Understanding social workers' experiences of using play therapy techniques with children

BY

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Abstract

The motivation to conduct this study arose from the researcher's experience of working with children suffering emotional distress emanating from challenges such as abuse and family violence. It was found that, in the absence of a specialized organisation offering play therapy, generic social workers would often use basic play techniques to engage with these children. A qualitative approach was adopted to understand the experiences of social workers using play techniques with children. Social constructivism was used as a theoretical framework to understand the meaning that emerged when social workers interacted with children using such techniques.

Purposive sampling was used to select six social workers to participate in the study. This sample was selected from a population of social workers that had worked with children for at least a year and had used play techniques at the Department of Social Development in the Bizana Service Office in the Eastern Cape. Data was collected through semi-structured interviews that were audio-recorded. Thematic analysis was used to analyse the data from the transcribed interviews.

The research findings indicate that the participants used various play techniques with children in distress to build therapeutic relationships, assess a child and relieve emotional distress despite having limited training in these techniques. Since none of the participants had been trained in play therapy, they felt inept in applying these techniques. There is a need to train social workers in play therapy in light of the multiple challenges that face children in South Africa, especially in rural areas. This should be prioritised in order to ensure that children's needs are appropriately addressed.

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COLLEGE OF HUMANITIES

DECLARATION - PLAGIARISM

I Nozuko Mkhize student number 215081182 declare that:

1. The research reported in this thesis, except where otherwise indicated, is my original research.

2. This thesis has not been submitted for any degree or examination at any other university.

3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

4. This thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:

a. Their words have been re-written but the general information attributed to them has been referenced.

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5. This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the thesis and in the References section.

Signed

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CHAPTER ONE: GENERAL INTRODUCTION

1.1 INTRODUCTION

Play is an essential part of a child's world, because it is the means by which they learn and cope with their environment. Oaklander (1998:10) notes that play techniques are one of the mechanisms used within the therapy process. Play has been and has remained a child's natural medium of expression (Axline,1974:9) there is frankness and honestly in the way children state themselves in a play situation.

Play is a beneficial technique for children who have experienced traumatic events and who have to deal with particular problems. Dougherty et al (2007) note that more than 70 years of research has documented the effectiveness of Child Centred Play Therapy (CCPT) for children confronting a variety of psycho-social problems such as sexual and physical abuse, neglect and divorce. Social workers have long used play therapy techniques to assist children to overcome their fears, normalize their lives and facilitate healing. Moreover, play facilitates physical, mental and emotional development (Schoeman and van der Merwe, 1996:3-5).

This study explored the experiences of social workers in using play techniques with children in a rural context. Play is a relatively new concept within the black community; consequently, it is not adequately understood. The researcher took context-specificity into account to understand the use of play techniques by social workers when working with children. This understanding promotes recognition of the uniqueness of the experience and meaning for each participant.

1.2 Definition of Research Concepts

De Vos (2011) notes the importance of defining the central concepts in problem formulation and all other stages in the research process. The first step in research is to define the concepts while taking into

account the purpose of the study, and the relevant background information.

Perception

Westen (1996:117) argues that perception is the process by which the brain organizes and interprets sensation. Perceptions are always experiences of objectives or events.

Play therapy

Play therapy is a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures, who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through the child's natural medium of communication (Landreth, 1991).

Trauma

James (1996) defines trauma as an emotional shock that causes substantial, lasting damage to an individual's psychological development. Malchiodi and Perry (2015:4) describe trauma as an experience that has a lasting, substantial psychosocial and somatic impact on the child.

1.3 Motivation for the choice of study

Topics for social work research should emanate from day-to-day activities and interactions in the work situation (De Vos et al, 2012). The researcher was motivated to conduct this study due to her day-to-day interaction involving work with children using play therapy techniques. The study aimed to understand how social workers perceive play therapy techniques and their experiences of using them. This research is of significance to the field of social work as it offers insight to the interventions social workers apply when they work with children in distress and the challenges associated with the application of such interventions. Moreover, the study's findings will facilitate better understanding of areas that require improvement and support.

1.4 Problem formulation

Terre Blanche et al (2006:18) argue that without an identified research problem that is important enough to warrant investing resources in, there would be no need to conduct research. Furthermore, the identified research problem has to be clearly stated with explicit parameters. Moutin and Marais (1990:38) are of the view that the precise formulation of a research problem is related to a number of factors such as selecting a unit of analysis, and choosing a research goal and the research approach.

Counselling and psychology have traditionally been conceptualized in Western, individualistic terms (Naidoo: 1996) to the detriment of contextualised, community-oriented indigenous forms of theory and practice. Western culture often dominates over African culture and the result is that African indigenous knowledge is marginalized and even rendered invisible (Mkhize 2004:32).Play is a universal language, it is how children communicate and express their feelings (landreth:1991) regardless of the different political ,social ,religious ,cultural background; children communicate through play. However, it is also context specific. Play therapy on the other hand is a western technique and often requires certain materials in order to execute it. Kekae-Maletsana(2008:367) further adds that most African children in South African townships and rural areas from disadvantaged families do not have toys , they improvise by playing with freely available materials for instance sticks and stones, they play games that do not require commercialised material. However, these materials are often not used in play therapy. Consequently, these children would come for therapy and they would not understand what is expected from them or how to use play materials that they are unfamiliar with and this creates confusion for the child. The second problem is that play therapy is a specialized field and advanced training is required to apply it successfully as an intervention for children. Social workers with little

training in this field sometimes use play therapy techniques during child counselling. The researcher's experience in social work revealed that most interventions with children who have experienced distress receive counselling from social workers, who use various strategies, including play therapy techniques. In areas such as Bizana, there are few Non-Governmental Organizations (NGOs) that specialize in the use of play techniques. Therefore, children who might benefit from the use of play techniques are referred to social workers who have little or no training on how to use such methods to alleviate the child's psycho-emotional distress. This limits their effectiveness in facilitating healing. This study therefore intends to explore how social workers use play techniques in light of the limited training and minimal use of context-specific play techniques that could be used during play therapy sessions with children who are in distress.

1.5 Location of the study

The study was conducted in Bizana, a rural town that falls under Alfred Ndzo District Municipality in the Eastern Cape. The 2014 Eastern Cape socio-economic review conducted by the Department of Economic Development, Environmental Affairs and Tourism in partnership with the Eastern Cape Provincial Planning and Treasury revealed that the Eastern Cape has a relatively young population with 70% of its inhabitants under the age of 34.

Furthermore, 21,173.300 children in the Eastern Cape are under the age of 14.At 32.8%, this is the highest proportion of children in relation to the total population in all South Africa's provinces and is above the national average of 29.2%.This review also revealed that, while the proportion of the population in the Eastern Cape with no schooling decreased by 12% between 1996 and 2011, there was only marginal improvement in the number of people with matric. This was despite a 50% increase in the number of learners writing matric examinations. Furthermore, there was only a single percentage point improvement in the proportion of the province's population with higher qualifications.

On a more positive note, the number of people in the Easter Cape that had some level of high school education increased by 12%.

The HIV/AIDS epidemic and Tuberculosis are crucial drivers of mortality rates, demand for health services and well-being and productivity in the Eastern Cape. Major social, economic and behavioural factors that drive the epidemic in this province include stigma, denial, poverty, labour-related migration, gender-based violence, concurrent multiple sexual partners and lack of knowledge of the disease cultivated by social and cultural norms (HSRC, 2010:8).

1.6 Main aim of the study

The main aim of this study was to explore the experiences of rural social workers who use play therapy techniques with children who have experienced trauma such as sexual abuse, neglect and divorce.

1.7 Objectives

The study's objectives were to:

1. Explore social workers' experiences of using play therapy techniques;
2. Understand the challenges experienced by social workers in using play therapy techniques;
3. Identify the play therapy techniques used by social workers when counseling children who have experienced trauma;
4. Explore social workers' opinions of children's responses after using play therapy techniques.

1.8 Research question

De Vos and Van Zyl (1998:267) note that, the research question helps narrow down the problem to a workable size. This study aimed to explore the experiences of rural social workers who use play therapy techniques with children who have experienced trauma such as sexual abuse, neglect and divorce. The research thus sought to answer the following question:

What are social workers' experiences of using play therapy techniques with children?

1.9 Methodology

The study adopted a qualitative methodology De Vos et al (2011:64) state that qualitative research relies on the participants' account of meaning, experiences or perceptions. Its primary goal is to describe and understand rather than explain human behaviour. This approach was appropriate for this study because it is descriptive in nature.

1.10 Study design

A descriptive design was used since the study was interested in describing the details /characteristics of the phenomenon under study, i.e., the use of play therapy techniques by social workers. According to De Vos (2002:109), descriptive research presents a picture of the specific details of a situation, social setting or relationship and focuses on how and why questions. The researcher therefore, begins with a well-defined subject and conducts research to accurately describe the phenomenon under study.

1.11 Sampling and sampling method

According to De Vos et al (2011), in qualitative research, participants should be selected that are best able to give the researcher access to a special perspective, experience or condition which the researcher wishes to understand.

Purposive sampling was used to recruit potential participants. The sample consisted of six social workers. Purposive sampling was appropriate for this study because the researcher intended to recruit participants who met the following criteria:

1) Social workers who had worked in this field for at least three years;
2) Social workers who had used play techniques with children for at least a year.

1.12 Ethical Considerations

Informed consent

De Vos et al (2011: 65) argue that obtaining informed consent implies that all possible or adequate information on the goal of the investigation and the procedures that will be followed has been explained.

Confidentiality

Maintaining confidentiality and privacy is critical when conducting research. According to De Vos et al (2011: 67), privacy relates to personal privacy, while confidentiality indicates the handling of information in a confidential manner. Furthermore, the authors regard confidentiality as a continuation of privacy as access to private information is limited. To adhere to these research principles, pseudonyms are used for the participants in the research report.

1.13 Data collection method

Data was collected through the use of semi-structured interviews. De Vos et al (2011) note that this type of interview offers both the researcher and the participant more flexibility. Furthermore, the researcher is able to follow up on particularly interesting avenues that emerge during the interview and participants are able to provide a fuller picture of the matter under consideration. A semi-structured interview guide was used to guide the interview process.

1.14 Data analysis

Thematic analysis was used to analyse the data. According to Braun & Clarke (2006), thematic analysis is a qualitative method for identifying, analysing and reporting patterns (themes) within data.

I began the process of data analysis by rereading the data collected, looking for codes and sub-themes and generating the main themes.

1.15 Overview of Chapters

Chapter 1: General Introduction

This chapter provides a brief background to the study and sets out the research problem, and the study's aim and research question as well as the methodology employed to address this question.

Chapter two: Literature Review

Chapter two reviews the relevant literature on play therapy.

Chapter three: Methodology

Chapter three presents the research methodology employed and highlights the ethical considerations taken into account.

Chapter four: Findings

The chapter presents the study's findings based on the themes and sub-themes that emerged from the data analysis.

Chapter Five: Summary, Conclusion and Recommendations

Chapter five presents a summary and conclusion as well as recommendations based on the study's findings.

1.17 Conclusion

This chapter presented a brief background to the study and set out the research problem and the study's aim and research question, as well as the methodology employed. It also provided an overview of the dissertation. The followingchapter presents a critical review of the literature relevant to this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Terre Blanche et al (1999:18) state that a literature review places a research study in context by showing how it fits into a particular field. This chapter discusses the conceptualization and history of play therapy, different types of play techniques, the utilization of play techniques in South Africa and social work practice in this country. It also highlights issues and challenges relating to play therapy.

2.2 The conceptualisation and history of play therapy

Landreth (1991:55) describes play therapy as a complete therapeutic system rather than the application of a few rapport-building techniques. Landreth believes that children's play can be fully appreciated when it is recognized as their natural medium of communication. Gerald and Gerald (1997: 35) define play therapy as engaging the client in a therapeutic process by using counselling skills in conjunction with media and other strategies that need to be brought into play if therapeutic change is to occur. According to O'Connor (2000:6), play therapy refers to 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. It is an effective means of responding to the mental health needs of young children and is widely accepted as a valuable and developmentally appropriate intervention (Homeyer and Morrison, 2008).Children who have been traumatized often require therapeutic intervention and therapists use play therapy techniques in such interventions.

The use of play techniques was pioneered by Sigmund Freud, who was the first to use this method to uncover his clients' fears and concerns (O'Connor, 2000:11). Freud identified defence mechanisms as unconscious. They serve to protect the child from anxiety by helping him/her to avoid facing the consequences of unresolved differences between the id and the superego. O'Connor (2000:11) notes that Anna Freud started using play therapy as a way of luring children into therapy. The rationale behind this technique is the concept of a therapeutic alliance.

However, Landreth(2012:29-30) notes that following Freud's work, Hug-Hermin(1921) seems to have been one of the first therapists in the early 1900s to emphasize play therapy as essential in child analysis and to provide children in play with materials to express themselves. The author adds that although the work of Hugh-Hermin predates that of Anna Freud, she did not formulate a specific therapeutic approach. Consequently, most therapists who worked with children at this time resorted to indirect therapy contact by collecting observations of children. In 1919 Melanie Klein(1955) began to employ therapy as means of analysing children younger than the age of six. She posited that a child's play was motivationally determined as free association of adults. Both Klein and Freud stressed the importance of uncovering the past and strengthening the ego. Furthermore, both believed that play is the medium through which children express themselves most freely. Klein (1955) used play as a way to encourage children to express fantasies, anxieties and defences which she then interpreted.

Landreth (2012) believes that a major difference between Klein and Freud was Klein's heavy reliance on interpretation of preconscious meanings of children's play. Klein stressed the need to take the desires and anxieties in the therapist-child relationship back to where they originated. According to Landreth (2012), Anna Freud modified the structure by involving the child in feeling level experiences. She encouraged the child to verbalize day dreams or fantasies. This enabled

the child to learn to verbalize his/her innermost thoughts and using the analyst's interpretations, to discover the meaning of thoughts.

O'Connor (2000:13) and Landreth (2012) agree that a second major development in formulating play therapy occurred in the 1930s with the work of David Levy (1938) in developing release therapy. Levy felt that there was no need for interpretation. He claimed that the therapist's major role is to be the shifter of scenes, to recreate the experience that precipitated the child's anxiety reaction. The child engages in free play to gain familiarity with the room and the therapist and the therapist uses play materials to introduce the stress, producing a situation when he/she feels it is appropriate. The author explained that in a structured approach, the therapist plays an active role in determining the focus of the sessions and selects the play material used. Levy believed that the therapist could use their awareness of the child's specific difficulty to arrange dolls and play materials in a specific way to promote catharsis and insight through symbolic play.

2.3 Rationale for play therapy

Carrol (2002:177) argues that the current political thinking dictates that we listen to children and take their feelings and opinions seriously. Furthermore the rights of children to be heard are now enshrined in a national and international law (Taylor 2000). The United Nations Convention on the Rights of the child in 1983 insists that children who are able have the right to express their views and have them considered (Article12). It is against this background that we look at the basis of play therapy as it has been deemed a tool that allows children to express their feelings and opinions. Landreth and Bratton (1999) are of the view because children's language development lags behind their cognitive development, they communicate their awareness of what is happening in their world through their play. They further argue that in play therapy toys are viewed as the child's words and play as the child's language of activity. Play then is to children what counselling or psychotherapy is to adults.

Landreth and Bratton (1999) state that in play therapy the symbolic function of play is what is so important, providing children with a means of expressing their inner world furthermore emotionally significant experiences can be expressed more comfortably and safely through the symbolic representation the toys provide. The use of toys in play therapy enables children to transfer anxieties, fears, fantasises and guilt to objects rather than people. Landerth (993) further adds that in a relationship characterised by understanding and acceptance the play process allows children to consider new possibilities not possible in reality, thus greatly expanding the expression of self. Landreth and Bratton (1999) argue that a major function of play in play therapy is the changing of what may be unmanageable in reality to manageable situation through symbolic representation which provides children opportunities for learning to cope.

2.4 The language of play

 Turn and Kimmes (2014) are of the view that by using play to externalize problems with children and their families, therapists can create distance between the problem and the children's problems. Landreth (1993) is of the view that the elementary school counsellor uses play therapy with children because play is the child's symbolic language of self expression and for children to play out their experiences and feelings is the most natural, dynamic and self-haling process in which children can engage.

White (1960) believes that play is a serous business and processes through which children build their confidence in dealing with their environment. Self-directed play provides children with an opportunity to be fully themselves (Bruner 1986). Landreth (1993:17) believes that in play therapy nothing is held ;all parts pf the self are experienced because self-directed play is safe, only through engaging in the process of play in an accepting caring relationship can children express and use the totality of the personalities. Furthermore because children's language development lags behind their cognitive development, they

communicate their awareness of what is happening in their world through play.

Homeyer and Morrison (2008:212) are of the view that play offers a means to discharge strong emotions, bringing relief and further add that during play children are able to play out negative life experiences by breaking them into smaller parts, releasing feelings that accompany each part, assimilating each experience back into the view they have of themselves and obtaining a new level of mastery. Furthermore these authors believe that developing themes and metaphors in play gives meaning to life and shaping the child's belief systems. Metaphors enrich structure and energize childhood experiences (Homeyer and Morrison: 2008).

In a relationship characterised by understanding and acceptance, Landreth (1998:18) affirms that the play process also allows children to consider new possibilities not possible in reality, thus greatly expanding the expression of self, and further adds that in the safety of the play therapy experience, children explore the unfamiliar and develop a knowing that is both experiential-feeling and cognitive. Therefore, elementary schools counsellors must go to the child's level of communication by using play therapy, only through the process of play can the counsellor gently touch the emotional the world of the vulnerable child.

2.5 The practise of play therapy

Homeyer and Morrison (2008: 213) believe that play therapists are mental health professionals trained specifically to use children's play as the basis of therapeutic interaction. The association for play therapy (2008) has defined play as "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". Play therapists watch for patterns and themes in

children's play in order to make responses that produce therapeutic movement and ultimately catharsis (Landreth 2002).

As Allan (1997) has noted, the difference between play and therapy is the therapist's ability to think analytically about everything that is going on in the session verbally and non-verbally and symbolically in the child's play and art work. Homeyer and Morrison (2008) believe that toys allow for creative and emotional expression ,testing of limits and role playing reality and play therapists have a sound theoretical rationale for selecting and placing toys and materials in a play therapy playroom. Types of toys include, but are not limited to, dolls and doll houses, play kitchens building blocks, farm and wild animals, toy knifes and swords, dress up costumes, musical instruments and puppets (Landreth 2002, Kottman 2003, O'Connor 1991). Furthermore Homeyer and Morrison (2008) argue that some therapists may include games that facilitate discussion and social skills development, each play therapist's theoretical orientation dictates whether play with the toys and games is child directed by the professional.

Play therapy has a rich history of practice and research. The development of play therapy paralleled the development of the mental health field in general (Homeyer and Morrison 2008). During the early twentieth century, Anna Frued (1928) and Klein (1932) wrote about applying psychoanalysis to children and Lowenfeld (1932) wrote about allowing children to use play to teach her how to understand their world. Since that early work, play therapy has integrated most of the leading counselling theories. Axline (1947), one of the most well known figures in the field, adapted Carl Rogers person-centered play therapy. Guerney (1947) and Landreth (2002) have continued to popularize child-centered play therapy.

Homeyer and Morrison (2008) are of the view that using play to engage the entire family in mental health services may be a preferred mode of intervention. Schaefer, Eliana Gil (1994) and Lois J. Carey (1998) have written extensively on family play therapy and Harvey (2006) has

developed what he calls dynamic family play therapy, an action-oriented intervention that uses play to activate the creativity of family members and help them adapt to conflicts. Furthermore Homeyer and Morrison (2008) affirm that involving parents in the therapeutic process has proven very effective, several different approaches rely on the strength of the parent-child relationship as a significant factor in healing. Additionally researcher has supported the effectiveness of therapeutic approaches involving parents from many backgrounds, ethnicities and mental health.

After a decade of research and practice Guerney and Lousie described their development of filial therapy in 1964. Filial therapy trains parents in basic child-centered play therapy skills and procedures. Parents learn to follow the child's lead, reflect the child's feelings, describe the content of the play and set limits. Landreth later introduced a ten session model based on the Guerny's work and in 2006 .answering the call in the mental health field for more maualized treatments ,he and Bratton formally developed a protocol for this ten-session model known as child-parent relationship therapy (CPRT). In both the Geurney and the Landreth/Bratton models ,a mental health professional trains and supervises parents in weekly parent-child play sessions to reduce children's behavioural problems and strengthen the parent-child relationship.

In addition to her aforementioned contributions to play therapy for children, Jensberg (1997) has described the use of touch to connect the parent and child in a closer and more secure relationship. Homeyer and Morrison (3008) believe that the parent and therapist work together with the child as the parent learns to respond more empathetically and to understand the child's nonverbal communication through a play full approach.

Parent-child interaction therapy, developed chiefly by clinical psychologist Sheila Eyeberg, is an evidence-based treatment for disruptive behaviour in pre-schoolers (Brinkmeyer and Eyberg 2003).

Parent-child interaction therapy according to Homeyer and Morrison (2008) focuses on improving the parent-child relationship by changing the parent-child interaction pattern. These authors further add that drawing on attachment and social learning theory, parent-child interaction therapy uses two phases of treatment to teach parents new ways of interacting with their child; in phase one, parents learn to give attention to the child's positive behaviours while the child play and in phase two, therapists coach parents in parent-child session to praise appropriate play behaviours and ignore inappropriate play behaviours.

Sand tray therapy, a form of play using miniature figures and a tray of sand, has become an important approach with adolescents, adults, couples and families (Homeyer and Morrison, 2008:216). Dora Klaff, a Jungian therapist in the 1950s and 1960s, she called it Sand play, and it became worldwide. Play therapist and counselling educator Homeyer and Sweeney discussed it from a theoretically inclusive approach, Sand tray therapy gives children opportunities to speak through scenes they build in the sand much the way Lowenfeld (1935) indicated clients "speak with their hands". Play therapy techniques are often implemented when working with children because play is how children communicate (Landreth 2001). Turns and Kimmes (2014) are of the view that integrating narrative and play therapy allows children to understand and participate in the process pf removing the blame and creating a separate identity for the problem. Turns and Kimmes (2014) further elaborate that because children alter their communication and play as they develop ,play techniques need to be assigned based on the child's developmental stage ;therefore ,integrating Erisons (1959) psychosocial stage theory will allow therapists to work with children and adolescents in an age-appropriate manner.

2.6 Play in the therapeutic process

Landreth (2012:11) believes that play is a voluntary, intrinsically motivated, child-directed activity involving flexibility of choice in determining how an item is used. The process of play involves the

child's physical, mental and emotional self in creative expression and includes social interaction. The term play therapy presupposes the presence of some activity that would be considered play. Landreth(2012: 19-20) highlights six stages in the play therapy process.

The first stage initially diffuses negative feelings expressed everywhere in the child's play as in the case of a child who cannot tolerate any kind of mess and is overly concerned with cleanliness and neatness. There may be accompanying high levels of anxiety as in the case of a child who just stands in the middle of the play room unable to initiate an activity.

In the second stage, the child usually expresses ambivalent feelings that are generally anxious or hostile. The third stage is characterised by more focussed negative feelings expressed toward parents, siblings and/or other people in the child's life. These feelings or attitudes are often evident in the child's symbolic play as in the case of a child who acted out strong negative reactions towards parents and a new baby by lining up mother, father and baby family doll figures and then announcing, "They are robbers". In the fourth stage, ambivalent feelings are again expressed in the child's play but in the form of positive and negative feelings and attitudes towards siblings, parents and other people in the child's life.

The fifth stage is characterised by clear, distinct, separate and usually realistic positive and negative attitudes with positive attitudes predominating in the child's play. The final stage is a direct result of understanding, and accepting the caring relationship established by the therapist where the child feels safe enough to more fully become the person they are capable of becoming. In an accepting and safe environment such as that offered to the child in play therapy, each child's uniqueness is expressed more freely and thus more completely. As this unique self is appreciated and accepted by the therapist, the child internalizes that acceptance and begins to accept and appreciate

his or her own uniqueness, thus beginning the process of self-knowledge.

Gil (1994) claims that children are an essential part of the family should not only be included, but be active participants during family therapy. Gil describes play as the fundamental element for actively involving children in therapy because it is what children do best. Playing during the therapeutic process is vital because it is how children feel the most expressive, competent and playful. Families are given the opportunity to experience happiness, pleasure and fantasy while expressing their thoughts and feelings about their world (Ruble: 1999).

A therapist who utilizes play during treatment shows children and parents that therapy belongs to the child and that the child is worth spending time with (James:1989). According to Schaefer (1993:1) play ,like love ,happiness and other psychological constructs ,is not easy to define and one reason is that play changes its form as young children mature. O'Connor (2000:3) claims that no single, comprehensive definition of the term play has been developed and mentions that the most quoted definition was developed by Eriskon in 1950. He defined play as a function of the ego, an attempt to synchronize the bodily and social processes with the self. Hughes (in O'Connor,2000:3) defines play as being motivated intrinsically ,freely chosen ,non literal ,actively engaged in and providing pleasure.

Serok (2000:221) explains play, observable in animals as well as humans as a natural, universal activity. The writer further states that play is self-powered; it includes a high degree of motivation and achievement. It is a happy activity that begins in delight and ends in satisfaction and insight. Involvement in play may be a sign of well-being of the participant. Often parents and caregivers would suspect that a child is not well if he or she does not want to play. Recently however, children's right to play is being questioned. Segments of our society are calling for more structured, more work and more adult-

directed activity for children. There is an increasing pressure for academic work by preschoolers. Another trend in our society is that children are spending more time watching television than engaging in play. This is a disadvantage since play contributes a lot in the development of children (Serok, 2000).

Van Fleet (1994) held the belief that play is a vital element of child development and is therapeutically beneficial to treatment. Children are often involuntarily clients; brought by their parents who have defined their problem and decided that their child needs professional help (Berg and Stenier 2003; Larner 2003; White 2007). Berg and Stenier (2003) make not that most children do not fully understand the concept of therapy, why they are being brought to therapy, or what their parents expects from them. Play therapy allows children to use play as a medium through which they may express their feelings as well as seek mastery of conflicts (Landreth 2001).

2.7 Play Therapy techniques

Landreth believes that toys and material should be selected to allow children to express their feelings and reactions. The following play therapy techniques will be briefly discussed below namely; fantasy, relaxation play and drawing and fantasy. Moreover two techniques for play, namely, toys and clay are examined here in detail.

2.7.1 a. Fantasy

Oaklander (1988:11) comments that "through fantasy we can have fun with the child and we can also find out what a child's process is. Usually her fantasy process (how she does things and moves around her fantasy world) is the same as her life processes". Schoemen (1996:85) states that "fantasy forms a central part of the child's development" Oaklander (1988:12) comments that "we can look into the inner realms of the child's being through fantasy".

2.7.1. b. Relaxation Play

Van der Merwe (1996:77) is of the view that relaxation play 'is mostly directed towards the attainment of process goals, namely to prepare the child for the helping process by attaining the correct level of relaxation so as to ensure that he finds the helping process worthwhile". Relaxation play may include the use of music, puzzles, games, trips and outings and /or pets and animals getting involved in the process (Van der Merwe ,1996:78-82).

2.7.1. c. Drawing and fantasy

Oaklander (1998:21) sates that when drawing/painting with a child, the child will again use his/her imagination and/or fantasy. Van der Merwe (1996: 138) comments that drawing can be relaxing and can therefore create the correct atmosphere for further therapy. In drawing there are various specific activities that can be used .according to Oaklander (1988:21-52), such as the rosebush, the squiggle, family drawings; anger pictures, group drawing, free drawing; painting and various others.

2.7.1.d. Sensory Experience

Oaklander (1988: 109) states that through the various play techniques a therapist is attempting to "give the child experience that will bring her back to herself ,experience that will renew and strengthen her awareness of that basic senses that an infant discovers and flourishes in; sight, sound ,touch ,taste and smell". Activities can involve using clay ,finger paints ,sand ,drawing .listening and discussing sounds, music ,taste testing ,smelling different things ;using body movements; and/or discussing feelings through books ,magazine or experiences(Oaklander ,1988:109-135).

2.7.1 The use of Clay

White (2006:270) notes that clay has always been used in play therapy and suggests that it is a necessary therapy instrument. Clay is one of the tools used by the counsellor to facilitate the adult-child relationship discussed above that leads to the child's transformation

from disorganization to normalisation. Various authors on the subject of play therapy, from Axline (1974) to Landreth (2004) recommend that play therapists use play dough as a tool of the trade, but there are few guidelines, directions, suggestions or applications for its clinical use. White (2006) believes that the lack of clinical scrutiny and empirical analysis is a glaring void, creating an opportunity for discovery and innovation. Clay Therapy is a response to that void. It is a child-friendly, clinically supportive application of an old friend to all children: clay.

Clay has a place in the world of counselling. Play therapists have traditionally used natural clays and more recently synthetic modelling clays because this is a substance that children know well (White, 2006:273). Furthermore, children like clay and if they don't have it they will play with pudding, pie dough or mashed potato. Place a lump of clay in front of any child at any period in time or any place in the world and watch the inevitable interaction between child and material (White, 2006:273). White (2006) believes that every therapist in every child-centered clinical treatment on the planet uses some form of clay to engage children and enhance the therapeutic process. Furthermore, clay has always been a children's toy. Counsellors use clay as a means to enhance the therapeutic relationship and support the clinical process.

2.7.2 Use of Toys

Play is the child's introduction to the world and nothing better expresses his or her being than play. Toys are the medium for that process and if children have none, they create some. Since play is the language of children, toys are the words of their expression. For the developing child, toys are the tools for mastery, interaction and reciprocation. Toys become representative of the child's identity and provide an avenue towards security to express him or herself safely (Schaefer and Kaduson, 2006). Winnicott (1999) notes that, for a child that is less cognitively oriented, toys aid the expression of feelings and

experiences. Furthermore, the toys expand to become the symbols that represent his or her existence and meaning in the world.

Schafer and Kaduson (2006) are of the opinion that for the therapist, toys are the medium by which children express their dilemmas and/or traumas. Toys give a child the power to change his or her meaning of life and future view of the world. Furthermore through play, children can change their perceptions of an event, which in turn, changes their view of life. Without play and toys and the process of play therapy, many children's meaningful expressions would most likely not be vocalized. Toys and play became symbolic and metaphorical extensions of the child. Together, the distressed child and the play therapist can enter the child's emotional world and hear his or her pleas for understanding and confirmation (Schaefer and Kaduson, 2006).

The play therapist must consider the symbolic meaning of each toy a child selects Norton and Norton (2002) argues that a few sessions into the process, play becomes increasingly focused and patterns evolve. At this point, toys are not selected randomly but represent various aspects of the child's perceptions of his or her dilemma. They further argue that the therapist must assess the meaning of each toy based on the projective meaning immediately assigned and experienced by the child. Norton and Norton (2002) believe that a playroom with a broad selection of toys gives the child the ability to speak with directness and without confrontation as his or her story is told. After the failure of repeated attempts to communicate their experiences and perceptions, many children abandon these attempts and begin concealing their inner truths. However, when they are offered the opportunity to have these truths heard and understood, they become readily proficient in revealing their personal narrative.

2.8 Play therapy approaches

Various play therapy techniques are used by therapists when working with children who have been traumatized or abused. Some of these are discussed below.

2.8.1 Psychoanalytic Play Therapy

Lee (2009:25) notes that in the past 10 years psychoanalytic play therapy has evolved significantly in several different directions, highlighting the nuances of therapeutic action and the underlying assumptions of existing techniques. Furthermore, its scope has widened to include treatment of children with more severe ego deficits as well as neuroses. The author elaborates that the role of the therapist is that of a full participant whose engagement with the child is an integral part of the play created and can fundamentally alter its course.

2.8.1.2 Goal of psychoanalytic play therapy

According to Axline, V (1981) the goals of psychoanalytic play therapy are may and include helping the child to suffer less (eg. quelling anxiety and related bodily symptoms, lifting depression and resolving complicated grief). Furthermore psychoanalytic play therapy may be used to soften an overly harsh conscience in a child who won't give himself a break, it can help a child integrate various aspects of her personality or help to master developmental tasks such as separating and growing up or adapting to puberty and its changes. Bromfield (2003) is of the opinion that psychoanalytic play therapy goes beyond the immediate pain of difficulty and clear the way so that healthy development can resume from where it has halted or detoured by external trauma or untenable internal conflict. The author further argues that it is also effective in helping children who have significant limitations to come to terms with who they are, helping develop more secure adaptable, compensating and self accepting ways and attitudes.

2.8.1.3 How psychoanalytic play therapy works

Bromfield (2003:3) believes that therapy provides a troubled child a place safe from physical and psychological harm, where she can let her guard down sufficiently to explore her thoughts, feelings and life. Furthermore this type of therapy, along with child centered play therapy approach, that simply coming to know what she truly feels,

thinks and does can helped a child to feel and function better, that is to live in a more authentic way. Winnicott (1954) is of the opinion that the psychoanalytic play therapist strives to "therapeutically hold" the child; parallel to the way that a mother holds her baby, the therapist holds the patient –not physically but psychologically.

Furthermore Bromfield (2003) sates that the therapist absorbs the excitement and distress that the child's minds cannot bear on its own. The author further elaborates that most of all the therapist empathetically listens and responds to the child, being understood deeply ,having your presence heard ,is itself one of the most powerfully moving experiences you can have and counters the painful, if common, the sense of being unheard and ignored. In addition to being reparative in itself, the therapist's empathetic stance facilitates clinical interventions that can acutely meet the patient jut where she is emotionally, either falling flat or overwhelming her. Bromfield (2003:3) further adds that because the child is the one in charge of his own therapy, he can actively work on experiences in which he was originally helpless and impotent.

2.8.2 Child-Centered Play Therapy

Landreth and Sweeney (2009:123) are of the opinion that CCPT is not a cloak that the play therapists puts on when entering the playroom and takes off when leaving; rather, it is a philosophy resulting in attitudes and behaviours for living one's life in relationships with children. Furthermore, CCPT is a complete therapeutic system, not simply the application of a few rapport building techniques. Schaefer and Kaduson (2000:56) are of the view that child-centered play therapists believe deeply in and explicitly trust the inner person of the child; therefore, the play therapist's objective is to relate to the child in ways that will release the child's inner directional, constructive, forward-moving, creative,self-healing power. Schaefer and Kaduson (2000:56) argue that one cannot begin to use CCPT without knowledge of Axline's eight basic principles of play therapy, which are:

- The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible
- The therapist unconditionally accepts the child
- The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his/her feelings completely
- The therapist is quick to recognize the feelings the child is expressing and interprets those feelings for the child in an insightful manner to gain insight into their behavior
- The therapist maintains deep respect for the child's ability to solve problems once given an opportunity to do so. It is the child's responsibility to make choices and to instigate change
- The therapist does not attempt to direct the child's actions or conversation in any way. The child leads the way; the therapist follows
- The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized by the therapist
- The therapist establishes only those limitations that are necessary to anchor therapy to reality, and makes the child aware of responsibility in the relationship.

2.8.3 Filial Therapy

Filial therapy is a family therapy approach that uses play as the primary means to help parents and children communicate, work through problems, and strengthen their relationship (Landreth and Braverman, 2009).Van Fleet (2005) notes that it is well known and is frequently used within the play therapy community. Interest in this approach is expanding to family therapists, psychologists, social workers, counsellors and others who work with children and families. Landreth and Braverman (2009) state that in filial therapy, the therapist trains and supervise parents and other child care-givers as they conduct special, non-directive play sessions with children.

Ginsberg (2015:5) argues that the filial therapist/leader plays many roles during the therapy. First, the therapist helps parents understand how Filial Therapy addresses the presenting problem and fosters satisfying outcomes then she or he teaches, models, guides, and supervises parents as they learn to conduct these play sessions. Furthermore Filial therapists also help parents generalize the skills they use during the sessions in their everyday lives and maintain and integrate what they have learned. Finally, the therapist/leader integrates dynamic and didactic methods

2.8.3.2 The Nature of Filial Therapy

According to Ginsberg (2012:5) filial therapy quickly engages clients and therapist/leader in a collaborative effort. As an educational skill-training model, it is predicated on clients being fully informed about the principles and methods of the approach and how it will address the reasons and/or concerns that motivate parents to make an appointment. The author further adds that once parents are informed, therapist and parents join together as a team on behalf of the child and the family and make decisions together. Van Fleet (2005) notes that most parents become enthusiastic about the value of the play sessions and filial therapy itself, which motivates them to use the method, thus enhancing the client-therapist/leader collaboration. This helps ensure a good outcome.

Furthermore Stinnet and Defrain (1985) state that filial therapy is designed to strengthen family relationships, furthermore emphasis is placed on parental understanding and acceptance of each child in the family, improving the empathy skills and atonement of parents, permitting the children to solve many of their problems, placing a priority on parent-child special times and improving parent parenting skills. Vanfleet (1999) outlined treatment goals for the child, for the parent, and for the family as a whole. It is hoped that *children* involved in filial therapy will be able to (a) understand, express, and regulate their emotions;(b) develop problem solving skills; (c) reduce

maladaptive behaviours;(d) feel more trust and security with their parents; (e) gain mastery while being responsible for their own actions; and (f) develop interpersonal skills.

2.8.4 Cognitive behavioural play therapy

Cognitive behavioural play therapy (CBPT) is based on behavioural cognitive theories of emotional development and psychopathology; it incorporates cognitive and behavioural interventions within a play therapy paradigm (Knell, 2000). Play activities as well as verbal and nonverbal communication are used. CBPT provides a theoretical framework based on cognitive behavioural principles, and it integrates these in a developmentally sensitive way.

2.8.4. (I) Indications for cognitive-behavioural interventions

One of the primary goals of cognitive-behavioural therapy is to identify and modify maladaptive thoughts associated with the child's symptoms (Bedrosian and Beck, 1980). Maladaptive thoughts refer to ideations that interfere with the child's ability to cope with experiences (Beck, 1976). Schaefer and Kaduson (2000:7) state that cognitive behavioural play therapy is specifically designed for preschool and early elementary school children. It emphasizes the child's involvement in therapy by addressing issues of control; mastery and responsibility for changing one's own behaviour. CBPT is designed to be developmentally appropriate and to help the child to become an active participant in change. It has been used for children presenting with a wide range of diagnoses such as selective autism and encopresis as well as those that have experienced traumatic life events, such as divorce (Knell, 1993a, 1993b).

2.8.5 Gestalt play therapy

Oaklander (1998) is of the view that Gestalt therapy is a humanistic, process-oriented mode of therapy that focuses attention on the healthy, integrated functioning of the total organism comprised of the sense, the body, the emotions and the intellect. The author further adds that

gestalt therapy was originally developed by Fedrick (Fritz)Perls and LuaraPerls ,PhD and has at its base principles from psychoanalytic theory ,Gestalt psychology ,various humanistic theories ,as well as aspects of phenomenology ,existentialism and Reichain body therapy.

2.8.5. (a). The Relationship

The therapist is cognizant of the fact that despite differences in age, experiences and education, she is not superior to the client; both are equally entitled (Oaklander 1998). Furthermore the author adds that it is a relationship where two people come together in a dialogical stance, the therapist meets the child however he or she presents the self without judgement and with respect and honor. Oaklander (1998) is of the opinion that the therapist does not play a role, she is congruent and genuine, while at the same time respecting her own limits and boundaries, never losing herself to the child, but willing to be affected by the child. Moreover the therapist it involved, contactful and often interactive and she creates an environment of safety and never pushes the child beyond his or her capabilities or consent. The relationship itself us therapeutic; often, it provides an experience for the child that is new and unique.

2.8.5. (b). Short-term gestalt play therapy approach

Kaduson and Schaefer (2000:31) believe that gestalt therapy can be an ideal discipline for short-term work with grieving children since it is directive and focusing. These authors further elaborate that in long term situations, the sessions become a sort of dance; sometimes the child leads and at other times the therapist does. Oaklander (1998) argues that in short-term work, the therapist becomes, for the most part, the leader. Furthermore she must assess what will best serve the child's therapeutic needs to provide the best experience in the few sessions available, while being heedful of the child's developmental level, capability, responsiveness and resistance level. Kaduson and Schaefer (2000:31) further add that the therapist must not be forceful or intrude upon the child's boundary-she must tread carefully, without

any expectation. Moreover the vitality and potency of these techniques make them particularly effective for short-term work, since they are so dynamic and particularity effective to the core of a situation. Preliminary to doing short-term work with grieving children, the therapist must have an understanding of the issues involving loss and grief, as well as some general pointers that facilitate short-term work.

2.9 Therapeutic benefits of play therapy

Schafer (1993) has discussed the therapeutic powers of play in numerous published works (1993, 2003).He points out that play helps overcome resistance to therapy. In service to involuntary clients, play draws children and adolescents into a working alliance. In this non-threatening environment, children and adolescents are more willing to engage in therapeutic processes (Homeyer and Morrison, 2008).

Schafer (1993) cited that half a century ago, Jean (1951:166) noted that play provides the child with the live, dynamic, individual language that is indispensable for the expression of their subjective feelings for which collective language alone is inadequate. Ginott (1960) noted that, "toys are the child's words and play is the child's language, furthermore play facilitates the child's ability to develop mastery that leads to a sense of efficacy and competence.

Homeyer and Morrison (2008) are of the opinion that during play, children are self-motivated to satisfy an innate need to explore and master their environment. They add that play also assists in the development of creative thinking. Furthermore, creative thinking is the basis for problem-solving skills and the ability to experiment with a variety of options in play without fear of negative consequences.

According to Schafer (2003), using pretend play during role-playing allows children to try out different roles and alternative behaviours. The author adds that role-playing provides children with the ability to develop empathy and understand the people in their lives. Homeyer and Morrison (2008:213) note that occupational therapists, child-life

specialists, speech therapists and many other human service providers use therapeutic play with toys and games to facilitate the treatment goals appropriate to their disciplines. Among other benefits, such play engages children and helps prepare them for surgical procedures, encourages verbalization and aids the development of gross and fine motor skills.

The literature thus shows that play therapy is essential when working with children who may have faced various traumatic experiences. Landreth (2012:12) argues that play therapy provides a developmentally responsible means to express thoughts and feelings, make sense of experiences, disclose wishes and develop coping strategies. The author adds that play therapy offers an opportunity to respond to the child's total behaviour and not just verbal behaviour.

Van Reit's(2008:107) study on the use of gestalt play therapy with children who stutter found that by the time therapy came to an end, each respondent was able to communicate his/her feelings about his/her stuttering better. Furthermore, they seemed to subsequently be in a better position to cope with the negative impacts of stuttering. Finally, the respondents seemed much less anxious and accepting of stuttering.

Much is uncovered through the use of play therapy with children. Leblanc and Ritchie (2011) state, that, during play, children express their feelings and learn more adaptive strategies to manage their distress and improve their level of functioning. They further argue that neuropsychological findings indicate that children with attention deficit hyperactive disorder (ADHD) show deficits in a wide variety of executive and non-executive functions that are probably linked to their behavioural difficulties. These authors designed games to target skills such as working memory and motor coordination. It is through play that children learn skills such as taking turns, flexibility, compromise and cooperation.

Landreth(2012:13) contends that children may have considerable difficulty verbally describing what they feel or how their experiences

have affected them, but in the presence of a caring and empathetic adult they will express their inner feelings through the use of toys and material they choose. Children's play is meaningful and significant to them, as through their play they extend themselves into areas they have difficulty entering verbally. The author adds that in play therapy, children use toys to say what they cannot say and express feelings they might be reprimanded for verbalizing. Lindsay (2011) argues that children do not have the same cognitive ability as an adult to say what is bothering them. Be the problem behavioural or psychological, they need a way to discuss it and play therapy enables them to do so.

Hethick and Morton (2000) affirm that play therapy speaks to the child at the level the child understands and relates to. It is a very effective method when working with child victims of trauma. While play therapy has been proven to be effective and beneficial to the well-being of a child, certain factors need to be taken into account. Schoeman and van der Merwe(1996:5) recommend that parents be included during assessment and therapy. They argue that without such involvement it is possible that treatment might be terminated before the helping process is complete.

In line with Schoeman and van derMerwe, Leblanch and Ritchie (2011) suggest that an important component of treatment should be to facilitate neutral and social development through play with parents, siblings and peers; this runs contrary to how the theory portrays play therapy with children in therapeutic counselling.

Schoeman and van der Merwe (1996:8) argue that children do not conform to the usual expectations of clients in a therapeutic situation. They tend to focus on irrelevant aspects such the blinds at the windows. A child is not involved in treatment of their own choice but because a grown-up has brought them. The authors argue that it is difficult for the therapist to formulate goals with the child since the childlacks the necessary insight. As such, visual goal formulation is

more effective. Children have difficulty in accepting the termination of therapy and are usually unable to determine when it is necessary.

2.10 Play therapy in Southern Africa

According to Ray et al (2001:93), play therapy techniques appear to work in various settings with clinical and non-clinical populations. In South Africa, interest in using play therapy techniques is gaining momentum and it is gradually being adapted to suit children in Africa (Keke-Maletsana, 2004:367-368).

Shale's (2004:71-72) research amongst black parents in Pretoria, South Africa explored parents' perceptions of play therapy. The findings show that, similar to other families, these families understood play as a language children use and it was also seen as a useful technique with children who have psycho-social or emotional challenges. Furthermore, play therapy is a new concept in black society and many people do not understand what it entails. Shale (2004) notes that, while at times black parents may not fully understand what play therapy is; they understood the value of play in child development.

One of the major criticisms of the use of play techniques is context-specificity where the techniques and tools used are unfamiliar to some children. Kekea-Maletsana's (2004) study found that there is growing movement towards integrating context-specific techniques such as sticks and stones which are freely available and accessible. Furthermore, reservations about the use of play therapy in the African context have been noted in the literature. Dunn and Selemogwe's (2009:129) study explored social workers' experiences of the use of play therapy as an intervention against sexual abuse in Botswana. Social workers argued that working with a child from a kraal or a village means that they have to work with mainly animal metaphors as this is what the child knows.

2.10.1 Masekitlana: A South African traditional play as a therapeutic tool

The authors Kekae-Moletsane and Mohangi (2016:361) are of the view that indigenous systems (IKS) , in the African context could be considered by psychologists as a primary source of knowledge ,as it demonstrates how people interact with their natural world and how they express and ritualize their beliefs. Indigenous knowledge gives psychologists a background from which to reflect on the resilience and self-reliance of indigenous people (Barnhard et al, 2015). As opposed to Western epistemology, indigenous knowledge is pragmatic and mystical and has a particularly emotional effect on indigenous people (Estes 1992). Kekae-Moletsane and Mohangi (2016:361) argue that historically, in South Africa indigenous knowledge systems have been partly ignored due to South Africa's political history of human rights based on race and culture and partly from accelerating globalization. The interest in indigenous knowledge is also due to the fact that researchers and practitioners are questioning whether Western Knowledge has universal validity (Ngulubeet al.2007).

Kekae-Maletsane (2008: 368) is of the view that in an African setting, stones that children play with may symbolically present their emotions, experiences and people in their lives; furthermore masekitlana is a traditional seSotho game that is mostly played by children in South African townships and rural areas. The author further elaborates that the game involves many emotions such as happiness, excitement, anger sadness and aggression; Masekitlana is therefore a projection and expression medium. Masekitlana had already been proven to be effective to be effective in an environment where children were of Sotho origin and cultureKekae-Moletsane and Mohangi (2016:362). Mkhize (2004) believes that children appear to conduct personal dialogue while playing whether spoken aloud or in their thinking, so when they talk to themselves about what has been going on in their worlds furthermore when they are encouraged to talk, their words express their internalized socialised selves.

Kekae-Moletsane (2008: 368) argues that Masekitlana teaches children many things, including the good and bad things that happen around

them, it teaches them to be emotionally supportive while they are still young and teaches distressed children that they are not alone. It makes them realise that they are not the only ones with problems. In a study conducted byKekae-Moletsane and Mohangi (2016:365) on the use of Masekitlana as a therapeutic technique for children affected by HIV and AIDS in South Africa, two of the participants were HIV positive although they never mentioned the word 'HIV' or their HIV status, masekitlana was their first form of African therapy that had been offered to them to help them cope with their circumstances. Mkhize (2004) further adds that masekitlana is a narrative and projective form of therapy; children are able to unselfconsciously express conflicting thoughts and values.

2.11Indigenous knowledge in social work: Defining culturally competent services

Weaver (1999:217) argues that during the past decade much has been said about the need to include cultural issues as a factor in the helping process, Williams (1997: 14) further adds that "If we care about families and children, we have an ethical imperative to make culture and cultural competence central to everything we do" In part, striving for cultural competence is a recognition of the profession's ethnocentric foundation. Social work has historical roots in England, and its cultural legacy may lead social workers to operate from a professional belief system antithetical to cultural values, norms and beliefs of some clients (Weaver, 1998). Weaver (1990: 217-218) is of the view that ,the acknowledgment that Eurocentric values have dominated the sciences and have been propagated as cultural universals begins to set in motion the inevitable clash between dominant and non-dominant cultural behaviours.

Social workers must recognize that relationships between helping professionals and clients may be strained because of historical or contemporary distrust between various groups, in particular, but not limited to, relationships between groups of colour and the dominant

society (Mason et al, 1996). The legacies of devastating colonial histories are a constant part of the contemporary reality of groups of color (Manoleas, 1994) The significance of difference in the helping encounter is compounded by the dynamics of power, for the power inherent in the helping encounter is compounded by the status assignment (power) associated with the cultural, social group identity of both client and practitioner (Pinderhughes 1997:22).

Awareness of the professionals own values, biases and beliefs is important for cultural competence (Mason et al., 1996). A culturally competent helping professional must value diversity and understand the dynamics of difference (Manoleas,1994 ;Mason et al 1996.). Culturally competent practitioners go through a developmental process of shifting from using their own culture as a benchmark for measuring all behavior (Krajewski-Jaime:1996). Weaver (1999:218) is of the view that knowledge and values must be integrated with social work skills for culturally competent practice. McPhatter (1994) further adds that the three components of cultural competence are interactive and none is sufficient in and of itself to bring about appropriate practice; striving for cultural competence is a long-term, on-going process of development.

2.12 Social workers' use of play therapy

According to Schoeman and Van der Merwe (1996:6), the social work profession aims to alleviate people's problems and address their needs. This implies working with families and children are thus inevitably involved in the problem solving process. Furthermore, Trevithic (2000:5) notes that, while the context of social work is changing, one fundamental element remains the same, namely, that it is located within some of the most complex problems and perplexing areas of human experience.

The varied nature of social work has been made more complex due to changes that the profession has to embrace which include changing patterns in raising children, poverty, and family and relationship

breakdown (Shale, 2004:79). This implies that the tools and techniques used by social workers have to constantly change in order to accommodate the current situation. Social workers use play therapy because play is the child's representative language of self-expression; through such therapy children are able to communicate their awareness of what is happening in their world.

Dunn and Selemogwe(2009:127-128) explored social workers' experiences of using play therapy as an intervention with children who had been sexually abused. Social workers highlighted that they did not use play therapy as a medium in working with children. This suggests a gap in capacitating social workers who can offer specialised interventions to children suffering emotional distress. The research findings also identified an important gap in the lack of play techniques which are local-specific and which children are familiar with. The social workers that participated in the study felt that the use of gestalt play therapy which includes images such as a monster might frighten children (Dunn andSelemogwe, 2009).

In gestalt play therapy, the concept of a monster is often utilized to portray a negative or challenging character in a child's life. The participants explained that children in Botswana do not understand what a monster is but they are familiar with Dimo, the great giant who can be found in many Setswana stories and is known for stealing children. The use of such techniques with limited understanding of context and interpretation of interventions could have undesired outcomes in a therapeutic context.

Furthermore, Schoeman and van der Merwe (1996:7) argue that the use of fantasy is common in play therapy, which makes it difficult to establish when the child is giving a clear picture of reality. The child's ability to distinguish between fantasy and reality is still in the process of development; inexperienced social workers may wrongly think that the child is telling lies. These authors further highlight that children perceive their external world as controlling them in a mysterious way;

they may have unrealistic thoughts and fears concerning the social worker.

2.13Challenges in using play therapy

One of the most crucial aspects in the work of play therapy is the need to increase the number of professionals trained in play therapy.Homeyer and Morrison (2008:217) note that there is growing demand for play therapy presentations at professional conferences and other continuing education opportunities, Furthermore institutions of higher learning thus need to offer more play therapy course work ad clinical supervision opportunities additionally play therapists must be alert to their clients culture and traditions as the field develops globally.

Several recent works have addressed the broad cultural considerations relating to play therapy. Landreth (2002) described how helping children to grow and develop within the belief system of their particular culture may mean changing how play therapists work with them. Importing western play therapy theories and practices to other cultures with limited adjustment to the local context is an area of concern.

Homeyer and Morrison (2008:219) note that supervision is a critical issue within the social work profession. To develop well-trained, competent play therapists, play therapy supervision must be prioritised. Another issue is that play therapists' personal problems could cause difficulties in therapeutic relationships; quality play therapy supervision includes working with therapists who have personal issues and difficulties which could undermine an effective therapeutic relationship.

Gail and Rubin (2005) suggest that countertransference issues are more frequent in therapeutic relationships involving children; children bring their entire system-self, parents, siblings, agencies, schools, physicians and others - to therapy, thereby revealing many different aspects of

themselves to which the therapist may react. Moreover, the supervisory process must address play therapists' reactions. Homeyer and Morrison (2008) note that there is a lack of experienced play therapists that arewell-grounded in theory and have supervisory skills to mentor new professionals.

2.14 Conclusion

This chapter examined the theoretical basis for play therapy, the conceptualisation of play therapy, its evolution and benefits and its theoretical orientation. Current debates and developments in play therapy were discussed as well as the use of play therapy by social workers. The following chapter presents the research methodology employed to conduct this study and the ethical considerations taken into account.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

De Vos et al (2011) state, that, a research methodology is a way to systematically solve a research problem. It can be understood as the science of conducting research. The research methodology sets out the various steps to investigate a research problem and the logic behind them. This chapter discusses the research process and procedures employed for this study.

The chapter begins with a contextual description of the study location and presents the theoretical framework employed and its relevance for this study. Data collection processes and analysis are discussed toenable the reader to understand how the study was conducted. The chapter also discusses the specific procedures or techniques used to identify, select and analyse the information collected to understand the research problem. This allows readers to critically evaluate the study's validity and reliability.

3.2 The location of the study

The study was conducted in Bizana, a rural village in the former Transkei region of the Eastern Cape Province. This area was one of the 'homelands' created by the apartheid government in keeping with its racial segregation ideology. Bizana is one of the largest rural towns in Alfred Ndzo District Municipality. An important historical event in Bizana was the Pondoland Revolt in 1960 which took place around the area popularly known as *"ImpiKaNonqulana"*. Black Africans make up 98.5% of the inhabitants of this area(Census, 2011).

3.3 Research Procedure

The researcher obtained permission to conduct the research from the Department of Social Development (Bizana Service Office) and ethical clearance was obtained from the University of KwaZulu-Natal. Social workers who had used play therapy techniques with children for at least a year were referred to the researcher.

The researcher explained the aim of the study and the full research procedure to the participants. They were informed that their participation was voluntary and that they could withdraw at any time. Only participants who had granted informed consent participated in the study.

3.4 Qualitative Methodology

Sarandakos (2005) is of the opinion that qualitative research involves understanding the complexity of people's lives by examining individual perspectives in context, furthermore qualitative research methodology is a radically different way to approach knowing and understating. Heppner et al (2008: 257) state that qualitative methodology emphasise the importance of context in helping to understand a phenomenon of interest. This methodology allowed the researcher to explore and understand the experiences of social workers in using play techniques with children in a rural area and to understand those experiences. Qualitative methodology is diverse, Sarantakos(2005:43) argues that this is evident not only in the ways which research is conducted but also in the variety of paradigms that are associated with this research strategy. Jacob (1987, 1988) believes that qualitative research is diverse, pluralistic and in some cases even ridden with internal contradictions. This is due to the fact that it contains elements from many different schools of thought, which are integrated within this research model.

Sarantakos (2005: 50) is of the view that qualitative methods are generally geared towards documenting subjected attributes expressed in quantity ,extent, or strength as well as guaranteeing –among other things-objectivity ,accuracy ,validity and reliability. Furthermore their

purpose is to measure variables and to produce figures which will allow judgements as to the status of variables in question, which in turn will allow further processing, and comparisons and permit replicability. The researcher took a qualitative approach into conducting the study; because qualitative research is characterised by its aims, which relate to understanding some aspect of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis. One on one Interviews were used to collect date from participants and data was primarily generated in the form of words, not numbers.

A thematic analysis was utilized for this study as it's a qualitative tool in analysing data, and looks across all the data to identify the common issues that recur, and identify the main themes that summarise all the views that were collected during the process of data collection. This is the most common method for descriptive qualitative studies.Heppner et al (2008: 259) a qualitative inquiry allows researchers to study the local interactions in counselling setting and their meanings for counsellors and clients ,for this reason, qualitative inquiry is particularly appropriate for multicultural ,cross cultural research as well as process and outcome research.

Heppner et al (2008: 259-261) believe that the strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the "human" side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent. Although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other geographical areas or populations.

In this sense, qualitative research differs slightly from scientific research in general.

3.5 Theoretical framework

Constructivism emerged as the leading metaphor of human learning by the 1980s and 1990s as interest waned in behaviourist and information-processing perspectives (Mayer, 1996). Hau Liu and Mathews (2005:387) are of the view that constructivist consequently hold that knowledge is not mechanically acquired, but actively constructed within the constraints and offerings of the learning environment. At the heart of constructivism is a concern for lived experience, or the world as it is felt and understood by social actors(Schwandt,1994).Social constructivism was used as the theoretical framework for this study.

According to Kim (2001), social constructivism is based on assumptions about reality, knowledge and learning. The constructivist stance maintains that learning is a process of constructing meaning; it is how people make sense of their experience. At the core of social constructivism is the belief that reality is constructed during human interaction which means, that, individuals create meaning through interaction with one another and this is context-specific. Mvududu and Thiel-Burgess (2012) state that constructivism is widely promoted as an approach to probe for children's level of understanding and to show how such understanding can progress to higher level thinking; thus, constructivism refers to the 'how' of learning and thinking.

Jones and Brader-Araje (2002) are of the view that the meaning of constructivism varies according to ones perspectives and position. Within educational contexts there are philosophical meanings of constructivism ,as well as personal constructivism as described by Piaget (1967) ,social constructivism outlined by Vygtsoky (1978),radical constructivism advocated by von Glasresfiled (1995) ,constructivist epistemologies and educational constructivism (Mathews ,1998). Social constructivism and educational constructivism (including theories of learning and pedagogy) have had the greatest

impact on instruction and curriculum design because they seem to be the most conducive to integration into current educational approaches. This theoretical framework provided a theoretical lens during data collection and analysis. The researcher took context-specificity into account in understanding the use of play techniques and how social workers use these as an intervention in working with children. Such understanding lends itself to recognition of the uniqueness of each participant's experience and meaning. Secondly, this theoretical framework assisted the researcher in acknowledging that the reality and meaning that is created between children and social workers when using play techniques is important and that this meaning is unique for each person. Steffe& Gale (1995) believe that meaning is achieved through the coordinated efforts of two or more people. Furthermore, the construction of knowledge occurs over time; to understand an idea one needs to examine its construction ontogenetically and phylogenetically.

Jones and Brader-Araje (2002) believe that constructivism is not a theory about teaching, it is a theory about knowledge and learning ,the theory defines knowledge as temporary ,developmental ,socially and culturally mediated and thus non-objective. People construct meaning when they compose texts and when they read, they build their meanings on the basis of knowledge that is organized in some fashion. This theoretical framework assisted the researcher in understanding the meanings that transpired when social workers interacted with children using play therapy. The researcher looked at how social workers build and adapt play therapy meanings to conform to their own versions of knowledge and their own interpretations of a task and content.

3.6Research Design

A research design is a blueprint or detailed plan for how a research study will be conducted. It offers a framework to collect data, and investigate the research hypothesis or question in the most economical manner (De Vos et al, 2002).Terre Blanche and Durrheim (1999:29)

describe a research design as a strategic framework for action that serves as a bridge between the research questions and the execution or implementation of the research. Grinnell notes, that, another important factor that a researcher should consider when planning an appropriate design, is that of the unit of analysis. This is particularly important when the researcher begins to draw a sample with which to work (Grinnell, 1993:4). In this study, the unit of analysis was individuals who are social workers.

The researcher utilized a descriptive design. This was appropriate for the study since the main aim was to understand social workers in their environment and the tools they use when working with children in distress. This design assisted the researcher to understand how social workers define play therapy and what meanings they assign to this method. Descriptive research presents a picture of the specific details of a situation, social setting or relationship and focuses on how and why questions (De Vos, 2002:109). The researcher began with a well-defined topic and conducted research to describe the perceptions and experiences of social workers using play therapy techniques with children.

3.7 Sampling process

According to De Vos et al (2011), in qualitative research, participants are selected that are best able to offer a special perspective, experience or condition which the researcher wishes to understand. In this study purposive sampling was used to recruit potential participants. Dawson (2002:49) states, that, purposive samples are used if description rather than generalisation is the objective. The department of social development in Bizana service office consists of forty one social workers; out of this number ten social workers have been exempted from doing case work. This left the researcher with the sample 31 social workers. Out of this sample 10 had worked with child children using play techniques. The sample for this study consisted of six black social workers. Purposive sampling was appropriate for this study

because the researcher intended to recruit participants who met specific criteria, including having worked as social workers for at least three years and having used play techniques with children for at least a year. These criteria ensured that participants had in-depth knowledge of research topic.

3.8 Data collection process

De Vos et al (2011) argue that semi-structured interviews offer both the researcher and participants more flexibility. Furthermore, the researcher is able to follow up particularly interesting avenues of enquiry that emerge during the interview where the participants are able to provide a fuller picture. The researcher used semi-structured interviews with an interview schedule consisting of 16 open-ended questions. An audio tape was used to record the interviews. The interview guide ensured that all the relevant themes and questions were discussed during each interview in no specific order. A sample of six black social workers who had worked in this field for least three years and had used play therapy techniques with children for a year was selected from the population at the Department of Social Development in Bizana Service Office. The length of the interviews primarily depended on the availability of that particular participant, the longest interview was 00:014.10. And the shortest was 00.09.10. Interviews were conducted at the offices of the participants at the department of social development as it was more convenient for participants since they stayed far from town and they depended on carpools to travel to work.

3.9 Data Analysis

According to Mouton & Marias (1990:102), analysis is a reasoning strategy with the objective of taking a complete whole and resolving it into its parts. Thematic analysis was used to analyse the data. Braun& Clarke (2006) affirm that thematic analysis is a qualitative method for identifying, analysing and reporting patterns (themes) within data. Joffe believes that the end result of thematic analysis should highlight

the most salient constellations of meanings present in the data set (Joffe, 2012).

Terre Blanche and Durrheim(1999:47) note, that, data analysis begins by identifying themes in the data and the relationships between these themes. It is of paramount importance to ensure that the type of data analysis employed matches the research paradigm and data and can answer the research question. The researcher began the process of data analysis by re-evaluating the data collected, looked for codes and sub-themes and generating main themes. The interviews were audio taped and transcribed verbatim, and then arranged into themes and categorised for easy interpretation. The theoretical framework provided the theoretical lens for data analysis.

3.10 Validity, Reliability and Rigor
3.10.1 Validity/ credibility

Terre Blanche et al (2006) state that validity refers to the degree to which the research conclusions are sound. To evaluate validity, the researcher reflected on the findings she expected to emerge from the study and looked for areas where she could have been wrong. The trustworthiness of the findings was enhanced by giving the respondents an opportunity to assess the overall competence of the data. Where appropriate, excerpts from the participants are included in the report to support the arguments made and these were discussed with the supervisor. After data collection, the emerging themes were shared with each participant to enhance validity. Due to convenience and easy access to the participants, this process was less burdensome.

3.10.2 Generalizability/Transferability

Terre Blanche et al (2006) state, that, it is important for the researcher to determine the extent to which the findings of a particular inquiry are applicable in other contexts or with other respondents. The intention of qualitative research is not necessarily to explain human behaviour or phenomena. Rather, it is to describe and understand. Although the

sample size was small, in-depth understanding was gained of the phenomenon under study and its insights could be used to inform a larger study. Furthermore, sufficient evidence was gathered to make predictions about human behaviour. The researcher provides a detailed account of the research context and environment in the final report for research transferability.

3.10.3 Reliability/ dependability

Reliability is the degree to which the results are repeatable; this applies to both the subjects' scores on measures (measurement reliability) (Terre Blanche et al, 2006). The researcher ensured that the research findings are consistent and could be repeated by measuring the standard by which the research was conducted, analysed and presented. Qualitative research methods which are appropriate for a descriptive study were used and the process of data analysis is described to ensure reliability.

3.10.4 Conformability

The researcher ensured that the findings of the research are supported by the data collected from the participants. To address researcher bias, the researcher made notes to reflect on her position, feelings and the process during the course of the study. This enabled any potential biasness to be identified.

3.11 Ethical Considerations

Ethical research protects the welfare and the rights of research participants. A number of well-known cases of unethical research practice have led to harm being inflicted upon participants and have brought some researchers into disrepute (Terre Blanche andDurrheim, 1999:65). Researchers are well-advised to familiarise themselves with national and institutional research ethics policies; before conducting the research, consent was obtained from the organization where it was conducted and the respondents were asked to sign informed consent forms(Terre Blanche and Durrheim 1999) .

3.11.1 Voluntary participation and informed consent

The participants were individually informed about the research procedure and the study's aim and objectives. Informed consent was obtained before the study commenced. De Vos et al (2002: 65) argue that obtaining informed consent implies that all possible or adequate information on the goal of the investigation and the procedures that will be followed has been provided. The researcher explained to prospective participants that they could choose not to participate in the study and could also withdraw at any point.

The researcher ensured that she adhered to all ethical standards. Since the researcher was interviewing colleagues, she ensured that participants gave their full consent before the study commenced and explained that they were not obliged to participate and could withdraw at any time. This ensured that the researcher did not take advantage of her colleagues; she explained that she was now wearing the cap of a researcher and not that of a colleague.

3.11.2 Confidentiality

Maintaining confidentiality and privacy is critical when conducting research. According to De Vos (2011: 67), privacy implies the elements of personal privacy, while confidentiality indicates the handling of information in a confidential manner. To ensure confidentiality pseudonyms were used in the interview transcripts; this ensured that the participants' identity was not revealed.

3.12 Limitations of the study

The following are acknowledged as limitations of the study:

1. The data was from a largely rural and under-resourced environment; a similar study in a different context could yield different results.

2. The research participants were from a similar geographic location and were members of a single ethnic group; consequently, the views of different groups are not represented in the study.
3. Factors such as gender, religious orientation and race could not be analyzed as the researcher had to rely on available participants.

3.13 Conclusion

This chapter discussed the methodology employed to conduct this study and the processes and procedures used. It began with a discussion on the study location. The theoretical framework adopted was presented and its relevance for this study was discussed. Data collection processes and analysis were also highlighted. It was difficult to conduct interviews with the social workers during office hours as per the initial agreement with the gatekeepers of the organization. At times, they were cut short or had to be postponed due to urgent issues requiring the participants' attention. This resulted in some information being lost. The researcher resorted to collecting data after office hours; this meant that the process took longer than was anticipated and the researcher had to make travel arrangements for the participants as some used a carpool to travel to work. The researcher had to use her personal car to ensure that the participants arrived home safely.

The following chapter presents and analyses the data based on the themes and sub-themes that emerged.

CHAPTER FOUR

DATA ANALYSIS

4.1 Introduction

This chapter presents the findings on the social workers' experiences of using play therapy techniques with children. It begins with a profile of the research participants and an overview of the themes and sub-themes identified. The participants were social workers employed by the Department of Social Development at Bizana.

Data analysis was conducted taking into account the specificity of the research context and the practice context of the research participants. The theoretical lens for this study, social constructivism, asserts that reality is socially constructed; consequently, each experience is unique and specific.

4.2 Profile of research participants

Respondent	Gender	Age	Work experience	Education level	Sub-program at Social Development
Participant A	Female	25	One year at NGO in Ixopo (Khulisa) Three years at Social Development	Bachelor of Social Work Currently studying forMasters in Child Protection	Child Care and Protection Unit
Participant B	Male	29	Four years at Social Development	Bachelor of Social Work	Family Reunification Unit
Participant C	Female	29	Four years at Social Development	Bachelor of Social Work	Early Childhood Development

Participant D	Female	29	Four years at Social Development	Bachelor of Social Work	Social relief of distress
Participant E	Female	32	Three years at Social Development	Bachelor of Social Work Masters in Community Development	Probation Unit
Participant F	Female	34	Six years at Social Development	Bachelor of Social Work	Child Care and Protection Unit

- Ethnic group

All respondents were amaMpondo which forms part of the Xhosa ethnic group. The majority of the population in Bizana is black African and so is the social work staff at the Department of Social Development.

- Gender

Five of the participants were female and one was male. The sample thus comprised of a majority of females. This was to be expected as the majority of social workers in the department where the study was conducted are female.

4.3 Themes and sub-themes

The following themes and sub-themes emerged from data analysis.

Theme	Sub-Themes
Social workers' experience with child play techniques	- Labelling of child interventions a) Lack of training in play techniques and play therapy b) Perceived competency in using play techniques

	• Techniques used by social workers with children
	a) Use of drawing
	b) Relaxation techniques
	c) Role play
• Challenges faced by social workers in executing play techniques	• Lack of resources • Impact of resources on child counseling
Social workers' perceptions of children's response	• Context specific techniques • Lack of response of children with severe traumatic experiences • Family participation

4.3.1 Theme 1: Social Workers Experience in play techniques

Labelling of play techniques

The key to this study was to understand whether social workers use play therapy or play techniques with children. This was a pertinent question considering the varied nature of the distress many children are subjected to and social workers' role in offering counselling and therapy.

It was found that the participants used various child intervention techniques for assessment, gathering evidence from a child and building rapport. The most common techniques used by the participants were drawing, relaxation techniques and role play. While thesecan be

labelled play techniques, the participants did not label them as such. Their conceptualisation of play techniques and the environment that is suitable for using these techniques was different from what they thought they were doing in practice with children. Hence the hesitation and confusion to label their interventions with children using a specific, well-established term such as play techniques or play therapy.

In defining play techniques, the participants said:

> "In my own understanding when you mention play therapy I see a room that is colourful and has drawings that attract children" (Participant A).

> "I have been using anything I heard from the university and I do not know whether it is play techniques or not" (Participant C).

> "I have never heard of people here (referring to her place of work) mentioning play techniques or stating that they use them' (Participant A).

The participants thus had their own understanding of what play therapy is and how it should be executed. To them what they were doing was different from how play therapy should be conducted.

The following participants described the dilemma in detail:

> "We do not have a separate room that is colourful, child friendly and comfortable to the child. I think that the environment itself is very threatening for children. ….I can confidently say that we do not even know what play techniques are" (Participant A).

> "Here at Social Development we don't have any a play room and as you can see the office setting is wrong. How can I execute play when I am sharing this office with three other social workers and as you can see that my chair is facing towards the wall, it means that when the client walks in I have to move or turn my chair?

Without even using the fancy word as the play room; here we don't even have an office where I can go and consult with the child. To me play therapy is a very crucial technique (Participant C).

This finding suggests the environment that that social workers worked under is not conducive enough to allow them to execute play therapy techniques. Furthermore the findings suggest that social workers have not received adequate training to use play techniques and play therapy. Consequently, the participants felt inept in using these techniques appropriately. However, it was apparent that the participants used what could be considered as play techniques, despite the lack of training.

Training in play techniques and play therapy

The shortage of competent and well-trained play therapists is a major challenge (Riebschleger, 2007). The participants reported that they had not received any training from Social Development on play therapy or play techniques and had never heard of any social workers being trained in the technique within their offices. They expressed concern that this type of training was not prioritised by their supervisors even though they worked with children who could benefit from it.

The participants highlighted that they had often requested to be trained in play therapy when consulting with their supervisors but the department had not responded. Participant D reported that

> "*Ever since I had arrived here at in 2012, I have never been to any training here at DSD now am not referring to play therapy alone…I have never been trained on anything. I was allocated a ward and was told to ask from other social workers who were already in the field; there wasn't even orientation, nothing at all. It's not like I have never requested to be trained, I have believe me and I am still waiting.*"

Homeyer and Morrison (2008) point out that there is a lack of experienced play therapists that are well-grounded in theory with skills

to mentor the growing number of new professionals. This was elaborated on by Participant A:

> *"We have never been trained on play therapy and our supervisors don't even know what play therapy is and I have never heard of any training at DSD on play therapy, Even our supervisors don't know what play therapy is or what it entails so where are we going to learn when even those who supervise don't know this technique?"*

It became clear that these social workers not only lack training on play therapy but on other various techniques that could be used in an intervention, Participant C added that

> *"We have never been trained on play therapy or play therapy, for me I did a module that consisted of play techniques whilst doing my third year in university and that was the only time I was introduced to play techniques and it was a glimpse; we did not really go into detail. I have never been trained on anything here at DSD, I won't lie to you. Here you learn and if you don't know you ask from other social workers, the department doesn't invest in us."*

Dunn and Selemogwe(2009:127-128) also highlighted this gap in social work training for those involved in child welfare and protection in Botswana.

- **Perceived competency in using play techniques**

The participants expressed their lack of confidence or competence in using play techniques. This was evident in the fact that they did not define what they were doing with children as play therapy or play techniques. For them, to be competent in play therapy or play techniques one needed to be trained in the technique or perhaps specialised in the field. It was clear that they regardplay therapy as a sophisticated technique that could not be executed by generic social workers. Participant B: felt that

> *"It would be nice to be trained on play therapy for everyone including our supervisors because they themselves have never been trained on play therapy and to me for you to be able to execute play techniques you need to have knowledge on it. At times you find that even though I may have terminated with the child, I am left wondering whether I have really done my best and that indeed the child has reached healing."*

Participant A added:

> *"Sometimes it is just a fail, since we are not trained in play therapy and you don't know what else to do with the child."*

It was clear that participants had doubts about the techniques they were using as they did not associate such with play therapy. Even though what they were doing worked in the best interests of the child, they lacked confidence in using these techniques. Participant C stated:

> *"But in the end I cannot say these techniques that I use I am competent in using them."*

Asked whether she felt competent using play techniques, Participant A responded:

> *"Aah not really but then we try because we are hired to work and you need to find a way in getting to the mind of the child and to the level the child best understands. I can say that I am notcompetent but we try. It works sometimes and sometimes it doesn't work."*

Techniques used by the social workers with children

The interviews revealed that theparticipants'wereusing three techniques which could be considered as play techniques when working with children, namely, drawing, the relaxation technique and role play. The

participants used these techniques for various reasons including building rapport or helping children to tell their story.

Use of drawing

The data showed that the most common technique used by social workers with children was drawing. Social workers in the study reported that they use drawing based on different reasons namely the age of the client and the level of maturity of the client. It transpired that they used it for different purposes such as to facilitate communication, for assessment purposes and for therapeutic purposes.

Drawing is a cost-effective method when working with children in distress to achieve the desired goal. Participant D elaborated as follows:

> *"I ask them* (clients) *to draw and write for me and mostly girls they love to draw………this happens in the middle phase of our sessions and this has really assisted me in ensuring that the child heals and is able to move on from the incident."*

The participants also used drawing as a tool to engage young children that have limited verbal abilities during counselling.

> *"Drawing technique really works for me with children between the ages of two to six years, because sometimes with them* (children) *it becomes difficult to express how they feel or what had happened to them… I understand them more when they relate their drawings to me"*(Participant C).

Participant A noted that

> *"I do use the drawing technique with children from four years upwards and those who have started attending school or to pre-school. But for more matured children we talk and have a conversation but I do this in a language that is appropriate for their level of understanding and maturity."*

The use of locally relevant techniques to engage children during therapy was evident. Some of the participants used "writing letters" and paired it with drawing. They felt that this worked well for children who did not like drawing. They often merge the two techniques in order to obtain a clear understanding of what the child is going through and where he/she is lagging behind.

However, at times, a lack of resources hampers the creativity of some of the participants and the use of play techniques. Participant D reported that:

> "W*hat I noticed is that some don't even like writing or drawing and because we don't have resources here at Social Development the only available resource to us is pen and paper and sometimes crayons."*

Participant C said:

> *"Even if I had the idea of using those coloured clay things it is obvious that I would have to cough up my own monies so I just stick to drawing as I can afford to buy crayons."*

Drawing as a child intervention technique was widely used by the participants. Despite limited knowledge, competence and tools for drawing, the findings indicate that the participants relied on past experiences, peer learning and their basic social work training in using play techniques with children.

Relaxation techniques

The participants also used what they called "a relaxation technique" that they described as cost effective and requiring no resources or materials. They noted that the relaxation technique is a widely advocated intervention that can empower survivors to manage panic and hyper arousal symptoms. Participant E reported that

> *"To me the relaxation technique is very much simple. I do what I call belly breathing with my clients.It is quick, simple*

intervention to counteract the onset of panic symptoms. You see with victims of rape they became extremely anxious especially when they come for the first time to the office and this really assist me."

Participant F described how this technique is executed:

"How I do it, I ask the child to visualise scenes that bring out positive feelings or relaxation in him or her and I ask her to imagine herself in a favourite place with time spent focusing images, smells. And these have really worked for me, but tell me what else can you do in an office like ours?"

The participant's believed that the relaxation technique assisted children in overcoming flashbacks and nightmares as result of a traumatic event. Participant *C* reported that:

"I use the relaxation technique. I do this intervention with children based on their presenting problem and the aim is to relax them and open to me. I sometimes ask the child to create a menu of images, smells, touches and tastes and sounds that make them feel relaxed and happy."

Participant E said:

"I ask the child to visualise three things that will help her relax or feel positive ,then she can imagine smelling these three things that make her feel calm and happy."

Role-play

According to Schafer (2003) using pretend play during role-playing allows children to try out different roles and alternative behaviours. The studyparticipants also reported that they use the role playing

technique as an assessment tool to understand what the child is saying or what she/he experienced.

The participants were of the opinion that role-playing provides children with the ability to develop empathy and understand the other people in their lives. They reported that they often integrate relaxation techniques and role play when working with children. For example, in a case where the child is role playing a particularly sensitive scenario and her/his fears and emotions are evoked, they would use the relaxation technique to calm the child. Participant E reported that:

> *"Oh well to me role playing allows the child to act out those negative feelings in a not threatening yet enabling environment and yes if perhaps the emotions become too much for the child to act out I am there to intervene and I go back to the relaxation technique."*

Participant B stated that

> *"Before I use role playing technique with my clients I first do the relaxation technique so as to ensure that the child is less anxious about role playing as it can evoke panic and flashback. Role playing allows them to act out the situation through play rather than asking directly and it very effective. It makes them aware of what happened to them and it facilitates the healing process."*

The participants felt that, during role-play, children are self-motivated to satisfy a natural need to explore and master their environment. They added that role play also assists in the development of creative thinking. Participant D reported that

> *"I normally use role playing with the child. I allow the child to role play how the situation or incident took place, it allows the child to be creative and think out of the box and see beyond what had happened to them and that actually I can move on from this."*

4.3.2 Theme two: Challenges faced by social workers

Lack of resources

A lack of resources in social work offices has been widely reported, especially in South Africa (Alpaslan and Schenk, 2012; Marais and Van der Merwe, 2015).The participants were concerned that their offices do not have adequate resources to work with children. Social workers that participated in Riebschleger's (2007:206) study reported that rural communities have to compete with urban areas for resources and highlighted that the area where they worked had always experienced insufficient resources. At the Department of Social Development in Bizana, the participants reported a lack of resources that could be used to execute play techniques.

Participants A reported that

> *"We don't have any available resources for executing play techniques with children."*

"Participant C concurred:

> *"Haikesisi*(referring to the researcher), *we don't have resources here at Social Development and even the crayons am referring to I bought them myself, here at Social Development we don't have a play room and as you can see our office setting is wrong."*

Participant D stated:

> *"We have no resources whatsoever specifically for play techniques and we don't even have a play room. We make use of our offices and as you can see the clients walk in and out and our sessions are sometimes interrupted with the child."*

Schaefer and Kaduson (2006: 69) believe that play rooms facilitate moving from one modality to another, while Landreth(2012) observes that, no matter whether the problem is behavioural or psychological, the use of play therapy is essential in working with children.

Impact of the lack of resources on child counselling

The participants believed that the lack of resources had a negative impact on the outcome of their sessions with children that have had traumatic experiences such as sexual abuse, neglect and physical abuse, which were the most common presenting problems among their child clients. Marias and van der Merwe(2016:153) observe that the physical setting of the counselling session contributes to a client's feeling of comfort and that it should be child-friendly as "play is children's language and play material is their words"(Landreth,2012:156).

The participants highlighted that there is a lack of office space or play rooms to interact with the child in a child friendly environment. Participant A said:

> "It's difficult. For one the office space is congested, we have cupboards chairs and desks, you will be asking the child to draw sitting in a chair and child requires an open space where they would move freely. So the office space is just not conducive at all."

Schaefer and Kaduson (2006:70) believe that the best playroom environment that promotes dynamic play and free flow of movement for drama, art and storytelling is one in which a variety of expressive and imaginative activities is encouraged. The participants felt that an environment that was conducive and child friendly would have an enormous impact on children. Indeed, some worried that they were not doing justice to children who have been sexually abused as they are more fragile than other clients and need special intervention.

While the participants acknowledged that they had to use what is available and think creatively, they added that certain materials would make their work with children easier and more effective.

Participant A further identified some of these needs:

> "Perhaps if we could get a separate room that is child friendly and accommodates the needs to children, if we can be given tools to assist in executing play techniques and even the environment

can be modified it would make our work with children so much easier. I am going to honest with you; sometimes you can see that the child is so uncomfortable with our setting to an extent that they just don't open up."

Participant B further said:

"At times you find that even though I may have terminated with the child I am left wondering if I really have done my best and that indeed that the child has reached healing. I mean what do we have? No resources nothing and we expect children to heal and move from those traumatic experiences but in honest what do we have and what do we offer our vulnerable children?"

Marias and van der Merwe (2016: 146) argue that when children in rural areas are exposed to life difficulties and need specialised interventions, social workers in such areas should deliver these interventions successfully by establishing a good relationship, often with few resources.

4.3.3 Theme three: social workers' perceptions of children's responses to therapeutic counselling

Use of context-specific techniques

The participants believed that the use of context-specific techniques such as clay and a game called eight stones assisted the children who came for therapeutic counselling. They noted that the children were familiar with and knew how to use these techniques, unlike giving them something that was total foreign to them. Furthermore, they argued that children attach meaning and emotions to these techniques. Marias and van der Merwe (2016:161) observed that children in rural areas may not be familiar with some of the play material that is commonly used in therapy. Although there is on-going research to explore indigenous tools and techniques that could be incorporated into play therapy, this should be prioritised.

Furthermore, the participants were of the opinion that clay plays a vital role when working with children.

Participant D stated:

> *"Perhaps if the Department (DSD) could provide us with clay dough that you can use and reuse with the next child as it is something that the children here are familiar with and know how to use, it could help."*

Participant A observed:

> *"Sometimes I do ask them what it is that they like doing and some would tell you that when they go pick water from the river they would also pick up clay. And that actually makes you think that if you had clay perhaps it would help."*

Schaefer and Kaduson (2006:273) affirm that clay has a place in the world of counselling. Play therapists have traditionally used natural clay and more recently, synthetic modelling clays because it is a substance some children know well.

The participants noted that, while they considered clay as a technique in play therapy and it is something they believe children would be comfortable with, they would have to buy it as the Department doesn't provide such tools. Participant C stated that

> *"Even if I had an idea of using colored clay things, it's obvious that I would have to cough up my own monies to buy it, should I try to modify the tools I use it going to cost me."*

The participants also felt that the use of a game called "eight stones" worked well with children who are victims of sexual abuse. The game enables the child to talk about what happened to him or her in a non-threatening environment. Participant C brought to light that

> *"This one other time I had a case, bearing in mind that I work with remote areas; when I had conducted a home visit I found the*

children including my client playing a game called eight stones. Now how this game is played; when hit the stone with the ball you ask the other participant a question such as what happened last night? And in her response she would hit the stone and tell me what had happened. She does this not knowing that she is actually being interviewed and that's how I gather my information. I have used this game with many of my clients and it has assisted me in understanding children in their own environment and in the language that they are most comfortable in."

The majority of the participants felt that they were using techniques that they thought would facilitate the therapeutic relationship and healing of the child; however, it was clear that they were uncertain whether the tools they used had any positive long term benefits. They used tools and techniques that they thought children enjoyed and during sessions, would observe some level of benefit.

Lack of response of children with severe traumatic experiences

Participants reported that the most prevailing problems that children needed therapeutic counselling for were sexual abuse and rape. They stressed that the methods they were using, namely, drawing, role playing, eight stones and relaxation techniques were resisted by children that suffered such violations. According to the participants, nothing seemed to work with these children; they refused to open up or engage in the therapeutic sessions. Durham (2003) suggests that this is understandable as the impact of the abuse frequently influences the child's behavioural options in the therapy room long after it has stopped.

Participant C attested to this experience:

"I have experienced cases whereby children who are victims of sexual abuse do not respond well to play techniques but if I see

that I am struggling with the case I sometimes refer to my colleagues for their assistance."

Gil (2002) argues that the sexually abused child's behaviours are likely to elicit extremely strong negative reactions from others who are in relationships with him or her. Furthermore, it is not surprising for the therapist to be struck by the amount of anger felt by the child or the sense that the therapist has lost control of the therapy process.

Participant D reported the frustration and sense of helplessness in such a situation:

"I had a case of a boy child who was raped; I tried using all techniques I had heard of and none of them worked; the child just refused to open up to me" (Participant D).

It was clear that the participants believed that many factors cause resistance among children during counselling, including cultural issues. Participant C reported that

"You find that ...oh well let me tell you about the areas I service; for one they are the most remote areas in Bizana. When we talk about sexual abuse the community sees or understands it differently to us, they feel as though it is a shame and thereof no one must know and it must be dealt with amongst the two concerned families;'sizithetha isikhaya izintothina' meaning this will only be discussed by elders of the family as the social worker you are invading."

The way in which the community dealt with rape cases was one of the critical factors. This confuses the child as when they engage with social workers they are unsure of the best way to deal with the situation.

Participant D noted that:

"Sometimes you find that they don't understand why you would want to meet up with the child, to them 'rape or sexual matter'

should be dealt with amongst family members, it's as though you are going to shame the family. They feel as though you are wasting their money and unfortunately they don't understand the impact the rape incident on the child and they don't even allow you the space to educate them."

This theme highlights that children may respond differently during the counselling session and it is critical to assess whether the child's response is influenced by what is taking place during the session or by external factors.

Family participation

Whilst participants were aware of the importance of parental involvement in therapy, they highlighted the lack of participation by parents during counselling sessions. It came across as though parents shift their parental responsibilities to social workers and distance themselves from the psychological well-being of their children. Marias and van der Merwe (2016:152) note, that some parents pressure social workers to solve the problem immediately, while others bring their children to the social worker as an authority figure who should scold the child for being 'naughty'.

The participants emphasized that resistance from parents to being part of the child's healing process hinders progress. One of the reasons is parents' lack of knowledge on what therapeutic counselling is and the benefits it offers children in distress. Participant C mentioned that

"Sometimes when you request to see the child for sessions you find that the parent will drop off the child and leave without even asking for progress or even giving you progress in terms of what she has observed since the child started sessions with me. Sometimes they would often tell me that 'I am going to buy a few things in town do let me know when you done with the child'. They just don't care what happens with the child."

Schaefer and Kaduson (2000:228) believe that parents are the key to accomplishing gaols in a short time because they support social workers' efforts outside the therapy hour. The participants reported that although parents did not attend sessions, they would send their children for counselling. They attributed this to the fact that parents don't see a role for themselves in therapeutic counselling; they therefore simply deliver the child for sessions.

Participant D noted that:

> "Some families they do assist when the child must come for sessions to travel to town but when you ask them to join the sessions they refuse."

Participant C said:

> "Oh well in honest fact families don't really participate, even when you play eight stones with the child they don't understand why you would travel all the way from town just to play."

The participants felt that they were perhaps not doing enough to educate parents about the importance of therapeutic counselling and their role as they cannot work with the child in isolation. Participant C speculated that:

> "Perhaps it could be that we as social workers fail to make them understand what goes in therapeutic counselling and how they could contribute."

4.4 Conclusion

While this study aimed toexplore the experiences of rural social workers who use play therapy techniques with children, it became clear that the participants did not define the techniques they used as play therapy or play techniques because they did not feel competent in applying these. They were more comfortable defining their techniques as a basket of techniques for child intervention. Furthermore, the participants perceived their practice context and environment, which is

characterized by a severe lack of resources, as unsuitable for using play techniques and play therapy. It was interesting to note that the techniques that they used could be defined as play techniques despite not receiving adequate training in such techniques and play therapy as well as limited resources. It was thus found that these social workers use various play techniques when working with children and that they are aware of which techniques work and those that are difficult.

The following chapter presents a summary and conclusion and the recommendations arising from the study's findings.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter revisits the study's aim, objectives and research questions to formulate a conclusion and recommendations emanating from the data analysis.

5.2 Aim of the study

The main aim of this study was to explore the experiences of social workers who use play therapy techniques with children.

Chapter one provided a general overview and contextual background of the study. The research topic emerged from the researcher's day-to-day interactions that involved therapeutic work with children using play therapy techniques. The study sought to understand how social workers perceive play therapy techniques and their experiences of using them.

The significance of this study lies in its focus on social work practice with children, specifically the use of play techniques and play therapy. It extends our understanding of how social workers use play techniques and the gaps that exist, especially in rural areas where the need for play therapy has been observed by social workers (Schenk, 2004).Trevithick (2000:5) suggests that in order to develop social work skills and a toolbox of interventions, we need to have a sound theoretical research base from which to begin to understand people and their situations, and to formulate plans of action appropriate to the circumstances encountered.

5.3 Overview of the achievement of the study's main aim and objectives

The main aim of this study was to explore social workers' experiences of using play techniques with children. This was accomplished by achieving the following key objectives:

5.3.1 Objective One:

To explore the social workers' experiences of using play therapy techniques

This was achieved through one-on-one semi-structured interviews with social workers. The participants' first hand experiences were explored in Chapter four under themes which detailed their responses with regard to the challenges associated with using play techniques and play therapy when counselling children. The participants used various play techniques for assessment and to gather information from a child as well as to facilitate relationship building with children despite having limited or no training in play therapy or play techniques. Consequently, the participants had low self-confidence when they used these techniques. The need for further training to develop their competence was strongly emphasized.

5.3.2 Objective two

To understand the challenges experienced by social workers in using play therapy techniques

This objective was achieved through a literature review in Chapter two and the empirical findings presented in Chapter four.

Alpaslan and Schenk's (2012:367) study of social workers practising in rural areas in five provinces in South Africa revealed that social workers in rural areas tend to work with very limited resources and infrastructure; there is a lack of offices, office space and office equipment and a shortage of vehicles. The challenges of using play techniques include the complexities associated with using specific and highly complex techniques with children such as the use of fantasy, the shortage of social workers experienced in the use of play techniques, limited use of play techniques which are context-specific and limited familiarity with this method in some communities (Schoemanand Van der Merwe, 1996; Riebschleger, 2007;Kekea-Maletsana, 2004; Shale, 2004).

The empirical findings presented in Chapter four indicate the multiple challenges that are associated with using play techniques. A lack of play technique tools and material, limited physical space and a lack of training and supervision are the key challenges reported by the participants. Despite their continuous use of play techniques when working with children, the participants were concerned about the potential harm to children as a result of limited and unsupervised use of such techniques which could lead to inappropriate use of these methods and misinterpreted conclusions. Thus, objective two was accomplished.

5.3.3 Objective three

To identify the play therapy techniques used by social workers when counselling children who have experienced trauma

The participants identified a wide range of techniques that they used when working with children and shared how they used these techniques in contexts with very limited resources and training.

According to Ray et al (2001:93), play therapy techniques appear to work in various settings, which include clinical and non-clinical populations. In South Africa, interest in using play therapy techniques is gaining momentum and play therapy is being adapted to suit the experiences of African children (Kekea-Maletsana, 2004:367-368). The participants stated that they would prefer to use tools and methods which their clients could easily identify with, such as clay and a game called 'eight stones'. This suggests that more research is required to explore context-specific tools and techniques suitable for children.

5.3.4 Objective four

To explore social worker's opinions of children's responses after using play techniques

This objective was met through analysing the participants' responses on how children respond after they have used play techniques after

terminating the intervention. While play therapy and play techniques have been proven to be effective and beneficial to the well-being of a child, certain factors need to be considered. For example, Schoeman and Van Der Merwe(1996:5) suggest that it is not possible to work with children in isolation; parents and other significant people must be involved during assessment and later in therapy. They add that without such involvement, it is quite possible that treatment will be terminated before the helping process has been completed.

The participants reported that when working with highly traumatised children, the play techniques that they apply are inefficient and they do not always get a positive response; they are met with resistance from children. Secondly, poor participation by families and their resistance to participating in therapy together with the child compromises the therapeutic relationship with the child and the outcome. Poor training and competency in applying appropriate techniques when working with highly traumatised children could be one of the factors contributing to these poor outcomes.

5.4 Summary of the study and key findings

5.4.1 Summary of the study

The researcher aimed to explore social workers' experiences of using play techniques with children. Play is a relatively new model within the black community and amongst social workers; furthermore, social workers do not have sufficient knowledge of play therapy. In achieving the first objective which was to explore the social workers' experiences of using play therapy techniques, the research revealed that social workers had some knowledge of play and its importance in child therapy but were not confident to declare that what they were doing was play therapy. The second objective sought to understand the challenges experienced by social workers when using play therapy techniques. The findings show that these social workers did not consider themselves as using play techniques but rather a basket of techniques. This shifted the preconceived notion contained in this

objective as to what techniques social workers were using with children. Amongst other challenges, the lack of training on play therapy or play techniques contributed to low self-confidence among the participants when using such techniques with children.

The study's third objective was to identify the play therapy techniques used by social workers when counselling children who have experienced trauma. The participants identified a wide range of techniques and shared how they used them in contexts with very limited resources and training.

The study revealed that the way the community of Bizana dealt with certain issues such as rape hindered the work of social workers. People in the area did not understand the role played by social workers and the importance of play therapy in dealing with such cases. This had an impact in achieving the objective of exploring social workers' opinions of children's responses after using play techniques. It transpired that children would not attend sessions and often terminated before the session was overdue to cultural customs and ways of dealing with issues such as child abuse that are not necessarily beneficial to the child. Alpaslan and Schenk's (2012) study found that the client's cultural/traditional customs and practices hamper social work service delivery.

5.4.2 Key findings

The following are the key findings of this research with social workers:

- The participants used various play techniques with children in distress to build therapeutic relationships, and assess and relieve emotional distress despite having limited training in play techniques.
- The participants lacked training in using play therapy and play techniques when working with children.
- The participants experimented with context-specific play techniques to facilitate engagement with children during therapy.

- The participants faced challenges when working with children in distress which largely emanated from a lack of resources and training.
- The participants lacked play materials such as play dough, crayons; a play room and child friendly offices that make it easier for children to interact with social workers.
- The participants used limited play techniques despite being expected to provide in-depth counseling to children with a complex psychological past, for example, abuse cases, grief and bereavement.
- There is poor parental participation during therapeutic engagement with children.
- The participants did not feel that the outcomes of their interventions with children who had experienced severe distress were always positively therapeutic.

5.4.3 Conclusion

It is thus concluded that:

- Play therapy is not offered to children in distress because of a lack of training of social workers.
- Social workers were using a basket of play techniques; these were suitable under the circumstances under which they were working.
- It was evident that the social workers did not feel competent using play techniques.
- There is a lack of parental involvement in therapeutic counseling for children.

5.4.4 Recommendations

The following recommendations are made based on the study's findings:

- There is a critical need to increase the number of professionals trained in play therapy and appropriate supervision is essential.

- Training in play therapy for social workers from rural communities who work with children in distress should be prioritized to ensure that the needs of children are addressed appropriately.
- Resources should be provided for social workers' offices so that they are able to offer appropriate therapy to children (physical space, material support and training).
- There is a need for further research on context-specific play techniques which children could easily identify with.
- The techniques used by social workers in rural areas as part of therapeutic counseling should be documented so that they are evidenced-based.
- Context-specific techniques should be used when working with children in distress.
- Interventions should be designed to promote family participation in child therapy.

5.5 Chapter conclusion

This chapter revisited the study's aim, objectives and research questions to formulate a conclusion and recommendations emanating from the data analysis.

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Addendum: A- interview schedule

Questions

Themes and questions

Experiences

- Tell me about the kind of intervention you provide to children in distress?
- Have you used play techniques before?
- How long have you been using play techniques with children?
- What tools do you use?
- What are your experiences of using play techniques?
- Do you feel you feel competent to use this method?
- Have you experienced any challenges with the use of these methods?

Resources

- What are tools/resources that available to you when using play techniques?
- How do you use play techniques with children?
- What type of support do you think you need to help children better?

Perceptions

- How do children respond when you use play techniques with them?
- How do children participate during play techniques?
- Do families participate when you work with children?
- How do families participate when using play techniques

Addendum:C

Research informed consent and information sheet

Researcher: Ms.Nozuko Mkhize

Organization: University of KwaZulu-Natal

Project title: Social Workers' experiences of using play therapy techniques with children who have experienced trauma

This informed consent has two parts

1. Information sheet (to share information about the study with you)

2. Consent form (for your signature, if you agree to participate)

Introduction

I Nozuko Mkhize, Master's student in Social Work at the University of KwaZulu Natal request your permission to participate in a study that seeks to understand your experiences of using play therapy techniques. Your participation will help us understand more about how you use play techniques and the challenges you encounter when counselling children.

You will be asked to respond to questions relating to the above mentioned.

What will the participantbe expected to do?

If you agree to be part of the study you would be required to participate in a personal interview of about one hour in which you would be responding to a number of questions I have prepared. The interview will be audio recorded and later transcribed. After completing the research process, the transcript would be stored at the University of KwaZulu-Natal, in my supervisor' steel cabinet. Your participation in this study would be strictly confidential.

Voluntary participation and anonymity

Participation in this study is voluntary and you may stop participating at any time you wish. Should you choose not to participate, there will be no negative

consequences. All information collected will be protected and real names of the participants will not be used, instead pseudonyms will be used.

Sharing of findings

From the findings, the researcher will share the findings with the participants once the study has been completed through a verbal presentation.

Risk and discomfort

I do not expect any physical harm to participants. However I need to advise you that participating in a research interview can be upsetting. Should you feel upset during or after the interview, let me know immediately. I would be willing to assist you by being there for you at that time, and by referring you for further counselling services at the Department of Social Development.

Benefits

This study will not offer any direct benefit to the participant, including money. Participants will be contributing to the understanding of social work professional practice.

Right to refuse or withdraw from participation

For any queries before, during and after the interview, you could contact me at 060 503 8900. Alternatively, you could contact my research supervisor, Dr. Maud Mthembu at 031- 260 2358

If you are interested in participating, kindly complete the attached consent form.

Consent form

I, _____ agree to participate in the study on [insert topic], conducted by [insert name], Masters in Social Work student in the School of Applied Human Sciences (Social Work) at the University of KwaZulu Natal. I understand the purpose of the study.

I understand that I will be required to participate in a personal interview of about one hour. The interviews will be audio taped and transcribed. The transcripts will be stored on my personal computer. They will be destroyed within two years upon completion of my study. I also understand that:

- ✓ My participation is voluntary.

- ✓ I have the right to withdraw from the research at any stage I want.

- ✓ There will be no rewards for participation, nor will there be any negative consequences should I decide to withdraw.

- ✓ Strict confidentiality and anonymity will be maintained.

- ✓ I am welcome to let [insert name] know immediately should I feel upset during or after the interview to request support.

My signature below indicates my willingness and permission to participate.

Signed at _____ (Place) **on** _____ (Date)

_____ (Signature)

_____ (Print name)

8 June 2016

Ms Nozuko Mkhize 215081182
School of Applied Human Sciences
Howard College Campus

Dear Ms Mkhize

Protocol reference number: HSS/0604/016H
Project Title: Understanding social workers' experiences of using play therapy techniques with children

Full Approval – Expedited Application

In response to your application received 19 May 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr Maud Mthembu
Cc. Academic Leader: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

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Bizana service office - BIZANA – REPUBLIC OF SOUTH AFRICA
Tel. 039 2510 731 Fax +27 39 2510 734 Website: www.socdev.ecprov.gov.za

College of Humanities,

University of KwaZulu-Natal,

Howard College

Re: Request to conduct research at the department of social development

This is in response to a request by Ms. N. Mkhize to conduct a study with social workers who use play therapy techniques with children. The research will be conducted at Bizana service office with social workers.

I hereby grant Ms.N.Mkhize to conduct her study in our offices however her study must not hinder with social workers daily and weekly plans.

Kind Regards

S.S Mjoli

Service office manager (Bizana-DSD)

Signature   2/8/2016

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Service office manager (Bizana-DSD)   Signature 2/8/2016