asked if play therapy is effective for a school setting, an 85% acceptance rate indicated that although there were a large number of respondents who do not use play therapy, they still felt it was an appropriate treatment approach to use in the school setting. In order to better understand why practitioners wouldn't use play therapy, the survey presented eight possible barriers. The top results were lack of time (62%), lack of training (31%), lack of space (28%) and lack of administrative support (22%). Specifically this study addressed lack of administrative support by asking if the practitioner's administrators accept the use of play therapy. The response indicated that generally administrators seem accepting of the use of play therapy however other factors relative to resistance existed including resistance from teachers and parents. The researcher concluded that an increase on play therapy workshops may prove to be effective, and increased administrative support might ease play therapy implementation in the school setting. Furthermore, the researcher concludes that a lack of administrative support may be due to a lack of knowledge, and

suggested that if administrators came to recognize and support the positive effects of play

therapy for children, then perhaps issues such as lack of space and time to practice might

be solved by the administrators themselves. The final summation of the study and the role

of administrative support are critical to the conceptualization of the present study.

Administrative support through the specific domains of instrumental, informational,

appraisal and emotional support had yet been applied to the field of school based play

therapy. Taking a theory that was built around administrator support of teachers and

applying it to school mental health professionals extends the theory, thereby adding to the

field of research.

Qualitative Inquiry

Qualitative inquiry seeks to understand the meaning of a particular phenomenon

by exploring the experiences of individuals or groups (Creswell, 2007). In some cases the

use of a theoretical lens can be applied in qualitative research to inquire into the meaning

ascribed to a certain social or human problem (Creswell, 2007). The phenomena of

interest in the present study was the concept of administrative support through the

theoretical lens of House's social support theory (1981) adapted by Littrell et al., (1994)

that include, informational, emotional, instrumental and appraisal support. Because an

existing theory of administrator support already exists and this study sought to extend the

theory to a different population, a directed content analysis approach was deemed

appropriate.

Directed Content Analysis

The purpose of the directed content analysis approach is to validate or extend an

existing theory or conceptual framework. According to Hsieh and Shannon (2005)

directed content analysis is appropriate to use when prior research or an existing theory about a phenomenon would benefit from application in different contexts. While initial analysis starts with the categories from the theory or conceptual framework, directed content analysis also allows for additional themes to emerge from the data (Hsieh & Shannon, 2005). Because the present study was designed to explore conceptualizations of administrative support from the perspectives of school mental health professionals using the four domains of support from House (1981) and Littrell et al., (1994), the directed content analysis method was well suited for the methodology design (Hsieh & Shannon, 2005).

Summary

This literature review summarizes the major research related to play therapy in elementary schools, including barriers to implementation. The importance of the relationship between the administrator and the school mental health professional practicing play therapy was reviewed to highlight factors that support and limit implementation. Because administrators and school mental health professionals both have potential to shape, influence and advocate for counseling programs, a relationship of support is critical. Furthermore, play therapy may fill the need to help the ever growing number of young children with mental health needs (Bratton, 2010, U.S. Public Health Report, 2000).

Administrative support has been studied for teachers, special educators, speech pathologists, librarians, and counseling professionals in general (Billingsley,1993; Littrell et al.,1994; Oberg, 1996; Quinn & Andrews, 2004; Schetz & Billingsley, 1992) however, no studies to date were located that specifically target the school mental health

professional who practices play therapy and how the mental health professional describes administrative support.

In the last decade, meta-analysis studies (Bratton et al., 2005; LeBlanc & Ritchie, 2001) have shown the efficacy of play therapy as a developmentally sensitive treatment for children, across a variety of presenting child issues as demonstrated in several studies (Baggerly & Jenkins, 2009; Blanco, 2009; Fall et al., 1999; Fall, Navelski, & Welch, 2002, Garza & Bratton, 2005; Packman & Bratton, 2003). Despite play therapy's efficacy, a small number of studies have identified barriers to the use of play therapy, particularly in the school context (Berkowitz, 2005; Bratton, 2010; Ray et al., 2005). Lack of administrative support is listed as one play therapy barrier, however with varying results, showing a need for further study (Berkowitz, 2005, Ray et al., 2005, Shen, 2008). If one accepts the position that both the school administrator and the school mental health professional may have influence over counseling practices and programs in the school setting (Ameatea & Clark, 2005; Dollarhide, Smith, & Lemberger, 2007) then making meaning of the concept of administrative support from those professionals who are practicing play therapy is extremely valuable.

Therefore this present study is timely as the identified crisis in children's mental health services is now. The recognition that schools are where children receive services provides a sense of urgency. Children arrive at school every day in need of services, and deserve empirically based and developmentally sensitive interventions. Yet, play therapy is not being utilized in schools to the full extent of its possibilities (Ray et. al., 2005). Therefore, more research is necessary to learn about administrative support for play therapy which is situated in the relationship between school mental health professionals

and administrators. As more empirical research is conducted by school mental health professionals, we may gain a deeper understanding of how administrators support or inhibit the practices of play therapy by school mental health professionals. This study ultimately examined the concept of emotional, appraisal, instrumental and informational dimensions of administrative support, in an effort to bring the developmentally responsive counseling approach of play therapy to more young children in need of mental health services.

Chapter Three: Research Design and Methodology

Introduction

This chapter summarizes the research design and methodology used in the study. The chapter will describe the rationale for the research methodology, selected population, data collection instruments and analysis procedures. The purpose of the study was to explore the experiences and perceptions of administrative support from the perspectives of elementary school mental health professionals (counselors, social workers and psychologists) known to use play therapy. Specifically, the study looked at how school mental health professionals describe administrative support, types of specific supportive behaviors exhibited from administrators, and if administrative support is an important factor in play therapy utilization.

Statement of the Problem

Schools are seeing an increase the counseling needs of young children, as it is estimated that one in five children in the United States arrive at school experiencing stress from emotional, social, mental, and behavioral difficulties that impact their ability to learn (Ameatea & Clark, 2005; Committee on School Health, 2004; U.S. Public Health Service, 2000). Regrettably only 20% to 25% of school-age students receive the mental health services they need (New Freedom Commission, 2003) and of the 75% of the children who do actually receive services, those services will be provided by a school based mental health professional (Farmer et al., 2003; Burns et al., 1995; Foster et al., 2005; Rones & Hoagwood, 2000; U.S. Public Health Services, 2000). These figures

point out the fact, that school mental health professionals play the primary role in addressing the mental health needs of young children (New Freedom Commission, 2003; National Research Council and Institute of Medicine, 2009).

When a child in need of mental health services is between the age of four and ten, play therapy may be considered as a developmentally responsive and empirically supported intervention (Baggerly, Ray & Bratton, 2010; Bratton, 2010; Reddy, Files-Hall & Schaefer, 2005). Despite the popularity and effectiveness of play therapy as a counseling method for young children, barriers exist to utilizing the treatment in the elementary school setting. Several studies have identified both individual and systemic challenges which indirectly or directly influence the administrator-school mental health professional relationship and specifically administrator support (Berkowtiz, 2005; Ray et al., 2005; Shen, 2008). Because support is situated in the relationship between these two parties, understanding the role of the administrator in creating an environment of support for play therapy is greatly needed. At this time the literature does not contain a qualitative exploration of administrative support for elementary school based play therapy. Understanding the phenomena of administrative support from the perspective of the school mental health professional has the potential to inform educational leaders who seek to facilitate empirically supported treatments in order to improve outcomes for young students at risk.

The purpose of this current qualitative study was to develop an understanding of the experience of support that school mental health professionals have in providing play therapy in the elementary school context. The theoretical framework of House's (1981) social support theory, adapted by Littrell et al., (1994) for educational settings guided the

study.

Research Questions

    1. How do public elementary school mental health professionals experience and describe the support they receive for play therapy from their administrators?

    2. How important is the role of the administrator in creating an environment of support for play therapy services?

The General Perspective: Qualitative Inquiry

In qualitative inquiry, the researcher seeks to understand or describe a phenomena of interest from the views of the participants who are directly involved (Creswell, 2007). Qualitative approaches are exploratory and useful when the research has not been addressed with a certain sample or group of people (Morse, 1991). Qualitative research is from a naturalistic paradigm where the research is conducted in a natural setting and typically involves detailed and rich descriptions of human opinions, perceptions or behaviors (Creswell, 2007). Qualitative research is an emergent endeavor, where the researcher starts with general research questions, but remains open that the data may lead in unanticipated or new directions (Charmaz, 2004). While several play therapy studies have identified lack of administrative support as a potential barrier, little more is known beyond that. The phenomenon of administrative support or lack of support has not been explored or described in ways that may impact change.

A qualitative directed content analysis methodology was used because this approach to inquiry starts with an existing theory or conceptual framework to guide the methodology. The broader method of qualitative content analysis was developed primarily in the fields of psychology, sociology, and anthropology. Hsieh and Shannon

(2005) identified three types of qualitative content analysis, including conventional, summative, and directed. The researcher using conventional content analysis examines and condenses raw data into categories or themes and then draws inferences or interpretations from the data presented. Summative content analysis involves the counting of content or words and then the researcher forms an interpretation from the process of this quantifying the data.

The third approach and the one used in this study was directed content analysis. The purpose of the directed content analysis approach is to validate or extend an existing theory or conceptual framework. According to Hsieh and Shannon (2005) directed content analysis is appropriate to use when prior research or an existing theory about a phenomenon is incomplete and would benefit from further description or application in different contexts. The initial process of coding starts with theoretical categories, but directed content analysis also allows for additional themes to emerge from the data.

Because the present study was designed to explore conceptualizations of administrative support from the perspectives of school mental health professionals using the four domains of support from House (1981) and Littrell et al., (1994), a directed content analysis method was appropriate (Hsieh & Shannon, 2005). Often qualitative research is thought of being inductive in nature, however there is another school of thought that argues the case of qualitative research can be both inductive and deductive or some combination (Mayring, 2000). This current study was both inductive and deductive, considering while a theoretical lens was used throughout the study, the researcher remained open to themes and categories that extended beyond the theoretical support domains.

Research Context

The research context consisted of thirteen public elementary schools in Maine and New York. The distribution included schools that would be classified as rural, suburban, and urban using the classification definitions from the U.S. Department of Education, Institute of Education Sciences, and National Center for Educational Statistics (2011). Demographics of the specific schools are included in Chapter 4.

Research Participants

The study population included thirteen elementary public school mental health professionals known to use play therapy. Adelman and Taylors (2006) definition of a school mental health professional includes master level school counselors, social workers, psychologists, or community professional therapists hired to provide expanded school-based services. The school professionals were selected by their geographical proximity to the researcher, or "convenience sampling" (Creswell, 2007). However, criterion sampling was also used which is common in qualitative studies (Creswell, 2007; Patton, 2002). Participants were selected based on the following inclusion criteria: (a) having worked as an elementary level school mental health professional for a minimum of five years; (b) self-identification of using play therapy in their work with young children and; (c) completion of a minimum of one graduate level course in play therapy or at least 45 hours of play therapy training. The researcher felt five years of experience allowed ample experience with administrative support or non-support for play therapy. Both credentialed (Registered Play therapists/Registered Play Therapist-Supervisors) and non-credentialed play therapists were included in the study as the focus was on perceptions and experiences and not necessarily skill level or competence in play therapy.

The participants were called on the telephone and asked to participate in the research project. Once inclusion criteria were established, the purpose of the study was explained. Once the participant agreed to participate, written consent was obtained prior to data collection. A letter outlining the purpose of the study and informed consent was completed prior to the interview and every participant received a hard copy of the consent form for their records. At the beginning of the interviews, each participant completed a demographic information form which included information on the participant and the current school where they were employed. This information is described in detail in the following chapter. The interviews took place at schools or at mutually agreed upon locations.

Instruments for Data Collection

Interview protocol questions were developed to be open ended rather than multiple choice to more fully understand how school mental health professionals experience administrative support. The four domains of support (House, 1981) were considered in the questions prepared for the interview protocol to guide predetermined categories (Hsieh & Shannon, 2005). The interview protocol is presented in the Appendix section.

The nature of data in a qualitative study often uses personal experiences, stories, images, and perspectives as the starting point (van Manen, 1990). Multiple data sources were used to document the practices of school mental health professionals regarding their experiences of play and play therapy. The typical method of data collection for qualitative research is interviews with individuals who share a similar experience (Creswell, 2007). Sources of data for this study included semi-structured interviews,

direct observations, a demographic information document, field notes and a reflexive

journal. Field notes were hand written to capture observational data and the reflexive

journal was kept to collect the researcher's feelings, thoughts, and personal reactions to

the participant's stories (Bogdan & Biklen, 1992; Creswell, 2007).

Procedures for Data Collection

A pilot study of two school mental health professionals was conducted to help test

and refine the interview questions and to make necessary modifications prior to data

collection. Play therapists who met the same criteria as study participants were used in

the pilot study and then used as part of the overall data. Each study participant was asked

to set aside 60 to 90 minutes for an interview. All interviews were conducted face to face,

one-on-one.

Interviews were captured on two digital voice recorders and field notes were

taken to document information. The researcher also made direct observations of the

physical and emotional behaviors of the participants and recorded this data by writing

field notes. After each interview, the researcher wrote in the reflexive journal to

document personal reactions to the participant's stories.

All audio tapes were transcribed using a professional transcriptionist. Interview

recordings were listened to twice and transcripts were read three times while making

notes and memos. When questions required further clarification, member checking

occurred to ensure understanding of data. Transcribed interviews were then entered into

the qualitative software program, Atlas.ti 6.0 (2011) for open coding and analysis.

Data Analysis

Prior to beginning the individual interviews, a list of preliminary codes taken

from the conceptual framework of House (1981) and Littrell et al., (1994) and research questions were devised to help with simplifying the data collected during the interviews. Many of the "a priori" codes (Miles & Huberman, 1994) were taken from the descriptions of administrative support by both House (1981) and Littrell et al., (1994).

After the interview data was transcribed, the researcher went through the interview transcripts in a process called horizonalization, which involved highlighting "significant statements" sentences that provided an understanding of the primary and sub-questions. Hsieh and Shannon (2005) suggest that in directed content analysis if the research question is to identify and describe or categorize all instances of a particular phenomenon, such as administrative support, then it would be helpful to highlight all text that on first impression appears to represent support. Furthermore, any text that does not fit within the coding scheme will be given a new code. Using the pre-determined codes of the four domains of support, clusters of meanings or themes from the significant statements were examined (Creswell, 2007).

Categorizing and chunking of the data was conducted using the four support dimension descriptions first within each dimension and then across dimensions. As initial themes emerged, a word frequency count was conducted. Metaphors were specifically looked for in the participants' narratives to describe the experiences of the participants. As themes in the data emerged, conclusions about categories were made as part of an iterative process.

Next the themes were manually transferred onto index cards using a technique described by Maykut and Morehouse (1994), and analyzed for linkages across the different support dimensions or relationships between themes. Blending both manual card

processing (Maykut & Morehouse, 1994) with Atlas.ti 6 software query tools provided further immersion in the data. Objectivity in the analysis was also considered by sharing the initial categories and themes with two professors competent in qualitative directed content analysis. Their suggestions helped clarify the organization of the coding structure, bringing new light into deeper meanings, connections, and exceptions.

Verification Procedures

Trustworthiness in qualitative research is what reliability and validity are in quantitative research. Lincoln and Guba (1985) included features of credibility, transferability, dependability and conformability. To ensure credibility, member checks and triangulation were used. Member checks involved checking with a small number of participants to ensure clarity with participant's perspectives and voices (Stringer, 2004; Lincoln & Guba, 1985). Triangulation was utilized by comparing multiple methods of data collection including observational data with verbal data, researcher notes, and the reflexive journal.

Transferability in qualitative research is to "provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (Lincoln & Guba, p. 316). Detailed descriptions of the participant's experiences are included in the data interpretation.

Dependability involves consistency of results over time and across other researchers (Lincoln & Guba, 1985). This was met by consulting with more experienced qualitative researchers during analysis and with a critical peer knowledgeable about play therapy that helped the researcher debrief and served as an external check of the process.

Confirmability assumes that the findings are reflective of the participants and the

personal bias of the researcher (Lincoln & Guba, 1985). Using the suggestion of Creswell (2007) the researcher continually reflected upon this aspect during the study. The use of the reflexive journal to record thoughts, feelings, and perceptions was helpful during the process. Additionally, in the case of directed content analysis a limitation of overemphasis on the theory may blind the researcher and to prevent this, consultation with more experienced qualitative researchers during analysis and the use of a critical peer was helpful in addressing this limitation.

Protection of Human Subjects

Participants in this study were adult mental health professionals who gave informed consent to participate. Interviews were conducted at neutral locations. Audio transcripts were transcribed by a professional service and all written or audio recordings were locked and secured for the duration of the study. All identifying information, including names, work setting, and identifying details have been removed to protect the confidentiality of the participants.

Summary

This chapter provided a brief overview and rationale for the use of a directed content analysis qualitative methodology, the research context, and participants. The chapter presented descriptions of data collection instruments and procedures utilized that were most appropriate for the research questions and data analysis. Finally, verification procedures were described and reviewed as a method to increase the trustworthiness of the findings in this study. By following systematic procedures for collecting and analyzing data, guided by a theoretical model, the study contributes to the fields of play therapy and education, ultimately increasing play therapy services to young children.

Chapter 4: Findings

Introduction

This purpose of this study was to understand how public elementary school mental health professionals experience and describe the support they receive for play therapy from their administrators. Understanding the relational support between administrators and school based mental health professionals has the potential to inform educational leaders who seek to infuse social, emotional, and mental health needs of children into the overall educational mission of education. Qualitative data were collected through semi-structured interviews with thirteen participants, using open-ended questions based on the conceptual framework of social support, a theory developed by House (1981) and later modified by Littrell et al., (1994) to educational settings.

Core Categories

The four specific support dimensions: (emotional, appraisal, informational and instrumental), provided the concepts used in the initial coding of the data. While this theoretical framework guided the study, the researcher remained open to other possible themes that emerged from the participants. Next, using a constant comparative process, themes were derived across interviews, research field notes, and memos. Analysis was first conducted within each of the four dimensions and then across dimensions. Several prominent themes emerged under each dimension. Additionally, a fifth category emerged which was identified as *Acceptance*. In this chapter, categories, subcategories, and themes are presented through the experiences of the participants.

The order in which data is presented does not suggest an emphasis on any one category, but represents how the study sought to answer the two research questions posed in Chapter 1: (a) How do public school mental health professionals experience and describe the support they receive for play therapy from their administrators? and (b) How important is the role of the administrator in creating an environment of support for play therapy services?

The school mental health professionals who participated in this study, spoke at length about the relationship with their administrator (typically, the building level principal) in a more holistic manner rather than specific to only play therapy support. Participants viewed play therapy support to be nested in the overall support they received or did not receive, and the resulting positive and negative impacts experienced. Adapting to system constraints while making personal sense of where they fit within the changing educational context is explained in this chapter.

Throughout the discussion of the findings and summarized in Table 4.3, core categories, subcategories, and themes will be presented. Additionally, quotations that appear will be followed by each school mental health professional's assigned number (#) and the page where the comments appear in the transcript. For clarity, themes have been numbered.

Participant Demographics

Thirteen mental health professionals from the states of Maine and New York were interviewed including seven licensed social workers and six certified school counselors. Participant demographics are presented in Table 4.1. All thirteen participants reported being Caucasian and ranged in age from thirty two to sixty one years. Three participants

did not report their age. Twelve of the participants were female and one was male. Years

of experience in an elementary school setting ranged from 6 to 26, with a mean of 14.8

years. The credentials held by the participants included four school counselors, one

licensed professional counselor, one licensed professional counselor-conditional, five

licensed master social workers, one licensed master social worker-conditional, and one

licensed clinical social worker. Three of the participants had further obtained specialized

credentials of either a certification in child centered play therapy or registration as a play

therapist supervisor through the National Association for Play Therapy.

The level of training in play therapy varied across participants, although all met

selection criteria outlined in Chapter 3. All participants had completed both coursework

and workshops in a variety of different play therapy orientations. During the interviews,

the participants often referred to the child centered play therapy approach. While there

are several theoretical approaches to play therapy, the child centered approach has been

widely studied and researched. Virtually all play therapy research studies published in a

professional journal since the year 2000 studied the child centered approach or the filial

play therapy orientation, which teaches parents to use a child centered play therapy skills

with their own children (Baggerly, Ray & Bratton, 2010). This finding also matches the

results of the survey of the Association for Play Therapy members that indicated the

majority of its members subscribed to the child centered approach (Lambert et al., 2005).

The demographics of the schools and student population are presented in Table

4.2. The student population where the participants were currently employed ranged from

98 to 670 students with a mean of 320 students. The schools were located in

communities that represented four rural settings, three suburban, four small urban, and

three large urban. One counselor currently worked in two schools and was counted in both the rural and suburban categories.

The percentage of children seen in play therapy who were identified for special education ranged from 5% to 80% with an average of 30%. This figure should be interpreted with caution, as the caseload of several school social workers were primarily only children who received special education services, while other participants' caseload was balanced between serving children from both special and regular education. Participants reported they used play therapy as an intervention in their work with individual children and small groups of children. A small number of the participants reported using play therapy materials when they taught social and emotional guidance lessons with an entire classroom of children.

Table 4.1

Demographic Characteristics of Participants (N=13)

Characteristic	n	%
Age (years)		
30-39	2	15
40-49	1	7
50-59	4	30
60-69	3	23
Not reported	3	23
Ethnicity		
Caucasian	13	100
Gender		
Female	12	92
Male	1	7
Years employed in education		
10-20	11	85
20-30	2	15
Credentialing		
School counselor	4	30
Licensed professional counselor	1	7
Licensed professional counselor conditional	1	7
Licensed master social worker	5	38
Licensed master social worker conditional	1	7
Licensed clinical social worker	1	7
Secondary play therapy credential		
Registered or certified play therapist	3	23

Table 4.2

Demographic Characteristics of Schools

Characteristic	n	%
Community type		
Rural	4	30
Suburban	3	23
Small urban	4	30
Large urban	3	23
Student census		
<100	1	7
100 - 300	3	23
301 - 500	7	53
501 – 700	2	15
Children with special education receiving play therapy		
5-20%	8	61
21-40%	2	15
41-60%	0	0
61-80%	1	7
Not reported	2	15

Participants reported the use of a variety of play therapy materials, including sand trays, puppets, art materials, dollhouses, blocks, clay, and games as they described the materials and resources available to provide play therapy in the school setting.

Emotional Support

       The first theme that emerged from the subcategory of responses expressed by administrators was "trust in expertise." All thirteen participants in this study felt their administrator trusted them as having the expertise to decide what interventions to use in their role of counseling children, which included the use of play therapy. While the level of trust varied, most participant's experienced administrative trust to practice play therapy despite feeling their administrator had minimal knowledge about how play therapy worked or how it supported children's learning. One participant, reflecting over her entire career which involved working with several different administrators, commented "Most of them kept their distance about my work with children and they trusted what I did" (#10, p. 4)

       Another participant described her administrators support for play therapy in this way:

> She obviously came into my office so she could see that I did play therapy and she was fine with that. She didn't ever ask me how I worked with kids, that really wasn't her concern as long as she felt like I knew what I was doing and she was getting the desired result.

Table 4.3

Summary of Categories, Subcategories and Themes

Category	Subcategory	Themes
Emotional	Expressed by administrator	*Trust in expertise (#1)* *Minimal communication (#2)* *Valued autonomy (#3)*
	Expressed by self	*Sharing with a selective few (#4)* *Being a guest (#5)*
Appraisal	Evaluation Process	*Informal, formal, and incongruent (#6)*
	Supervision	*Differences in administrative and clinical supervision (#7)*
Informational	Professional Development	*Beyond workshops: A desire for clinical supervision* (#8)
	Communication	*Support for mutual learning, problem solving, and information exchange (#9)* *Lack of communication (#10)*
Instrumental	System Constraints Role Differences	*Time, space, budget (#11)* *Expectations and limits (#12)*
Acceptance	Adapting to Change	*Finding balance (#13)* *Changes in systems and in the culture of childhood play (#14)*

I mean truly administrators have so many millions of things to do that I think that if they have a school counselor or some other person functioning in their building who really isn't directly needing to be supervised like a teacher, I think that they are just relieved, and they tend to just let you do your thing as long as you are doing a good job. (#8, p.6)

Another participant noted "They see the purpose of what I am doing, they just might not know exactly what I am doing to get there" (#5, p. 5). The importance of being trusted in expertise, accompanied with the associated freedom to make judgments based on their professional training was of great importance to the participants. For many, trust was closely braided with feeling valued, as described by one mental health professional:

> If you have an administrator who trusts you and maybe doesn't even understand what you are doing but just values you as a counselor and as an individual, and lets you have the freedom to do things in the way that you have been trained, and in the way that you believe, that's critical (#8, p.17).

Administrator support for play therapy utilization, without really understanding play therapy took different paths for participants. Participants weren't always sure if the distance kept from the administrators was because of a lack of time, lack of interest, or that their administrators honored the confidentiality that accompanies the work of counseling. One school mental health professional shared administrator support for play therapy as:

> Trust…knowing that I am doing best practices for the kids that I am working with because there is not really a lot of interest or maybe appreciation in the work. I think they might appreciate in their own way by saying "keep doing what you are doing, you are doing a great job whatever it is"… but they don't really necessarily have knowledge of what I am doing."(#5, p.5)

Participants shared that their administrators rarely asked or questioned their use of play therapy and conversely only a few participants had shared their own theoretical orientation to play therapy with their administrator or educated their administrators about

their use of play therapy with the students. This is illustrated by comments such as "We've never discussed it" (#1, p.6), or "I don't think they understand it very well, because they are not observing it and I am not talking about it with them either (# 4, p.9), or "I think there is probably a lack of knowledge, which could come from me teaching them, but there is not always time to do that (#5, p. 17).

Exceptions to not communicating with administrators did exist. One participant shared:

I told the principal the way I like to work with students. I shared a tape on play therapy with both her and another special teacher because I wanted them to have some sense of the individual work that I do with kids. Often times, people want me to do more groups, which I was willing. I'm also willing to do back to back individual sessions all day long or after school, because my experience, even with group is it's just not meeting the strong needs of these kids in an urban setting. I just don't think they are at a place where you can just teach social skills; because they have so many other needs that come first and foremost. (#2, p.3)

Another participant shared, "I'm bringing toys with me everywhere I go…I'm using play in all different aspects. My administrator understands the importance of play therapy and how it can change the emotional state of a classroom, as well as the emotional state of kids" (#13, p.6, 17).

While several participants credited their administrators with a basic understanding of the value of play for young children given their early childhood educational backgrounds, or from being knowledgeable parents, most participants felt that the techniques, skills, or connections between play therapy goals and learning outcomes were

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relatively unknown or misunderstood. In fact, play therapy was presented by several

participants as some type of mysterious intervention that occurred once the counseling

door was closed. One participant shared when thinking about the administrator, "I suspect

that to some degree she sees it as some sort of hocus pocus, and if it makes them learn

better, fine" (# 9, p.5). Another participant noted:

> He had a great deal of trust in the people he hired to do the job in school. I think
>
> he thought there was mysterious magic made behind my door. He rarely
>
> questioned me about my work behind my closed door. (# 1, p.4)

This "magic behind the closed door" metaphor coupled with the core ethical

responsibility of confidentiality in counseling relationships, seemed to contribute to the

lack of communication about the play therapy process. Embedded in the metaphor is the

recognition that what occurs in play therapy is magical and difficult to describe. It may

also reflect a deeper feeling or realization that the counselors may not always understand

the child's process in play therapy themselves, which makes it difficult to articulate with

others. This ability to be "comfortable in the gray" or ambivalence of "trusting the play

therapy process" is a skill that some mental health professionals find more difficulty with

than others (Landreth, 2002).

One participant described that she intentionally did not use the term "play

therapy" with school personnel as she felt the connotation of the word did not align with

the current climate which valued and focused on using strategy driven and result oriented

language of educators:

> I probably don't even use the words play therapy very often with teachers. I will
>
> with parents because that is really the message I am trying to get across to them

that this method for five and six year olds is going to be the best and if you are looking for a counselor outside, it should be someone with play therapy training and experience … but I don't often even use that while I am talking to teachers or to the child study team. It may be intentional because we are talking about just wanting results and wanting to know. "So what strategy did you use with them?" "He is not listening in class?" So it is more action oriented. I tend to say "a play therapy technique" that sounds a little more like a strategy or "play therapy focusing strategies or interventions"… those are the buzz words that are going around in schools. (#5, p. 17)

In the above example, the participant would encourage parents who sought counseling outside of the school setting to locate a play therapy trained clinician, however faced difficulties in providing the practice in the school setting. The personal inhibition to educate and advocate about the developmental importance of play therapy or play in general within the school context may result in personal frustration, as described by one participant:

I think the political climate doesn't really want schools to recognize play right now. So I see some degree of administrative trust for it, but it's been grudging. I am the person who when she announces at staff meetings that we are not going to do recess this year…standing up and saying 'Wait a minute, that is what they need' and having a hard time with that. I think it's better now than it was maybe a year ago or two years ago when this all started coming, because I think they are starting to realize they are inter-twined…. that if the kids aren't healthy they are not going to learn. So I guess she demonstrates trust by just "letting me call the

shots" and kind of staying out of my way more than actually getting involved. (#9, p. 5)

The demonstration of trust was interrelated into the ethical practices of confidentiality. One of the benefits of "operating behind closed doors" under confidentiality was a great sense of *autonomy*, which emerged as another theme in this study. All participants shared that being able to choose how to spend their time and what practices to use with children based on their expertise was viewed as an important administrative support behavior. Participants described this autonomy with words such as, "freedom," "free reign," and "letting me use my clinical judgment." Additionally, most participants described feeling "lucky" to have this level of professional autonomy.

Responses to the level of autonomy varied dependent on whether the participant functioned as a social worker or school counselor. A small number of the school counselors felt that the expectation to teach classroom lessons on social and emotional topics dictated some of their autonomy, as this activity required coordination with several classroom teachers' schedules. Even so, when not engaged in classroom lessons, the remainder of how time was spent was left to the school mental health professional's discretion, including which methods or interventions to use and whether they choose to work in groups or individually with children. One participant shared: "Nobody is dictating to me. I'm really free to do all of my clinical work as I see fit, which is really nice" (# 8, p.16). Another participant commented:

Nobody is watching over my shoulder so that is a definite benefit of her trust. I guess she's not saying how much time are you spending here and there…nobody is demanding anything specifically that way, so I feel free to use the time that

works best for me and the kids. (# 7, p.13)

Another participant described the autonomy extended into choosing how they prepared and documented their work with children as shared in the following:

It's nice that we don't have someone breathing down our back so we can try different creative approaches…it kind of nice that I have the ability to do what I want in the sessions and not be judged on that. I don't have to write lesson plans and I just do my notes and just see what works and what doesn't work. (#12, p. 31)

This autonomy was foundational to whether the participants felt emotionally supported. As participants shared their experiences, they also expressed a need for emotional support themselves, the second subcategory. A theme of *sharing the load with a selective few* emerged from the participants. One mental health professional clearly expressed this need:

I have usually worked really closely with my administrator and sometimes that is the only person. If you are the only counselor in the building, sometimes that's the one person that I might share some things with… that I wouldn't say to anybody else in the building. And so I've had a level of trust in my administrators where I felt like I could do that, and sometimes would go there for my own emotional support. (#4, p.6)

Describing the importance of emotional support for both the role and personally, another participant noted:

I feel it's quite important for me. I found that I think I do better work in a school where I feel like my supervisor cares about what I do and is interested in what I

do and supports what I do to parents and their children. I feel like I really need that in order to do my best work…a collegial open environment…so it's very important to me that they care about my role here. (# 3, p. 10)

Participants also expressed that the administrator was someone who might help share the emotional weight that accompanied the role of being a school mental health professional. The participants in this study described the role of a school mental health professional as "isolating," "very stressful," "hard," and "kind of alone." The heaviness of the role was expressed by one participant in this way:

Until this year I was the only school counselor in my school and sometimes that feels like a heavy load to bear because no one else did what I do and it's very lonely. As a school counselor, you know you're privy to a whole bunch of secrets, not just from the kids but from the parents who tell you things about teachers that they observed and you're thinking, really no. And then even teachers would come to me and say, 'I'm really worried about so and so in this regard,' and treat me like a therapist or a secret keeper… I am not sure what. (# 1, p. 13)

Finding selected others to talk with without breaking confidentiality was considered very important. The participant continued to share:

Sometimes I found myself going to the nurse to talk about particular kids or share information. The support from my principal in helping me to spread the wealth, as far as the secrets…the load, was invaluable to me. I can't imagine not having somebody to share that stuff with and I never felt that I could go to a teacher and still don't, because I don't think that's fair. They've got enough on their plate. (#1, p. 13)

Most participants shared while they balanced keeping counseling information confidential, they sought social or emotional support typically from either the principal, or the school nurse. The nurse with a level of mental health training was viewed as supportive and knowledgeable about confidentiality, and while rarely did the principal have formal mental health training, their years of "on the job" training provided some exposure to a range of social, emotional, mental and behavioral needs of children and families. This need to share with others who had mental health training or some level of understanding provided many school mental health professionals a sense of mutual support. These selected few were also often the "only one in their role" (#1, p. 13) and understood the feelings that accompanied that experience. One participant described: "The school nurse and I kind of like do a little supervision with each other. She may come in and say, "Hey, so and so was in here with a booboo and this is what I found out," and so then we will do a little bit of team work together, like peer supervision (# 11, p. 8).

Additionally and at varying levels, school mental health professionals in this study sought out other mental health professionals in their districts. Most participants described these peer consultation opportunities as highly valued; however, peer support did not replace the desire for formal clinical supervision as shared by this participant:

> I meet with other district counselors… but not as often as I have in the past. It was cut back I think over the years to less time, but we've never been told that we don't have that time to meet with colleagues. So I think that's been supported, however we've never been given money for formal supervision, which we all have asked for. The administrators and the superintendent's office have never found money as they have for other things in this district and they haven't in any

district that I have worked in…we've asked. It's never been paid for at the

elementary level, maybe it was at other levels. So that's been a frustration. (#3, p.

17)

The reality that schools are complex systems emerged in this study impacting

administrative support for play therapy utilization. Schools are systems where the

dominate profession is educators. Given, that reality, the participants in this study spoke

about role differences between teachers and mental health professionals. While most

participants felt they were "a piece of a total treatment team," (#6, p.7), they expressed

frustration with how mental health support fit into the school context. This struggle was

described by one participant, as being a "guest in the educational system" (# 2, p.4).

Another participant recognized that "I am doing a different job in a host agency" (# 9, p.

16).

While all participants in this study felt their administrator offered emotional

support along a continuum, there was a shared experience related to emotional role strain.

For those participants without clinical supervision, a desire to have their administrator

understand exactly what clinical supervision was and why they needed it was expressed.

This gap and subsequent role strain surfaced with strong feelings during the second main

category: Appraisal Support.

Appraisal Support

Two subcategories emerged under this category: the evaluation process and

supervision. Themes that emerged under the subcategory of the evaluation process

included how the process was conducted *informally, formally*, and felt *incongruent* for

most participants. First, the *informal* evaluation that was received by administrators often

came in the form of verbal feedback. Typical *informal* evaluative comments might occur around the area of parental meetings, consultation skills with other professionals, handling of crisis situations, school wide programming, and collateral service coordination inherent in the work of counseling with children. Participants felt their administrator offered verbal appreciation and if appropriate, constructive suggestions. One school mental health professional shared:

> He gives me informal feedback. He has complimented me on how I've handled a particular difficult situation with a child or a parent meeting, or how I handled the very beginning of the school kindergarten screening and suddenly having thirty children appear to screen on the first day of school with very little time to pull all that together. He was very honest and gave me positive feedback. (#3, p.13)

Another participant shared the importance of this type of *informal* evaluation and feedback on non-counseling tasks:

> If I needed redirecting, he was not shy about redirecting and that was important to me. I don't want to hear all the time, you're fabulous, you're wonderful, and you walk on water. I want to hear, try tweaking this, or think about this; otherwise I feel that I am not having my principal help me grow as much as my principal could help me grow. So it was nice to have him say that from time to time. (#1, p.8)

However, it was the discussion of the *formal* evaluation process that demonstrated varying experiences across school districts and elicited strong feelings from the majority of the study participants. A few participants described annual *formal* evaluations, however, others had only been evaluated once, and several participants had never been

evaluated. One participant had been formally observed for evaluation only twice in eighteen years (# 1, p. 9).

Participants who were *formally* evaluated by their administrators, shared the evaluation was often during a classroom lesson, with an emphasis on their ability to "teach." While participants understood that classroom guidance lessons on social and emotional learning were in fact "teaching" and felt their administrator often offered valuable feedback to improve teaching practices, each acknowledged frustration in being evaluated as a teacher or on a small portion of their multi-faceted job. Only a small number of participants had been evaluated by their administrator during a small group psycho-educational session, but not in individual play therapy sessions.

Participants understood most of their administrators came from teaching backgrounds, so they could not and should not try to be clinical supervisors of their play therapy practices. One participant shared: "My former principal was very clear. I'm (he's) not a school counselor, I don't know what that means. I know how to be a principal; I know how to be a teacher. I have never been a school counselor (#1, p.7).

Of the thirteen participants, only one participant felt that the *formal* district rating form used during the evaluation aligned with counseling practices. In this exception, the mental health professional shared that the evaluation form was created because the district counselors were dissatisfied with the previous process and worked to create a process that clearly reflected their roles. The participant described:

> We just had the form revised to be a school counselor evaluation because we were being evaluated on the same stuff as teachers and that was ridiculous. She (the administrator) was looking at it like this doesn't make any sense. We revised it to

counseling, which makes sense to everybody involved, because we have so many

pieces to our job. (#13, p.23)

The remaining twelve participants said they were evaluated using a form and a

process specifically made for teachers. They described the experience as "terrible,"

"meaningless," "horrendous," or "irrelevant." One participant shared " I didn't fill the

questions out, and said to the administrator, "I'm not going to put on a horse and pony

show for you…I'm not a teacher, it's not what I do…so you can come in…but you got

what you got (# 9, p.7). This participant continued to share that the district evaluation

process continually changes with options including writing a reflective paper. The

participant in an effort to continue to push the need for clinical supervision, shared:

> I chose not to do it, just kind of to force them into realizing how ridiculous the
>
> whole idea is. So I forced the supervision…this is the first year that anybody is
>
> actually supervising me because all the administrators we've had in the past have
>
> actually asked me to write up what I saw you doing or write your evaluation and
>
> they would sign it. (#9, p.8)

The *incongruent* evaluation process was described in various ways across

different school districts. The following description highlights that for many school

mental health professionals, the evaluation process was not aligned with their work. One

participant shared:

> I'm evaluated like a classroom teacher and I have found I have some trouble with
>
> that because I'm not a classroom teacher. The language on the evaluation is not
>
> specific to counseling at all, and this is the first year, my administrator said, "I'm
>
> not going to just evaluate you on your classroom guidance work because you do

so much more, you chair 504 accommodation meetings, you organize

kindergarten screening, you do a lot of parent work, you see children one to one

and in small groups, so I'm only going to have the observation that looks like a

teacher evaluation be part of your evaluation, not the whole evaluation. So I liked

that because I felt he was honoring the diverse role that I have. I think that in

every public school I've worked in, they've never had a separate appraisal process

for counselors. We would like to cross out the line that says teacher and write

counselor and then change the wording when it doesn't apply because I want

administrators to see that our work is very different than teachers. (#3, p. 11)

Because of the role differences, and as mentioned in the previous category, the

school mental health professionals in this study looked to their administrator for

administrative support and supervision in some aspects of their role, however wished for

clinical supervision from a mental health professional to enhance counseling skills,

conceptualize difficult issues, and increase their play therapy competence.

Participants also felt that clinical supervision was misunderstood by

administrators due to the differences in training and education. *Differences in

administrative and clinical supervision* emerged as a theme across several participants.

One participant described it in this way:

I mean school administrators have such a different idea of the supervision piece.

And even teachers do, I mean they seem fearful of being observed or being

evaluated, whereas from the clinical world… which certainly play therapy work

would be… you think of somebody above you as having feedback to help you

refine what you do. It just doesn't seem to be part of the school mindset in the

same way that it was when I was in other kinds of settings with more social workers and clinical people. So it's this entire career of "being up to my elbows in kind of serious problems!" Certainly you get good ideas from administrators because they do have a level of training that's quite different from ours and they have the ability to think about things and they'll show me a whole new way of thinking, but on the other hand it's feeling kind of alone, sometimes in doing things. I was thinking specifically about how that might affect how I do play therapy work, and it is like maybe if the play therapy doesn't seem to be going where I hope it goes, I'd give up on it quickly. Or if it feels really disorganized and useless to me, and it might be worth carrying on, or it might be organized in some kind of way, if there was somebody in my setting who could just be more specifically helpful around the play therapy stuff, or any particular clinical approach. (# 6, p.23)

These comments speak to the isolation that continually emerged in the responses of the participants regardless of what category or subcategory was being discussed. Furthermore this gap in support and desire for clinical skill enhancement overlapped into professional growth opportunities which is addressed under the third major category of the theoretical framework called: Informational support.

Informational Support

Two subcategories emerged under this category as professional development and communication. Traditional professional development might typically involve attendance at workshops, conferences, courses, and networking opportunities. Most participants felt their administrators supported their attendance at conferences or workshops on any

counseling topic that related to their work, including play therapy. Training was highly valued by most participants, as one participant shared, "I'm always so hungry for the professional development because you just feel so alone doing what you are doing. It's like I really need to talk to people who do the same thing I do, I need some help!" (# 4, p. 13).

Another participant described traditional professional development opportunities such as workshops and trainings as important because "I don't think we do our job as well as we do if we just stay in our bubble" (# 5, p. 11). Still another participant stated, "It's hard to grow in a vacuum" (#1, p. 9.). Additionally, a few participants expressed concern over the perception that administrators appeared to place teacher professional opportunities at a higher priority than their requests for professional development. One participant stated:

> It is sort of a big issue as far as any professional development would go. I do feel I'm sort of on the bottom of the list, I see teachers getting workshops and going here and there and I just asked about one the other day and she said yes its sounds great, but we got to sit down and talk about the budget line. I mean it was forty bucks, and I thought I haven't done anything all year. So I don't know what she meant by that, I haven't sat to speak with her, but I sense that the value in the teacher's professional development is probably a much higher priority for her than what my role would be. (#7, p.7)

An unexpected finding included two participants sharing experiences of administrative non-support regarding attendance at professional workshops. Both isolated examples, while different, open up the discussion that mental health professionals may

experience confusing messages from administrators when they request professional development days which requires them to be physically unavailable. The first example, couched in a message of veiled appreciation, was clearly not experienced as supportive by the mental health professional. This participant shared:

> There were times when I would get very frustrated because I would want to go to a conference and this happened a number of times. A free conference that the state sometimes puts on seemed an appropriate thing for me to go to at the time. I would have been out of the school for a day or perhaps a half a day and regularly he said, 'No, you cannot go because you are the only one and we miss you when you're gone,' and he tried, 'Oh, we miss you so much when we're gone,' and he tried to be silly about it, but it was very frustrating for me. At one point we were coming up towards the end of my five year recertification plan and I didn't have enough hours and I had to tell him that, "You've got to let me go to something!" That was frustrating as far as providing opportunities for professional development. (#1, p. 10)

A second example shared by a participant, highlights that as trained mental health professionals on the school campus, awareness of the mental health needs of adults may come to their attention. This example serves as a reminder that emotional and mental health concerns impact adults everywhere, including the adults who care for children. While reflecting upon support for professional development, one participant expressed:

> The last two administrators that I have had in the past eight years have been very supportive and have basically just let me do whatever I have wanted to do. They have been very willing to provide opportunities, very supportive, very flexible

with providing the money. The first administrator that I had did not want me to leave this building and that was really stressful. It had nothing to do with professional development and it had nothing to do with me. This person was very, very anxious and just really didn't ever want me to leave the building, ever. Because then you know in his mind I guess, anything could happen and I wouldn't be here to handle it, but you know those were obviously unrealistic anxieties, and it was more to do with that individual. So I mean it's really, really important to have administrators who acknowledge that professional development is key and important and are willing to encourage you in those areas. (# 8, p. 13)

The theme of "*Beyond workshops: the desire for clinical supervision*" continued as part of the interview responses under the informational category of professional development opportunities. During training as a mental health professional, clinical supervision is taught as a core condition and is naturally a part of most counseling contexts such as mental health agencies, hospitals, or outpatient clinics. What is considered a staple in community mental health settings has not easily transferred into the school setting. In the absence of any clinical supervision, school mental health professionals are indeed operating behind closed doors and in a vacuum. Any deficiencies in their clinical competence may go undetected, and yet, as described in previous chapters, school mental health professionals provide the majority of mental health services to children in the United States.

In this study, only four participants of the thirteen received clinical supervision, representing two different school districts. Three of the four began clinical supervision in the last year after many years of requesting and advocating for it. One participant, in a

district where all counselors receive supervision called the experience "a gift" (#10, p. 9). For the others, clinical supervision was desired but not available. One participant described her desire for play therapy clinical supervision in this way:

> It is something I kind of ache for but again I just kind of do without it because I don't have any other choice. I just seem to feel kind of lost which I do every once in a while or even more often than once in a while with the things that come my way. (# 6, p. 17)

Another source of informational administrative support that participants valued was the opportunity to have collegial conversations with their administrators. Most participants expressed that if they needed to exchange information or discuss student or parent needs, their administrator was a resource to them. Mutual problem solving often turned into valued learning conversations. One mental health professional described the mutual learning that occurred when she and the administrator would discuss difficult topics such as, legal interpretations around issues or difficult topics around child abuse referrals. The participant shared:

> I actually would enjoy those conversations, the whole law part… as well as the "wrestling with the sticky." I found those very inspiring, that's the wrong word, uplifting, and certainly informational. I enjoyed the learning that went on in my part from those. (#1, p. 11)

Of the thirteen participants interviewed, two participants initiated regularly scheduled meetings with their principals on a weekly or every other week basis. This scheduled time offered the opportunity for deeper information exchange, relationship building, and pro-active education about the overall role of counseling in general. These

two participants shared that it was during these meetings that they took the opportunity to continually educate their administrators about their overall role and the value of play therapy. One participant described it as:

> The best support that I have received when I've worked with administrators is meeting once a week or every other week and talking about stuff that comes up, doing problem solving together. That's when I think the principal gets to know what I've been really doing, and sometimes I would just say I needed them to listen and offer ideas, or to be a sounding board. (# 4, p. 9)

One participant explained that education around play therapy began the minute they met the administrator, which was at the initial job interview. This participant viewed the education around play therapy as a continual process. In fact, this participant shared that the principal has her own sand tray in their office, as she has seen sand tray work first-hand in crisis intervention situations facilitated by the counselor, and also witnessed how using child centered play therapy changes the emotional state of the child.

When asked about the strategies and processes participants used for promoting play therapy, the responses varied. Most participants shared the practice of play therapy by handing out brochures, having explanations on their websites, offering presentations at parent education nights and at kindergarten screening. Only a few had offered presentations to the whole staff, yet several reported they educated staff during one to one conversations. By contrast, a small number of the study participants chose to not promote their use of play therapy, preferring to keep their play interventions "under the radar or as one participant explained "not trying to call attention to it." The participants shared that play wasn't valued in school or society anymore and the focus was only centered on

academics. As one seasoned participant with extensive play therapy training shared, "I don't really use any strategies to promote play therapy because people could give a s*** less, and as time goes on they could even care less than that, because of all the pressures of *No Child Left Behind* (# 8, p. 17). This recognition of the changing culture of play and the impact on support for play therapy utilization will be addressed in the final core category.

Even, among the three participants that were either registered or certified as play therapists, communication to their administrator about their play therapy varied. Asked whether they felt the additional training they received in play therapy impacted administrative support, the first participant said "I don't know if they know what it means or what it is. Would they be impressed by it, possibly if I talked about it" (# 10, p. 21). The second participant shared, "Not at this school district. I don't think it was understood, it wasn't valued, they didn't really understand how much work it was to do that and it wasn't utilized" (# 8, p. 19). And the third participant stated:

> Yes, I think in an educational realm, you know having titles or certificates or just "learning more" is respected. It gives administrators the idea that you want to continue to professionally develop or grow, so I think in this realm it's respected. It has helped me to be able to advocate and be more confident in my presentation of play therapy (# 2, p. 11).

Instrumental Category

Instrumental support includes many aspects of support that were categorized under the subcategories of system constraints and role differences. First, under the systemic constraints, themes of *space, budget and time* emerged. Most participants felt

their space was adequate and that their administrators understood their need for a private confidential space. Only one participant shared being frustrated with the location of the space. As one counselor said, "I should theoretically be able to work in a way with nothing except crayons and paper and do a fabulous job" (#1, p. 18). While most felt their current space was suitable, it had not always been that way. One participant shared:

> As far as space and my room, administrators for the most part have been apologetic about spaces they've had to offer me that have limitations like no windows or not enough storage. They've wanted to provide more but they haven't been able to grant that. I did have to work in a hall in one school with donated dividers and the space was noisy. I felt like the administrator would have given me a room if she had a room, but that was the best they could provide. It was a very compromised space for confidentiality…I'm not sure they knew how difficult that was…they just did not. (# 3, p. 19)

The issue of budgets and resources was more of a concern to the participants. One described the situation as "resource poor" (#4, p. 17), while others spoke of using their own money for materials. One participant shared, "I have a very, very small budget, so materials are sort of hard to come by. I think I've learned to just be very creative with what I have and I don't see that as a hindrance. I just don't spend a lot of money or find things at low cost" (# 7, p. 10).   .

> Another participant described the need for materials for play therapy in this way:
> I want people to honor that I need to have materials and I think that's important because you know the teachers have that and the other people…the custodians have what they need and so actually I've been encouraged to spend the money I

have. I think it's honoring who I am and that every person is important in the school. (# 10, p. 18)

The theme of *time* crossed over both subcategories. Time was a system constraint resulting in unclear role expectations, unrealistic caseload numbers and limited access to children during the school day. Under the second subcategory of role differences, the themes of *expectations and limits* emerged. While role autonomy was present as discussed earlier, a need to prioritize where *time* should be spent was challenging. Although school mental health professionals often seek to provide services along a continuum, including prevention activities, direct counseling services, consultation, and school wide initiatives, the need to "do it all" becomes quickly unrealistic. Participant comments such as "I'm always putting out fires," or "Time to do the work…God that's a problem," or "Feeling like I run around like a chicken with its head cut off," speaks to the unpredictability of the multi-faceted role on a daily basis.

Furthermore, large caseloads contributed to feelings of "never having enough time" including mental health professionals with the smallest number of children in the school. A few participants worked in more than one school which required "catching up" to what had occurred during their absence and trying to maintain boundaries from one school to the other. One participant shared:

People call me when I'm at the other school. I get phone calls, emails and parent calls. I'm okay with parents, because I figure it takes a lot for a parent to call and I'm not going to say "Oh you know what, it's Wednesday, can you wait?" I remember what it was like when you have a problem with your kid. That's your child. So yes, they call me anytime and I'm more than happy to take the call. I

don't always like it, but there's no way I'm going to say no. (#11, p. 13)

Another participant described the experience of unrealistic student to mental health professional ratios: "There's just one of me and that's all she (administrator) gets. We have 600 kids, so I can do whatever I can do with those 600 kids during that amount of time…as long as I'm not pulling them out of structured reading time" (#9, p. 14).

This response highlights another area of great frustration for many of the participants. There were limits on when children were available to receive counseling services, a reminder that academics came first in the mindset and mission of many educators, including administrators. Because many barriers to learning are emotionally based, this "disconnect" (#12, p. 26) presented dissonance for most participants. While school based play therapists recognize that play therapy or any counseling intervention should support and compliment academic learning (Landreth, 2002), there was frustration expressed by participants, as they described that a child's social and emotional needs needed to be addressed in order for higher level learning to occur.

One participant spoke about "the contradictions and disconnect" (# 12, p. 26) that she found troubling, when a teacher wanted counseling help for a child, but would not release them during certain academic instructional times. Participants shared they understood the stress and increasing pressure teachers were under to help children receive maximum academic instruction, however, many felt children were not getting what they needed emotionally, which in turn impacts academics.

This "disconnect" was felt by several participants as they described the changes in the last decade regarding their limited ability to take children from the classroom for counseling services. Several participants shared the changes coincided with the NCLB

legislation. Participants also shared that at the same time, they felt the emotional, social, and mental health needs of children had also greatly increased. This double jeopardy made limited access to children for counseling support more taxing. One participant described the challenge of scheduling and access in this way, "It becomes ridiculous to try and find where in the day you're going to be able to pull children" (# 9, p. 14). Another participant used a dance metaphor when she explained:

> It used to be that I could see at least the little children and pull them out. I don't even feel like I can ask that from the teachers at this point because of the emphasis on reading and math and the scores. So I see kids at lunch, I mean I usually see kids at lunch almost every lunch there is that I have available. But the groups are not the same because you can't eat. I've had "changing families" groups and groups for anxiety or just friendship groups, but that's going by the wayside at this point in time. So I think the expectations from the principals are that the children are in the classroom during reading and math at least, and of course the specialists don't want you to take children during the specials. And so you have to do a little dance about it. (#10, p.20)

Still another participant shared the experience of accessing children for counseling with a conflicting mix of both sadness and humor: "I am afraid… never go during math, even in kindergarten…never, never, math time, not if you want to live to see tomorrow" (# 11, p. 16).

Due to what yet another participant described as "horrendous" (#6, p. 17) scheduling issues and in an effort to both support children while honoring the pressure experienced by teachers, that participant tried to see children after school. Unfortunately,

the participant shared, "It doesn't work very well because kids are young kids and they are tired and excited after school…so I wasn't really happy with how that turned out" (# 6, p. 18).

Instrumental support also explores if the administrator supports clear role expectations. While this aspect of support varied among the participants in the study, many felt they had to continually advocate and educate for clear role boundaries. As one participant explained:

> I find I am the one who is setting clear expectations of my role and saying this why I am here, this is what I do. The administrator is very supportive of that and has gone in and talked to teachers, because at one point the teachers were viewing me as an administrator. Sometimes I'm involved with stuff that I don't really see as my role, but I try to make it therapeutically my role, but sometimes it's not. (#13. p. 35)

Another mental health professional shared, "I've had to define, and redefine the expectations of the role and really become firm. Like I can't do this in this role, I absolutely can't. I have to set limits" (# 5, p. 12). Setting clear role expectations was more of a difficulty for some participants than others and was part of the overall relationship, communication, and understanding that existed or did not exist between the administrator and the school mental health professional. One participant described poorly defined expectations from the administrator which seemed to fluctuate from day to day:

> Time to do the work isn't really within the administrators ability to do. You don't have the time to do anything and clear expectations of the role, I probably say not really. There is a lot of overlap in the building of who does what, a lot of

miscommunication. On a good day, they'll free you to do what it is that you're

supposed to be doing and on a bad day, you're expected to do administrative and

disciplinary things, probably less so in my building depending…but there really is

not a clear role. (# 9, p. 14)

Conversely, other participants described much clearer expectations of their role

and felt it was their professional responsibility to continuously educate their administrator

about the school mental health professional role, including their use of play therapy.

Many participants felt if they had administrative support and understanding around the

use of play as a therapeutic intervention, teachers would also follow suit. One participant

explained the importance of administrative support and understanding for play therapy

utilization by stating:

I think administrators are pretty important to play therapy utilization because if

your administration is on board, I think other staff will be. "It trickles down"… if

you had an administrator that wasn't on board with the play and figured the other

teachers were saying, "What in the world does she do?...she sits there and plays

with the kids…she takes them out of my classroom for half an hour and they do

nothing but Legos and then they come back. I think it's important for the

administration to be able to realize the value of play and how important it is. (# 7,

p. 15)

Acceptance

The final category that emerged in this study extends beyond the four domains of

support from Littrell's et al., (1994) framework and was termed, acceptance. While the

participants varied in their concerns, feelings, and reactions to administrative support for

play therapy, as one participant described, "it is what it is" (#12, p. 17). Some participants appeared more resigned to the external forces and pressures that schools are under, impacting the level of administrative support they received, as expressed by this participant:

> It's just something I've given up on, it's something that you deal with and you know that everybody is doing the best that they can so, it's just kind of survival. You do what you got to do. You realize you look for your support in other places than from administration and so you look…I think their tolerance is more important to me than their support. (#9, p. 16)

The majority of the school mental health professionals used words such as, "grateful," "appreciative," "respected," and "lucky" in describing the overall relational support they felt between their administrator and themselves around play therapy utilization. A small number of participants accepted the challenges of the school context, yet actively advocated for play therapy practices.

Finding a balance emerged as a theme as participants continuously accepted and adapted to a workplace and role that was often stressful. Several participants commented that they would want to leave the job if their administrator didn't allow them to practice play therapy or any other intervention that they felt would benefit the children. One participant noted, "It's pretty important that administrators allow me to use the tools that I need to do play therapy with children. I wouldn't really work in a place if the administrator said no (# 3, p. 22). Several participants commented that play therapy was their "passion" and the only way they would want to work with young children.

Part of the acceptance and learning to continually adapt to operating in the school

context was revealed when participants shared their observations of a changing culture for children that crossed many systems. From a socio-ecological perspective, these systems include the individual child, families, schools, communities, and the larger society. Several participants openly shared their concerns as mental health professionals and in particular their concern over a changing culture of childhood play. One participant voiced:

There are kids who can't talk about anything but video games…like it is life… even just eating at lunch with a kid, I'll ask "What did you do over the weekend?", "I played video games" and then they just go into great detail about the games and I try to change the subject and ask "Do you ever go outside and play?" Some of my kids live in dangerous places, so no, they don't go outside and play. But not even like board games, not cooking with somebody, going over to somebody else's house. I am just like … we need to get outdoors, we need to go play. Right now I am beginning to feel like a dinosaur, like my beliefs are dinosaurs too. We know that technology has its place, but I guess its finding balance. Yes, I think, finding some balance. (#4, p. 20)

Another participant shared:

Over my years, I notice children's behaviors and their needs are changing and certainly there are changes in their families… with lots more going on. Video games, violent ones, the internet and the things they get into with texting, worry me. Children are more agitated and more physical with each other. They know a lot more, are growing up fast, and it worries me. (# 10, p. 12)

Another participant shared concern over changes in how children approach play,

when describing the following:

> Now more than ever, I think kids need to play and they don't know how to play. I see many come into here and don't know what to do with the dollhouse or clay because it's all video games. On top of everything else, I am having to teach kids how to play and that's really kind of a horrific question to think about. It's something that should be so natural and children are losing it. It's kind of disturbing that something so natural… kids today don't know how to play, can't play alone…it's just really scary. We need more play in school. (# 11, p. 18)

The importance of play and play therapy are related. Support for one is woven into support for the other. This study not only sought to better understand how elementary public school mental health professionals described and experienced administrative support for play therapy, but also how important was the role of the administrator in creating an environment of support. Throughout the interview process, participants shared how important or not important the specific support dimension was to their practice of play therapy and was embedded throughout this chapter. However in deeper analysis of the findings, the following results are shared.

In this play therapy study, emotional support was the most valued dimension of support, which mirrors what Littrell et al., (1994) and House (1981) also found in their studies. However, the order of where the remaining categories were rated differed. In the studies by House (1981) and Littrell et al., (1994) emotional support was rated first; appraisal support was rated second, instrumental support as third, and fourth, informational support. In this study of play therapy support, administrator emotional support was the dimension of greatest importance, followed by both instrumental and

informational support receiving similar ratings of importance, followed by appraisal support as being rated as the least important.

Upon further analysis, it appears that appraisal support for play therapy was often rated as not as important, because the school mental health professionals felt the administrator could not and should not appraise them on play therapy clinical practice. This realization contributed to a lower level of importance for appraisal support. Participants did feel administrators could show support by providing opportunities for clinical supervision which in this model, would fall under the category of informational support. Therefore, many considered the informational dimension of support to be very important. While both informational and instrumental supports were described as important to the school mental health professionals, they remained secondary to emotional support.

Finally, as part of the interview, each participant was offered the opportunity to add any final words regarding administrative support for play therapy. One school mental health professional shared:

> I think administrators just because of their role, have a very important role to the way play therapy ends up being in the school. If there is a lack of knowledge or interest, they may set up a schedule, space, or expectations overall, because they think other things are more important and the play therapy part may become less of a priority. I think because of their lack of knowledge they don't even realize what they are doing and when a counselor comes and advocates for something different, things have been set in their ways for so long. (# 5, p. 15)

And another participant shared the following:

I am sensing that my current principal is not as knowledgeable about what can

happen in a counselor's office as perhaps she could be, perhaps I should start

telling her more about what happens in my office… to communicate. It is an

interesting process getting to know another human being with whom you work

and to whom you are responsible or to whom you report and helping her to learn

more about what I do and how I do it and why I do it. The learning curve is steep

and all of this discussion, this talking, this answering these questions has helped

me see that it would be…I would serve myself well if I communicated with my

principal more about "what I do behind my closed door" because I have not been

in that habit before. It will be an interesting end result of this. (#1, p. 21)

Summary

This chapter examined the collective experience of the school mental health

professional who uses play therapy, using the social support theory of House (1981) later

modified by Littrell, et al. (1994) for the school setting. The four dimensions of

administrative support in the model were used as the core categories *(emotional,*

appraisal, informational, instrumental) and one additional category was added by this

researcher, as *acceptance*. Using directed content analysis, subcategories emerged,

followed by themes.

To summarize, under the core category of emotional support, two subcategories

were introduced to address both the expressions of emotional support by the

administrator and expressions of emotional support expressed by the mental health

professional. Themes of *trust in expertise, minimal communication, and valued autonomy*

were explored under the first subcategory. Under the second subcategory, themes

emerged as *sharing the emotional load with a selective few,* followed by *being a guest*. Under appraisal support, two subcategories were identified that included the evaluation process and supervision. Under the evaluation process, themes were *informal, formal and incongruent evaluation*. Under supervision, school mental health professionals described their experiences with administrator support around the theme of *differences between administrative and clinical supervision.* Under the category of informational support, subcategories of professional development and communication surfaced with corresponding themes of *beyond workshops: a desire for clinical supervision, support for mutual learning, problem solving, and information exchange and lack of communication revisited*. Under the instrumental support core category, two subcategories included system constraints and role differences. Themes under system constraints were *time, space and budgets* and in the subcategory of role differences, themes were *expectations and limits.* The final category called acceptance, followed with a subcategory of adapting to change. Themes followed of *finding balance*, *changes in systems and changes in the culture of childhood play*. Throughout the study, the experiences and descriptions of the participants represented their concerns, feelings, and reactions.

This study on play therapy administrative support study extends the theory of House (1981) adapted by Littrell et al., (1994) into another professional context thereby adding to the literature across several fields. House's (1981) theory claims emotional support is often the most significant domain of workplace support and this finding is further substantiated in this current study of play therapy support. In the Littrell et al., study (1994) with educators, emotional support was also most important, followed by appraisal, instrumental and finally informational. The results from the current study on

school mental health professional's experiences of administrative support for play therapy utilization places emotional support first, followed by informational and instrumental as equally important, and finally appraisal support.

Additionally, this study showed while administrators may offer support, it may not be the kind of support school mental health professionals believe is important. Addressing and assessing behaviors of support that are missing and gratifying is a crucial learning from this study. Finally, the study suggests the relationship between the administrator and the school mental health professional is critical, both advancing the overall role of the school mental health professional role, and specifically, for understanding and supporting the use of play therapy as a developmentally responsive therapeutic approach for young children. Implications for professional practice, professional development, policy, leadership, and future research will be identified in the next chapter, as well as a discussion of the limitations of the study.

Chapter 5: Summary and Implications

Introduction

The purpose of this study was to explore the experiences and perceptions of administrative support for play therapy from the perspective of elementary school mental health professionals. Specifically, the study looked at how school mental health professionals described administrative support, types of specific supportive behaviors exhibited from administrators, and if administrative support was an important factor in play therapy utilization. To apply the theory of social support by House (1981) adapted by Littrell et al., (1994) for educational settings, a directed content analysis approach was used to categorize support into four categories of emotional, appraisal, informational, and instrumental support. In doing so, this study extended the current theory of House (1981) adapted by Littrell et al., (1994) into the fields of school mental health and play therapy, thereby adding to the literature across several fields. Understanding how elementary public school mental health professionals define and experience administrative support for play therapy utilization will inform educational leaders and practitioners to facilitate change to impact the present service delivery gap.

This qualitative inquiry into administrative support highlighted the positive aspects of collaborative relationships between school mental health professionals and administrators. The participants interviewed in this study felt emotionally supported by administrators when they were allowed to function autonomously because of a trust in their expertise. Although most of the thirteen participants interviewed said they had

supportive interactions with their administrators, only two had consistent formal communication time with their administrator as part of their routine schedule. Most participants also identified that administrators lacked an understanding of both play therapy and the need for clinical supervision. Implications for practice, professional development, education, policy, executive leadership, and further research were also explored. The chapter also identifies limitations of the study.

Summary of the Research Process

This study employed qualitative methods to answer the following primary and sub-question: "How do public elementary school mental health professionals experience and describe the support they receive for play therapy from their administrators? How important is the role of the administrator in creating an environment of support for play therapy services?" In qualitative inquiry, the researcher seeks to understand or describe a phenomena of interest from the views of the participants who are directly involved (Creswell, 2007). Qualitative approaches are exploratory and useful when the research has not been addressed with a certain sample or group of people (Morse, 1991).

A qualitative directed content analysis methodology was used in this study because this approach to inquiry starts with an existing theory or conceptual framework to guide the methodology. The purpose of a directed content analysis approach is to validate or extend an existing theory or conceptual framework (Hsieh & Shannon, 2005). This study looked to validate and extend the theoretical framework of administrative support by House (1981), adapted by Littrell et al., (1994) by exploring administrative support for play therapy from the perspectives of school mental health professionals. This study was both deductive and inductive in nature as while a specific theoretical lens was

applied throughout the study, the researcher remained open to themes or categories that extended beyond the theoretical support domains.

The significance of this study was the potential to educate building and district level administrators about both the current early mental health crisis for children that impacts academic potential and the empirical evidence supporting play therapy for children between the ages of 4-10 to address the crisis. The developmental appropriateness and cultural responsiveness of play therapy makes it a viable treatment intervention for young children (New Freedom Commission, 2003; Reddy, Files-Hall & Schaefer, 2005). If young children do not receive effective mental health treatment, they may continue to have serious consequences impacting early learning, social competence, and lifelong health (National Scientific Council on the Developing Child, 2008). Furthermore, untreated mental health issues may result in societal consequences for health, education, labor, and criminal justice systems (Kataoka et al., 2002; National Research Council and Institute of Medicine, 2009).

The timeliness of this study was critical as mental, social, emotional and behavioral needs of children continue to increase and schools have been identified as the primary settings to deliver counseling support services (National Research Council and Institute of Medicine, 2009). Despite this knowledge, a substantial underutilization of the empirically supported treatment of play therapy exists in schools due to multiple barriers, including administrative lack of understanding (Ray, 2010). The support given by the elementary school administrator to the school mental health professional was examined in the current study under the specific domains of administrative support.

The research context consisted of thirteen public elementary schools in Maine and

New York covering rural, suburban, and urban settings. Participants were selected based on the following inclusion criteria: (a) having worked as an elementary level school mental health professional for a minimum of five years; (b) self-identification of using play therapy in their work with young children; and (c) completion of a minimum of one graduate level course in play therapy or at least 45 hours of play therapy training.

The participants agreed to participate in semi-structured interviews, which were audio recorded and transcribed. Additional methods of data collection included direct observations, a demographic information document, field notes, and a reflexive journal. Using "a priori" codes (Miles & Huberman, 1994) from the administrative support theory, the data was uploaded into Atlasti 6.0 and analyzed using a constant comparative analysis (Glasser & Strass, 1967). Additionally, the themes were manually transferred onto index cards using a technique described by Maykut and Morehouse (1994), and analyzed for linkages across the different support dimensions or relationships between themes. Blending both manual card processing (Maykut & Morehouse, 1994) with Atlas.ti 6 software query tools provided further immersion in the data. Substantial quotes from the research participants are included to add richness to the study.

Summary of the Findings

A directed content analysis approach was used to validate and extend the existing social support theory by House (1981), adapted by Littrell et al., (1994) which looks at four distinct support domains that serve as the primary core categories of the findings. Additionally, a fifth category emerged which was identified as: acceptance. From the core categories, subcategories and themes emerged. In summarizing and discussing the findings, first the theoretical framework is revisited, followed by a discussion of the

findings within the subcategories and across themes.

Several studies using House's social support theory (1981) claim individuals in workplace settings rate emotional support as the most significant domain so it was not surprising that the findings in this current study showed similar results (House, 1991; Littrell et al., 1994). Studies by House (1981) and Littrell et al., (1994) found the following rankings by participants: emotional support was rated first, appraisal support second, instrumental support third and informational support as fourth. The studies by Littrell et al., (1994) specifically looked at administrative support for teachers in educational settings. The context of this current study was also in the educational setting, however the participants were mental health professionals not teachers. Variations in roles may account for the rating differences between teachers and school mental health professionals found in this current study. What was unique in this play therapy study was emotional support was rated first, followed by both instrumental and informational support receiving similar ratings of importance, followed by appraisal support being rated as the least important.

It appeared that appraisal support was rated lower in importance because the school mental health professionals felt administrators could not and should not appraise them on play therapy clinical practice due to the administrator's lack of mental health training. Additionally, the majority of participants felt the current evaluation and appraisal process within their role was inadequate, and not applicable to their daily practice. In Littrell et al., (1994) studies in school settings, administrators were typically trained as teaching professionals, so they could adequately evaluate the skills and competencies of teachers, making the appraisal domain relevant and subsequently more

important to educators. In this current study, while the school mental health professionals felt their administrator could offer administrative support on tasks such as, teaching classroom lessons, working effectively with parents, or overall professional behavior, they strongly felt evaluation of counseling or clinical specific practice from a non-clinical professional was not appropriate and thus rated it less important.

However this gap in receiving meaningful feedback or appraisal was of great concern to most participants, who desired some level of evaluation and appraisal to continually grow and improve in the complex role of being a school mental health professional. The participants desired clinical support in the form of clinical supervision from a trained mental health professional within the school district or in the community. Part of the supervision criteria for mental health professionals is attention to continuous improvement through evaluation and appraisal. The participants expressed that administrators as the decision maker at the building level, could demonstrate stronger support by securing opportunities for clinical supervision as a form of professional development. Through the lens of this theoretical framework, professional development support is considered under the core category of informational support. Therefore, informational support was rated higher in importance by all participants than the appraisal support domain. Clinical supervision will be discussed further in this chapter.

The findings used the domains of support as the core categories. The first category of emotional support provided two subcategories: (a) expressions of emotional support by the administrator; and (b) expressions of emotional support expressed by self. Themes of *trust in expertise (#1), minimal communication (#2), and valued autonomy (#3),* were explored under the first subcategory. Themes of *sharing with a selective few*

(#4) and *being a guest* (#5) are found in the second subcategory. The *trusted in expertise* (#1) theme was most prominent across all participants. Given that school mental health professionals have to meet rigorous training and experience hours for credentialing or licensure, perhaps administrators felt comfort in the knowledge that the mental health professional would not be eligible for employment if they had not already met minimal state or national eligibility requirements. This *trust in expertise (#1)*, coupled with the fact, many administrators are not clinically trained in counseling, social work, or psychology (Perryman & Doran, 2010) may contribute to what is described as a "hands off" approach in the findings. This "hands off" approach was further complicated by the fact that counseling is a practice conducted behind closed doors and under the ethical code of confidentiality. Findings in the current study illuminated distancing behavior resulted in minimal communication between school mental health professionals and administrators regarding what occurs in play therapy.

However, the literature on counselor-administrative relationships is clear that consistent communication between administrators and mental health professionals greatly enhances the relationship and understanding of each other's role (Leuwerke & Walker, 2009). While participants in this current study varied in how frequently they communicated with their administrator regarding play therapy utilization, those who chose not to communicate seemed to be more frustrated and experienced a higher sense of isolation. Many participants felt the current climate of schools that exclusively focused on academic achievement made advocating for any play based intervention difficult. Still others experienced a more collaborative relationship and actively communicated with their administrator about play therapy utilization which reduced feelings of isolation.

Communication is a two way street, and without knowledge, the administrator may not fully understand the importance or complexity of play therapy in a school setting. Without consistent communication with the school mental health professional, it is understandable that administrators may not view play therapy as a critical treatment choice for young children and subsequently not make it a priority for support. Minimal communication between the school mental health professional and the administrator regarding practice interventions has the potential to keep the counseling professional isolated and functioning more as an adjunct member of the staff vs. an integral team member.

The study findings also illuminated while school mental health professionals valued professional autonomy, there was a down side to having such freedom. Many participants expressed that administrators do not understand how academic learning and emotional well-being are intricately interwoven. Specific, to play therapy, the majority of participants in this study felt that while administrators support their use of play therapy, few administrators understood what actually occurred or how it supported the learning of the child. An unexpected finding not in the literature was that only a few participants initiated communication with their administrator about their play therapy usage, which has implications for practice. In fact, even if participants did share with administration about the use of play therapy, rarely, did participants share play therapy goals, objectives, outcomes or the connection between skills learned in play therapy and academic outcomes. Citing several barriers, including lack of time, lack of administrator interest, or systemic barriers such as an exclusive focus on academics, many of the participating school mental health professionals realized they had not initiated communication

connecting play therapy outcomes to learning outcomes with their administrators. Regardless of the barriers, minimal communication by the school mental health professional contributes to the lack of understanding of play therapy by failing to make play therapy knowledge accessible to the major decision maker in the building.

Findings also illuminated the dissonance experienced by school mental health professionals who understood the developmental appropriateness of play therapy for young children, yet struggled to practice the intervention in the school setting. While a few school mental health professionals in this study noted they would refer parents to seek a community therapist with play therapy expertise, they did not openly call their own work "play therapy." The rationale for not calling their practice "play therapy" was a perception that many educators were increasingly focused exclusively on academic achievement and anything related to play, including play therapy, was not necessarily well received. While this may indeed be the current climate of schools, the question is raised as to whether school mental health professionals themselves may lack the knowledge of how to translate the language of play therapy goals, strategies, and results into educational terminology.

Several participants described play therapy as having magical qualities that made it difficult to describe, however, play therapy is an empirically supported counseling approach with measurable outcomes (Baggerly, Ray & Bratton, 2010). Learning to translate the language of play therapy into educational language by including student outcome data will help align the practice of play therapy with academic achievement, further positioning play therapy usage in the overall treatment plan for young students. Demystifying play therapy as something magical is critical given the empirical evidence

in the literature (Baggerly, Ray, & Bratton, 2010), available to school mental health professionals.

In this era of economic hardship and data driven school environments, mental health professionals who do not communicate how their practices support student learning through outcome data are greatly limiting their role as contributing leaders to the school team. To foster communication and speak the language that administrators will understand, Edwards (2007) suggests the utilization of data, charts and graphs which appeal to task-oriented administrators. All three professional organizations, including the Association for School Counseling (2012), National Association of School Social Workers (2012), and the National Association of School Psychologists (2012) have standards that guide professional training linking program and intervention effectiveness with accountability measures.

For many mental health professionals, especially seasoned professionals, skills in using data and generating clinical outcomes on students and showing cost effectiveness of early intervention will be new learning, and may require additional professional development (Johnson & Johnson, 2003). Furthermore, due to already overloaded roles, data collection cannot be viewed as an "add on" in an already overloaded schedule, but instead as a critical component of the job. This will require a prioritization by the mental health professional to allocate time to ensure data collection will happen with sufficient regularity (Poyton & Carey, 2006). In other words, if school mental health professionals want educators and administrators to embrace their clinical work, educators will need to see the relevance of play therapy to their own work and how it supports the overall mission of education. It is imperative that the mental health professional initiate

communication with administrators regarding how play therapy supports children's learning, as well as continuing to build trust in their own expertise to make data informed decisions regarding which interventions to utilize in their daily practice.

By not aligning mental health practices as practices that can address barriers to learning, school mental health professionals may continue to feel separated and isolated. Feelings of isolation from study participants' paralleled what is described in the literature as "walking alone on the service continuum" (Stephan, Davis, Burke, & Weist, 2006). The participants in this current study expressed difficulty in being the only one in their profession in the building. The concept of *being a guest* (# 5) arose several times as participants recognized the teaching of academic curriculum came first and was often given higher priority structurally in scheduling of professional development activities. This highlighted that the fields of mental health and education are still not on equal ground and the reality that many more educators are employed in schools districts than mental health professionals. Mental health professionals are not strangers to the concept of functioning as "working guests in host agencies," a notion dating back since the profession was formalized (Dane & Simon, 1991). Host settings are described as organizations whose mission and decision making are defined and dominated by people who are not in your profession, potentially contributing to role strain and ambiguity (Dane & Simon, 1991).

However, for many participants in this study, being on the periphery felt isolating and given the emotionally heavy role of a school mental health professional, several participants sought out a *selected few* (#4) other professionals in the building for support. Often the school nurse filled this role, given the nurse was also typically the only one in

their respective profession and was also trained in mental health issues. Some participants sought out their administrator for support by sharing the weight of emotionally-laden information. Having another colleague to discuss complex situations such as legal interpretations, information around child safety issues, or complex family situations that often come to the attention of the school mental health professional was valued by the school mental health professionals.

Moving to the second core category of appraisal support, two subcategories emerged as: the evaluation process and supervision. Under the evaluation process, themes are *informal, formal and incongruent evaluation*. (#6) Under the subcategory of supervision, school mental health professionals described their experiences with administrator support around the theme of *differences between administrative and clinical supervision.* (#7)

Informal evaluation was often described as brief conversations or feedback offered by the administrator on how the mental health professional handled a particular situation. Informal evaluation occurred more frequently than formal evaluation and was valued by many participants. Although the informal evaluation experienced by study participants varied, most stated they appreciated the brief exchanges of both positive and constructive feedback that occurred and felt these conversations were part of the on-going collaborative relationship.

Specific to formal evaluation, study findings identified an area of concern for the majority of the participants. Only one participant of thirteen had experienced a formal evaluation that was specific to their direct counseling practices. The experiences of the remainder of the participants were mixed, ranging from never receiving a formal

evaluation to annual evaluations based on teacher, not counselor tasks. One participant shared being formally evaluated twice in eighteen years and those two evaluations were based on teaching lessons in the classroom, not counseling.

The evaluation or appraisal process brought strong emotions to several participants, as they described the formal process as "meaningless" or "terrible." While all participants want to be evaluated for on-going growth and support, they wanted to be evaluated by someone who had a clinical background. The school mental health professionals wanted the administrator to recognize that their role was different than the classroom teacher and that a different process or evaluation form for appraisal purposes was needed. Only one participant shared that the counseling professionals in their school district organized and researched counseling related evaluation processes. Taking the initiative themselves, these school mental health professionals lead effective change and in turn educated administrators about the unique needs of the counseling professional in the school setting.

Another finding in this category related to evaluation is the notion that school mental health professionals valued on-going evaluation through the process of clinical supervision. Clinical supervision is the primary means by which mental health professionals examines clinical practice and enhancement of skills and is recognized as essential to the professional development of practicing counselors (Herlihy, Gray & McCollum, 2002). Clinical supervision also offers a professional support system through the relationship that develops over time between the supervisor and the supervisee potentially guarding against stress and burnout. Berstein, Campbell, and Akers (2001) refer to clinical supervision, as "caring for caregivers" and view it as essential to sustain

mental health professionals in their nurturing roles.

The concept of caring for caregivers is especially important for counselors who therapeutically work with young children. Providing therapy requires the therapist to build relationships with children who may not easily build relationships due to past experiences. Children in therapy often behave in ways that are rejecting or behaviorally challenging which can tax even the most seasoned mental health professional (Ray, 2006). The feelings that arise in the therapist who works with children are complicated and part of the counseling phenomena of countertransference. There is an inherent vulnerability in children who need therapy that often elicits an increase in the desire and responsibility to protect children on the part of the mental health professional (Hansen & Dagirmanjian, 2008). Examining one's feelings and reactions when working with children in emotional pain is best done in the context of a supportive supervisory relationship (Crenshaw, 2008). The provision of clinical supervision offers support to the mental health professional so they can professionally process the challenges inherent in working therapeutically with young children (Hansen & Dagirmanjian, 2008). Without adequate supervision many mental health professionals may jeopardize their own emotional well-being when they continually and intimately encounter the pain of others (Kottler, 2010).

Clinical supervision is a mainstay activity in mental health graduate training and in most mental health agencies, yet school based clinical supervision has lagged behind or in many cases is non-existent (Neill, 2006; Page, Pietzak & Sutton, 2001). In a national survey on school counselors, while the majority of school counselors indicated they desired some form of clinical supervision, relatively few actually were receiving this

type of support (Page et al., 2001). McMahon and Patton (2000) found that school counseling professionals desired supervision to address issues of professional and personal development, ethical issues around the welfare of students, isolation, support, accountability, and the ability to debrief with another trained professional after difficult situations or cases. Similarly, school mental health professionals who received clinical supervision reported an increased sense of validation, confidence, job comfort and professionalism (Agnew, Vaught, Getz & Fortune, 2000). Due to the complicated situations that school mental health professionals routinely encounter, strong clinical skills and awareness of the legal and ethical ramifications of actions taken or failed to be taken are critical to feeling competent (Herlihy et al., 2002).

Feeling competent in play therapy comes from professional training and on-going supervision (Ray, 2010). While play therapy may appear to be straightforward and simple on the surface, it can be perplexing, and requires a significant amount of training for proficiency (Carmichael, 2006). Play therapy involves understanding developmental differences in children, the language of metaphors, and in some theoretical orientations, interpreting the play as symbolic representations of the experiences in the child's world (Ray, 2006). Therefore, working with young children therapeutically requires specialized clinical support which is not the same as administrative support.

In the current study, participants valued the administrative support they received, but continued to highlight clinical and administrative support were not the same experiences. The *difference between administrative and clinical supervision* (#7) emerged as a theme in the current study findings. While the majority of participants felt administrative support for play therapy was available, several felt the request for general

clinical supervision and play therapy specific supervision had gone largely unmet. The findings in this play therapy study concur with the literature, stating, while administrative supervision is typically available, clinical supervision is much less likely to be provided in the school setting (Herlihy et al., 2002).

Findings around this desire for clinical supervision re-emerged under the core category of informational support. This category had a subcategory identified as professional development under which the theme of *beyond workshops: a desire for clinical supervision* (#8) emerged. Additionally, communication reappears in this category both in terms of a subcategory, with the corresponding themes of support for *mutual learning, problem solving and information exchange* (#9) and as a *lack of communication.* (#10)

In this study, only three participants currently received clinical supervision. Given, that approximately 75% of the children who do actually receive any mental health services receive them in school by a mental health professional, (Farmer et al., 2003; Foster et al., 2005; Rones & Hoagwood, 2000; U.S. Public Health Services, 2000) the knowledge that school mental health professionals rarely receive clinical supervision, is alarming.

School mental health professionals play the primary role in addressing the mental health needs of young children (New Freedom Commission, 2003; National Research Council and Institute of Medicine, 2009), yet supervisory support to monitor quality of care, develop on-going competencies and abilities and evaluate their practice is rare (Neill, 2006). This gap of support of the school based mental health professional potentially impacts functioning and ultimately the children who are recipients of their

care.

This study highlighted that school mental health professionals felt a variety of reasons why they were unsuccessful in gaining clinical supervision. The participants shared reasons such as they had not communicated the need, the administrator did not understand the difference between clinical and administrative supervision, or faced with multiple budget decisions, the administrator did not see how clinical supervision was an educational priority. Greater administrator understanding of what exactly play therapy supervision is and how its supports the school mental health professionals ability to provide quality care to the students, positions the practice of play therapy in a better light when the administrator is faced with difficult budget and programmatic decisions.

It is vital that in the complex system of the school environment with many competing agendas, the mental health professional initiate communication with administrators about their need for play therapy supervision. Additionally, continuous and frequent communications will help administrators gain a deeper understanding of why developmentally appropriate interventions, like play therapy, are as critically important in reaching positive outcomes in counseling as they are in the instructional classroom setting.

Moving to the next core category of instrumental support, this domain addressed system constraints and role differences. Themes under system constraints were *time, space and budgets* (#11) and in the subcategory of role differences, themes emerged as *expectations and limits.* (#12) While study participants varied in the amount of space and budget allocations afforded to their counseling work, a common theme of limited time was shared by all.

Embedded in the theme of time, was the finding that school mental health professionals are experiencing limited access to children for counseling services. Schools have been identified as the best delivery systems of mental health care because of the ease of access to children in their natural learning environment (New Freedom Commission on Mental Health (2003), however in reality, participants in this study felt teachers were increasingly not allowing children out of the classroom for counseling services due to the environment of teacher academic accountability. While administrators and teachers seem to recognize the increase in children's stress and behavioral concerns, there appears to be a disconnect between teachers providing access to children and children receiving the counseling service. Given many barriers to learning are emotionally based, the higher order skill of cognitive learning is unlikely to occur until emotional distress is reduced. For young children in particular, a child's early experiences with school establish future behavior patterns and interactions with others, positively or negatively, with the evidence pointing to the need to utilize early interventions such as play therapy particularly with young children (Bratton, 2010).

The study findings continue in this category with the themes of *expectations and limits.* (#12) On-going communication with administrators regarding role and task clarification seem to help define boundaries, however this requires the school mental health professional to initiate the communication and be a strong advocate for their own role. Participants varied in their comfort level of being a play therapy advocate and generally in advocating for their professional role altogether. Some participants continuously advocated for their play therapy practice, others preferred a quieter profile, and still others did not even use the words "play therapy" in describing their approach.

This lack of communication contributes to administrator misunderstanding or a lack of education regarding how play therapy can be the treatment of choice especially for young children and may potentially contribute to the underutilization of this modality.

The final category called acceptance, follows with a subcategory of adapting to change. Themes of *finding balance*, (#13) and *changes in systems and changes in the culture of childhood play* (#14) emerged. For many participants, the ability to make systemic changes regarding equity between mental health and education was a daunting task. Several participants were optimistic that the field of education was beginning to understand the connection, while a few participants were more concerned that children were not getting their needs met emotionally or academically. In order to make sense of their role, each school mental health professional found a way to *balance* their frustration by attempting to accept and acknowledge the positive impact they perceived they made on a daily basis. Specific to administrative support, with many systemic and structural challenges in the school context, most participants felt accepting of their current level of administrative support for play therapy but not as accepting of systemic and societal changes.

The last theme under this acceptance category described the acceptance of the changing culture of childhood play. Participants shared concerns over technology, stressed families, limited physical and outdoor play as ways that young children spend their time. Several participants commented about the double jeopardy that children face with adults limiting play opportunities, at the same time adults are increasing academic pressure. Additionally, school mental health professionals expressed concern over a devaluing of play which was perceived as backfiring and the recognition that play is vital

for children's healthy social, emotional, and cognitive development. Participants expressed an increase in the number of children who enter their play therapy spaces without the knowledge or skills to use imaginative or creative play which impacts a child's problem solving abilities. This observation further showed the participants realization and acceptance of the changing culture of childhood play. Several participants' voiced this change was not positive from their perspective, making the case for play therapy stronger now than ever before.

In summary, overall administrative support for school based play therapy is impacted by the overall relationship quality between the school mental health professional and the administrator. Ponec and Brock (2000) demonstrated that the counselor-administrator relationship is strengthened by trust, effective communication methods, and clear definitions of roles. All three of these concepts emerged in this play therapy study embedded in and across various categories, subcategories, or themes.

This study suggests that administrators did not always offer the support that school mental health professionals perceive as needed for play therapy utilization. Furthermore, school mental health professionals described the greatest need for administrator emotional support and specifically for informational support in the form of clinical supervision opportunities. If clinical supervision could be provided, the issue of an effective appraisal process might also be addressed, as most school mental health professionals in this study felt the current appraisal system was inadequate.

Findings also identified that the communication by school mental health professionals to administrators and teachers regarding how play therapy connects with academic success was limited. Study findings raise questions about the ability of school

mental health professionals to impact play therapy utilization on their own, given many systemic shortcomings. Although individual school mental health professionals may be able to communicate more frequently with their administrator and educate them more fully regarding play therapy's utility, systemic barriers also need addressing.

Implications of the Findings for Practice and Professional Development

Findings in this study suggest that professional practice would be greatly enhanced if administrators more fully understood play therapy and its connection to learning. Additionally, a clear understanding for administrators regarding the definition and need of clinical supervision and how it differs from administrative supervision is needed. All in all, a compelling implication of the findings is it is the responsibility of the school mental health professional to communicate this need. Therefore, recommendations from this current study echo the work of Bratton (2010) who suggested school mental health professionals address:

> (a) educating administrators about the current crisis in mental health care for young children and the resulting impact on academic potential; (b) advocate for the use of play therapy as a culturally responsive and developmentally appropriate intervention that is tied to outcomes, (c) educate administrators about the evidence supporting the effects of play therapy.

Furthermore, this researcher would add educating administrators regarding why play therapy clinical supervision is needed as a professional development activity to enhance the practice and competence of the school mental health professional. Lastly, if school mental health professionals are provided a clinical supervisor, the concern of an appropriate formal evaluation process may also be addressed. However, even in the

absence of clinical supervision, it is recommended that school mental health professionals review the existing literature surrounding formal evaluation processes and either adopt or adapt examples that are successfully being implemented in the field.

Two specific knowledge gaps emerged from this study related to: (a) variances in participant's knowledge and ability to translate play therapy outcomes into educational language; and (b) how to use data to show student improvements. In the current school climate of accountability, providing evidence of the effects of play therapy on children's social and emotional well-being is critical. Insights from this study suggest that opportunities for professional development exist from the national associations of school psychologists, social workers, counselors and play therapists. Additionally, the professional literature in each of the specific roles continues to add more scholarly articles regarding data driven decision making. Attention to common goals and objectives that align with both play therapy and educational objectives should be explored by the school mental health professional, so as to speak a common language.

Implications for Education

According to Galassi, Griffin and Akos (2008) many university preparation programs for school mental health professionals seldom include experiences that require working with young children. While the number of university courses in play therapy is growing (APT, 2011), play therapy is not a specialty that is mastered in a simple course. Given that schools are identified as the major source of mental health services for children, a stronger emphasis on this modality should be taught at the pre-service level. Beyond the actual practice and proficiency of play therapy, this study illuminated some school mental health professionals may need training in speaking the language of

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educators to align play therapy outcomes and goals with the mission of the school.

Training programs also need to stress the accountability, data-informed practices and evaluation component of the role. It is essential for school mental health professionals to collect and analyze data, using the results to identify interventions that help students grow and develop. As school mental health professionals continue to illustrate through outcome data that their efforts positively contribute to student learning, the profession and future of school mental health programs will be enhanced. With increasing expectations in a data driven environment, the ability to show outcomes may have a profound impact on more experienced school mental health professionals who may not have received this type of training in their education. Subsequently, at the very minimum, all professionals, including new graduates and seasoned professionals may need to devote professional development time to learning about this important data movement in both educational and mental health practice.

Counselor, social work, and school psychology training programs should also encourage a stronger focus on the importance of building a relationship with the administrator at both the building level and district level. Opportunities to further understand what administrator's value in the school mental health professional role could be accomplished through guest lectures, internship assignments, or specific literature readings.

Furthermore, the pre-service education of administrators could also be addressed. Administrator preparation programs that train future school leaders, could take a proactive role in educating pre-service administrators about the importance of the relationship between school mental health professionals and administrators. Cross-

categorical graduate classes, seminars, internships, or opportunities for interactions to discuss role clarity are examples where education could occur. Assignments in classes could include job shadowing or interviewing professionals in the differing roles to understand each other's field and role more clearly.

Finally, school mental health preparation programs should examine the extent to which curricula focus on developing leadership skills in their students, and whether current practices in graduate programs translate to leadership practices on the job. Administrators and school mental health professionals can be natural partners in sharing leadership. In an effort to meet the needs of diverse learners in public schools, administrators have been encouraged to consider practices that focus on collaborative and distributive leadership (Militello & Janson, 2007). Recent educational leadership models suggest the leadership in schools cannot be the sole responsibility of the administrator, and school mental health professionals bring a unique skill set to the leadership agenda (Janson, Stone & Clark, 2009).

Collaboration and trust between the school mental health professional and the administrators was examined in this study and the findings point to the importance of this relationship to the delivery of appropriate mental health services to children. This study identified that support for play therapy utilization is nested in the overall support between the roles of administrators and school mental health professionals. With the increase of mental health needs of the students that present barriers to learning, the fields of education and mental health must collaborate and link efforts. It is imperative to address social, emotional, and structural barriers that limit academic achievement for students, but particularly for the youngest children, where successful change is most possible.

Implications for Policy

Broader issues woven into the study findings identified school mental health professionals as having high caseloads, dealing with a range of students with complex mental health needs, and often assigned multiple tasks, working in multiple schools. This array of factors are important for understanding that systemic efforts are barriers to play therapy utilization, and this study provided further support for this evidence. These findings are also consistent with what the literature reveals as few schools come close to having enough resources to respond to the ever increasing number of children experiencing barriers to learning (Adelman & Taylor, 2008). Ironically, if schools cannot effectively address barriers to learning, they are in turn, ill-equipped to raise test scores (Adelman & Taylor, 2006). Until school systems address the necessary resources to address systemic issues, the marginalization of school mental health will continue. While beyond the scope of this study, successful school reform efforts will need to focus on the "whole child," including a child's social, emotional, mental and behavioral needs. This institutional transformation will require leadership at all levels. When it comes to influencing student success and overall school climate, the role of the school mental health professional as leader needs to be addressed.

Implications for Executive Leadership

The need for school mental health professionals to serve as leaders has been recognized by researchers in the field (Dollarhide, Gibson & Saginak, 2008), advocating that the more engagement in leadership practices by the counseling professional, the more likely there will be: (a) delivery of more developmentally and culturally responsive services to students; (b) promotion of the professional identity; and (c) lessening of the

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ambiguity surrounding the role and its connection to learning. Therefore, it stands that leadership practice of school mental health professionals influence the service delivery they provide to their students and other stakeholders.

School mental health professionals are in unique positions to create change. Furthermore, because other essential skills such as collaboration, advocacy, and systemic change assume a certain degree of leadership, leadership may be considered foundational to these essential skills. The literature on counselor leadership points to the unique skills and training of mental health professionals that position them to be "natural leaders" such as training in human relations, problem solving, and understanding the process of change (Borders & Shoffner, 2003).

However possessing skills and using them are not the same. This current play therapy study highlights the isolation that many participants felt which could impact how others in the school context view mental health professionals as leaders. While in some cases the isolation may be due to the individual professional who chooses to not communicate, advocate, or assert themselves, there are also many systemic practices that suppress leadership opportunities that need to be addressed.

A point of entry to addressing these barriers can be made by increasing the communication between the school mental health professional and administrator. For the participants in this study who communicated more frequently with administrators, the isolation was lessened. Being visible, participating and speaking assertively for play therapy practices that support children's needs will help make the presence of school based play therapy stronger, thereby impacting the current state of underutilization.

Systemically, most school based decisions have implications for overall climate

issues that impact staff, students or parents. To be viewed as school leaders, school mental health professionals need to be visible and contributing members to these discussions. They need to continue to voice the social and emotional needs of children as equal and foundational to children's academic needs. As leaders, school mental health professionals need to effectively influence change efforts which can continue through the supportive interactions between themselves and the administrators.

Implications for Future Research

This study examined administrator support for play therapy through the perspective of the school mental health professional. Future qualitative studies could extend this inquiry by exploring the administrative support for play therapy utilization from the perspective of the school administrator. This current study employed individual interviews and future studies could employ focus group methodology to examine if similar or different findings emerge through group discourse. Additionally demographic information could be analyzed to determine whether or not a significant difference existed between the responses based on geographic location, student population, years of experience, or community size in relation to the importance of the various administrative support domains. Another useful direction for future research might be a retrospective examination of what school mental health professionals or administrators wished they had received in their trainings that would have helped them as the navigate this critical relationship.

Using the findings from this current study, future research could be conducted to specifically explicate and replicate the findings. This study identified a need for clinical supervision in play therapy specifically to address feelings of isolation, support, and on-

going school mental health professional competence. Other identified needs that emerged from the findings included the need for an appropriate appraisal system, an increase in the frequency communication between administrators and mental health professionals regarding play therapy and clinical supervision, and an increased effort to use data to show positive outcomes. Each of these identified needs could each generate future research inquiry.

This study intentionally sought mental health professionals that met basic criteria of using play therapy in their school based practice. Future study could specifically look at registered play therapists that work in schools, which have extensive training and experience in this particular modality of working with children. Still another study could examine differences across different contexts, such as public, private or charter schools.

Demographic information in this study was collected on the number of children receiving special education services and play therapy. A future study could examine teacher support for play therapy utilization where children are identified for special education. Additionally, looking at parental support for play therapy in families where children were in general education and in families where children were identified for special education services may offer new knowledge in the field.

Another finding in this current study revealed that school nurses and school mental health professionals were a source of support to one another. Future studies might consider how school mental health professionals and school nurses collaborate and support one another and implications for practice and professional development across both fields.

This study was a qualitative research endeavor. Other researchers may see an

opportunity to examine administrative support for school based play therapy in a quantitative manner using the same theoretical framework or another theory of organizational support. A quantitative study could be conducted using a larger population across various geographic locations.

Limitations of the Study

Participants in this study come from two geographic regions and have over five years of experience in an elementary school public setting. Therefore, the results of the study and the validation of the theory by House (1981) adapted by Littrell et al., (1994) are limited to these participants. Limitations also include a small sample size that cannot be generalized to other school mental health professionals. Another limitation is all thirteen participants were Caucasian and only one participant was male, so findings may not be widely generalized outside the current study's demographics. Additional studies including a more diverse group of school mental health professionals is needed to further explore this area of administrative support for play therapy.

This study sought school mental health professionals that met basic criteria including self-identification of using play therapy in their school based practice. This is a limitation, as the definition and practice of play therapy may differ from one individual to the next and data obtained from self-report is often limited. Additionally, while the theoretical framework used provided definitions of each category of administrative support, participants may have differing interpretations of the definitions of the support domains.

This study was aimed at professionals who offer play therapy to children in the public school setting, but who were not necessarily registered or certified play therapists.

Thus, findings in the current study cannot be generalized to the overall population of registered or certified play therapists. Finally, while member checking was employed as a means of establishing the trustworthiness of the findings, it is possible that the researcher's past professional experiences as a play therapist supervisor in public school settings influenced the study, its analyses and findings.

Conclusions

This study explored understanding administrative support for school play therapy through the voices of public elementary school mental health professionals. Barriers to providing play therapy in the school context have been identified and may be influenced directly or indirectly by the relationship between the administrator and school mental health professional. Support for play therapy utilization is therefore nested in the relationship between the two roles.

At the heart of this study is the increasing number of young children with mental health needs who need some level of counseling support. When a child in need of services is between the ages of four and ten, the developmentally appropriate counseling modality of play therapy may be viewed as the most viable treatment approach (Landreth, 2002). Given play therapy's popularity in the general field of child counseling, it would seem logical to think school mental health personnel would use play therapy; however play therapy is underutilized in the school setting (Ray, Armstrong, Warren, & Balkin, 2005).

To closely examine the underutilization of school based play therapy, a review of the overall study follows. Chapter one examined the research problem, research questions and the significance of the study. The first chapter also focused on challenges to

providing play therapy in public elementary schools (Ray, 2010). Many of the identified

barriers to play therapy utilization can be influenced directly or indirectly by

administrative support (Berkowitz, 2005) therefore, the relationship between the school

administrator and school mental health professional is of critical importance.

The primary purpose of this study was to explore how elementary public school

mental health professionals experience and describe administrative support for play

therapy. A secondary purpose was to examine how important the role of administration is

in creating an environment of support for play therapy services by using the four

dimensions of emotional, instrumental, informational and appraisal support, and what

processes or strategies school mental health professionals used to gain administrative

support. Furthermore, this study looked to answer the following research questions: How

do public elementary school mental health professionals experience and describe the

support they receive for play therapy from their administrators? How important is the

role of the administrator in creating an environment of support for play therapy services?

Chapter 2 explored literatures in several fields of study, including workplace

administrator support, counselor-administrator relationships in schools, play therapy and

school based play therapy. This study is grounded in social support theory (House, 1991)

which holds that workplace administrative support can be studied through four domains

of support: emotional, instrumental, informational, and appraisal. Later studies using the

social support theory were conducted within the context of the school setting by Littrell et

al., (1994) and specifically looked at administrative support as perceived by teachers,

librarians and speech and language pathologists.

Chapter 3 outlined the qualitative methodology of directed content analysis, study

participants and the research context. The qualitative study used semi-structured interviews with thirteen experienced elementary public school mental health professionals from rural, suburban, and urban schools in New York and Maine who self-identified as using play therapy in their school practice. The interview protocol was developed using the theoretical framework of social support by House (1981) and Littrell et al., (1994) and the support domains were used as the core categories in the data analysis process.

Study findings were discussed in Chapter 4 using rich text and narratives of the school mental health professionals. Using directed content analysis, the findings showed administrators generally provided administrative support for play therapy, however lacked an understanding of play therapy and the need to provide a mental health supervisor to provide clinical supervision. Additional findings included school mental health professionals desired an evaluation process that more effectively aligned with their counseling role which could also be addressed through the provision of clinical supervision. Providing school mental health services and specifically play therapy was described as an isolating experience for many of the participants who sought out either their administrator or the school nurse to receive some level of mutual emotional support.

The findings regarding the importance of each support domain revealed differences for the school mental professionals as compared to previous studies with teachers. The teachers in previous studies rated emotional support as the most highly valued domain, followed by appraisal, instrumental and informational (Littrell et al., 1994). School mental health professionals in this current study showed a different sequence of ratings. Emotional support was rated highest, instrumental and informational

domains rated next and equally, and the appraisal domain was rated last. The lower rating

for appraisal support was explained by school mental health professionals that the current

state of appraisal was meaningless. For the small number of participants who were

evaluated by their administrators, the process held little value as it typically followed

evaluation criteria for teachers not counseling professionals. What the school mental

health professionals desired was a more appropriate evaluation and appraisal system,

which could be achieved through the process of clinical supervision. Because clinical

supervision is not an educational phenomenon, most educational administrators were

unfamiliar with the differences between administrative supervision and clinical

supervision. This finding identifies a need to educate administrators about clinical

supervision with implications for the fields of school based play therapy, and

administrative educational leadership.

Chapter 5 concludes with a discussion of the findings and implications for

education and school play therapy, policy, professional development and practice,

leadership and future research potential. Additionally, limitations of the current study

were addressed. Administrators and school mental health professionals have a natural and

mutually collaborative relationship that positions them to support each other. In this era

of accountability, the findings suggest that school mental health professionals must

continue to provide data driven information to influence increasing the utilization of play

therapy within the school context and to continuously align their practice goals and

objectives with educators.

If school mental health professionals are the primary providers of mental health

services to our nation's children, these professionals deserve on-going administrative

support that includes the provision of quality clinical supervision, and appraisal systems that support their professional growth. As school leaders, both administrators and school mental health professionals are in key positions to support one another by frequent communication and a greater understanding of the needs of the school mental health professional that practices play therapy. Based on the results of this study, there is still much work to be done.

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Appendix

Interview Protocol: Towards an Understanding of Administrative Support For School-based Play Therapy

Date of interview: Time: Location: Interview Code:

Please tell me about your experience of using play therapy in the school setting.

When I say the words "administrative support for play therapy" what image comes to mind?

Emotional support is defined as an administrator displaying behaviors of: trust, caring, empathy, showing appreciation, and interest in the work thereby creating an open, collegial culture.

> Please describe how your administrator demonstrates emotional support for your play therapy work?
>
> Please describe if your administrator shares the same goals as you regarding play therapy utilization?
>
> How important is administrator emotional support to you?

Appraisal support is defined as an administrator offering ideas for your practice, offering feedback, and behaviors that are of an evaluative or supervisory in nature.

> Please describe your experience with appraisal support from your administrator.
>
> Please describe the approach your administrator uses to evaluate you or your performance in play therapy?

How well does your administrator understand what you do in play therapy?

How important is administrator appraisal support to you?

Informational support is defined as an administrator offering suggestions, advice, direction for approaches that impact student welfare and help with sustained, provides opportunities professional development.

Please describe your experience with informational support from your administrator.

How does your administrator provide opportunities for your professional development growth in play therapy?

How important is administrator informational support to you?

Instrumental support is defined as an administrator providing help to you in the way of materials, resources, space, clear expectations about your role and time to do the needed work.

Please describe your experience with instrumental support from your administrator.

To what extent does your administrator allow you time for individual or group play therapy?

How important is administrator instrumental support to you?

Overall, how important is the role of administration in creating environments of support for play therapy?

What processes or strategies do you use to advocate for support for play therapy in the school?

Is there anything else you would like to share about your experience of administrative

support for practicing play therapy in your school setting?

Can you recommend any colleagues who might be interested in this study?

Participant Demographics

Gender ____ Female ____ Male Age ____

Ethnicity (optional)

_____ American Indian/Alaska Native _____ Asian American/Pacific Islander

_____ Black/African American _____ Caucasian _____ Hispanic _____ Other

Primary position

_____ School Psychologist practitioner

_____ School Counselor

_____ School Social Worker

Years of experience as a school mental health professional ____

Licensure if applicable _____

Please describe your play therapy education and training experience.

Approximately how many children attend this school? ____

Type of community

_____ Large urban (>150,000) _____ Small urban (<150,000)

_____ Suburban _____ Rural