

**EXPERTS IN PLAY:  
EXPLORING THE DEVELOPMENT AND USE OF PLAY-BASED  
EVALUATION METHODS IN FACILITATING CHILDREN'S VIEWS OF  
NON-DIRECTIVE PLAY THERAPY**

**VOLUME TWO: APPENDICES**

**Jessica Jäger**

**PhD**

**University of York**

**Department of Social Policy and Social Work**

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<b>Appendix 23:</b> Quotation code frequency tables displayed on ‘Folded Sheet’ Exemplar (therapist inhibitive/facilitative compared alongside child codes).....	87
<b>Appendix 24:</b> Process of identifying facilitative and inhibitive factors in terms of therapists’ skills and resulting list of codes.....	88-89
<b>Appendix 25:</b> Table ii: Therapists overall skill level.....	90
<b>Appendix 26:</b> a) Engagement Analysis Code definitions .....	91-92
b) Engagement analysis of the 4 dyads .....	93
<b>Appendix 27:</b> Sample of Transcript with colour-coded engagement analysis and thematic coding (used in micro-analysis) .....	94
<b>Appendix 28:</b> Table iii: Toys and Activities referred to by Children in PBEs ....	95-96
<b>Appendix 29:</b> Table iv: Children’s use of Ground Rules in PBEs.....	97
<b>Appendix 30:</b> Table v: Flexibility and adaptability of technique .....	98
<b>REFERENCES</b> .....	99-119

## **Appendix 1:**

### **Axline's Eight Principles of Non-Directive Play Therapy**

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behaviour.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognised as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

(Axline 1989:69-70)

## **Appendix 2:**

### **Landreth's Ten Tenets for relating to Children from a Child-Centred Framework**

1. Children are not miniature adults and the therapist does not respond to them as if they were.
2. Children are people. They are capable of experiencing deep emotional pain and joy.
3. Children are unique and worthy of respect. The therapist prizes the uniqueness of each child and respects the person they are.
4. Children are resilient. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives.
5. Children have an inherent tendency toward growth and maturity. They possess an inner intuitive wisdom.
6. Children are capable of positive self-direction. They are capable of dealing with their world in creative ways.
7. Children's natural language is play and this is the medium of self-expression with which they are most comfortable.
8. Children have a right to remain silent. The therapist respects a child's decision not to talk
9. Children will take the therapeutic experience to where they need to be. The therapist does not attempt to determine when or how a child should play.
10. Children's growth cannot be speeded up. The therapist recognises this and is patient with the child's developmental process.

(Landreth, 1991:50)

### Appendix 3:

#### Stern's descriptions of affect attunement

1. *Absolute intensity*: the level of intensity of the mother's behaviour is the same as the infant's, irrespective of the mode or form of the behaviour. For instance, the loudness of a mother's vocalization might match the force of an abrupt arm movement performed by the infant.
2. *Intensity contour*: The changes of intensity over time are matched. The second example of page 140 (re-produced below) provides a good instance of this type of match. The mother's vocal effort and the infant's physical effort both showed an acceleration in intensity, followed suddenly by an even quicker intensity deceleration phase.
3. *Temporal beat*: A regular pulsation in time is matched. The fifth example on page 141 (again reproduced below) is a good example of a temporal beat match. The nodding of the mother's head and the infant's gesture conform to the same beat.
4. *Rhythm*: A pattern of pulsations of unequal stress is matched.
5. *Duration*: The time span of the behaviour is matched. If the mother's and infant's behaviours last about the same time, a duration match has occurred. A duration match by itself is not considered to constitute a sufficient criterion for an attunement, however, because too many non-attunement, infant/mother response chains show duration matching.
6. *Shape*: Some spatial feature of a behaviour that can be abstracted and rendered in a different act is matched. The fifth example, on page 141 (reproduced below) provides an instance. The mother has borrowed the vertical shape of the infant's up-down arm motion and adapted it in her head motion. Shape does not mean the same form; that would be imitation.

(Stern, 1985:146)

#### Exemplars:

1. A nine-month old girl becomes very excited about a toy and reaches for it. As she grabs it, she lets out an exuberant "aaaah!" and looks at her mother. Her mother looks back, scrunches up her shoulders, and performs a terrific shimmy with her upper body, like a go-go dancer. The shimmy lasts only about as long as her daughter's "aaaah!" but is equally excited, joyful and intense.
2. A nine-month old boy bangs his hand on a soft toy, at first in some anger but gradually with pleasure, exuberance, and humor. He sets up a steady rhythm. Mother falls into his rhythm and says "kaaaaaa-bam, kaaaaa-bam" the "bam" falling on the stroke and the "kaaaa" riding with the preparatory upswing and the suspenseful holding of his arm aloft before it falls.
- ...
5. A nine-month old boy is sitting facing his mother. He has a rattle in his hand and is shaking it up and down with a display of interest and mild amusement. As mother watches, she begins to nod her head up and down, keeping a tight beat with her son's arm motions.

(Stern, 1985:140-141)

**Appendix 4: Jäger, J., and Ryan, V., (2007) Evaluating Clinical Practice: Using Play-based Techniques to Elicit Children's Views of Therapy. *Clinical Child Psychology and Psychiatry*, 12, 437-450.**

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# Evaluating Clinical Practice: Using Play-based Techniques to Elicit Children's Views of Therapy

JESSICA JÄGER & VIRGINIA RYAN  
*University of York, UK*

## ABSTRACT

Children's services' drive towards accountability, and children's rights advocates' desire to truthfully represent children's views, are leading to more evaluation of child therapy services. The challenge is to find methods that accurately reflect children's views of their therapy. In this article we argue that play therapy skills have an important place in evaluating child therapy practice. We discuss four different directive play therapy techniques three of which have been piloted in the first author's practice to help children express their views of therapy at the end of their interventions. These are: 'The expert show', the miniature playroom technique and puppet and large doll evaluations. Explanations and examples are given from pilot research with 12 children. The issues and challenges inherent in play-based evaluations also are explored. We argue that expressive therapists are in a prime position to evaluate children's services and that children appear well able to express their views of therapy with these child-centred techniques.

## KEYWORDS

*child therapy, children's rights, children's services evaluation, play therapy, play-based evaluations*

JESSICA JÄGER, MA MBAPT is a qualified Play Therapist employed by CAMHS in East Sussex. She is a doctoral student studying filial therapy in the Social Policy and Social Work Department at the University of York. She also employs filial therapy in her clinical practice.

VIRGINIA RYAN, PHD CPSYCHOL MBAPT is a Child Psychologist and qualified Play Therapist/Supervisor. Her clinical practice concentrates on play therapy, filial therapy, and court assessments for children and families referred by local authorities, as well as general referrals, in the Yorkshire and Lincolnshire areas. She is the Director of the University of York's Social Policy and Social Work Department's MA/Diploma in nondirective play therapy leading to a professional qualification in play therapy.

CONTACT : Virginia Ryan, Social Policy and Social Work Department, University of York, York YO10 5DD, UK. [E-mail: [vmr1@york.ac.uk](mailto:vmr1@york.ac.uk)]

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CHILDREN'S VIEWS OF the mental health services they receive are beginning to be investigated in the UK. This is partly due to the Children's *National Service Framework* (Department of Health [DoH], 2003) requiring a child-centred orientation for children's services delivered by the National Health Service (Day, Carey, & Surgenor, 2006; Ross & Egan, 2004). A further reason is due to increased societal awareness of children's right to have their views directly ascertained.

The challenge for adults, as existing children's service user research and indeed developmental research generally has amply demonstrated, is to find methods of evaluation for children that truly reflect their views. There is now a growing literature on children's views of services they use and other types of interventions they take part in. Examples from the existing research literature include: Noon (2000) on child protection case conferences; Bond (1995) on family centres; Sandbaek (1999) on child welfare and protection services; Strickland-Clark, Campbell, and Dallo (2000) on family therapy; Munro (2001) on looked-after children's views. Two studies with particular relevance to children's views as mental health service users, the topic of this article, are Ross and Egan's (2004) preliminary study of 30 Child and Adolescent Mental Health Service (CAHMS) users, ranging in age from 5 to 15 years, using a picture completion method, and Day et al.'s (2006) exploratory study of 11 children aged between 9 and 14 years participating in focus groups.

Aubrey and Dahl's (2006) recent systematic review of studies reporting children's views provides a thorough overview of the studies in this area. However, their review highlighted that there are few studies focusing on effective techniques used to interview young children. Kellet and Ding (2004) conclude that researchers have often considered children below the age of 7 or 8 years old to be incompetent interviewees. They argue however that poor data from young children can be explained by the use of inappropriate interview techniques, rather than children's lack of competence.

Turning to child therapy, children's views of therapy services are an important component in the overall picture of evaluation of therapy services. Determining young children's views of their own therapy, instead of relying on parental and teacher reports alone, is challenging (Carroll, 2002). Currently paper-based questionnaires are often used by therapy services with younger children to assess therapeutic change. However, these measures do not seem to be sufficiently sensitive. Eyberg's (1992, reported in Scott, Burlingame, Starling, Porter, & Lilly, 2003) view that there is no valid measure of outcome or effectiveness of therapeutic change in children under 7 years old still seems accurate. Alongside research which focuses on objective measures administered to significant adults to assess the effectiveness of child therapy (see Bratton, Ray, Rhine, & Jones, 2005), it is important to include younger children's views of their therapy outcomes, as well as their views more generally of the services they receive. Developing other, more child-centred methods of evaluation of therapeutic change with younger children is an important task within a more general evaluation of child therapy services.

In her review of the literature on children as service evaluators, Hennessy (1999) calls for further studies using qualitative semistructured interviews as these have the potential to provide valuable information on children's evaluations which cannot be accessed using quantitative measures such as rating scales. We argue in this article that qualitative methods of evaluation of therapy outcomes and services with young children will be most easily investigated using their own preferred means of communication, namely play-based expressive methods of evaluation. These methods require a shift away from an 'outsider' stance towards one where evaluators are participant observers within the process itself (Robson, 2002). We show later how several expressive play methods of

evaluation are being piloted by the first author in her clinical practice within CAHMS and earlier within a school-based, NSPCC therapeutic programme. The exploratory findings described here show that children do have views on the outcomes of their own therapy. They also show children's opinions both on the ways that therapy services are effective and on how services can be improved. This discussion of children's views is followed by an exploration of the implications and challenges of expressive play approaches for evaluating child therapy.

### **Current research methods with young children and their relationship to play-based evaluations**

Hill (1997) has provided a review of the range of techniques that have been used with children to elicit their views. These include observation, self-completion questionnaires, individual interviews, focus groups, use of vignettes, written and/or pictorial prompts, drawing, role play and the use of technical aids. Others, such as Hogan (1997), advocate the use of unstructured questioning and particularly free recall when interviewing children, arguing that this allows children to clarify their thinking and provide more accurate, comprehensible reports of their experiences. In addition, Aubrey and Dahl's (2006) review, referred to earlier, concluded that effective strategies used to engage children under the age of 12 were those which included the use of enactment, props, drawing and computer-based approaches (e.g. Clark, 2004; Wesson & Salmon, 2001).

Our pilot research takes this argument a stage further. We argue that play therapy techniques, which emphasize nonverbal means of communication, seem highly adaptable to interviewing children in a child-centred and effective way. Here we view play not just as a way to build rapport with a child or an activity to initiate talking (Thomas & O'Kane, 1998), but as an integral part of the interview process itself. We concur with James and Prout's (1995) assertion that concrete aids and play enhance children's ability to verbally communicate. Furthermore the use of play enables children to communicate more effectively both verbally and nonverbally.

### **Types of play-based evaluation methods**

In the first author's clinical practice several techniques using play materials and methods have been piloted to evaluate children's experiences of nondirective play therapy. This method of therapy is highly child centred, encouraging children to lead the play towards emotional issues of their own choosing (Ryan & Wilson, 2000; Wilson and Ryan, 2005). This helps children to develop a relationship with their therapists which is non-judgmental, child led and respectful of children's capacities to effect changes in their own lives when provided with optimal conditions for emotional change. Mental defences are not challenged or confronted directly by therapists. Instead, play with imaginative toys allows children to distance themselves and 'work through' issues without undermining their defences against emotionally difficult topics. Play itself, with therapists who attune to children, follow their lead and set limits where necessary, is considered therapeutic, with or without verbal discussion.

Four different play-based evaluation methods have been piloted: 'The expert show', 'the miniature playroom', evaluation using large dolls, and evaluation using puppets. In this section we describe the methods themselves. The first method, 'the expert show', has been piloted most extensively and will be discussed in more detail. Both the parents and the children themselves have given permission for their evaluations to be used by the first author and names have been changed to preserve anonymity. The next section

includes a discussion of the decision-making process of the adult evaluator in deciding which method(s) to make available to specific children, as well as children's own abilities to choose methods for themselves.

### ***'The expert show'***

This technique is an adaptation of a directive play therapy technique, 'Broadcast News', developed by Kaduson (2001). Extracts from three interview transcripts are used here to illustrate this technique. All of these evaluations took place 2 weeks after the end of each child's play therapy sessions and were conducted by the first author, the children's therapist.

In this technique the therapist invites the child to pretend to join her on a TV chat show to talk about special play times. She suggests that the child will be the 'expert' on the show. The therapist herself acts as the presenter on the show and pretends to be various children and parents who ring in for advice from the 'expert'. This comprises the first phase of the evaluation, the call-in phase. Later children are invited to talk more directly about their own experiences, in the chat-show phase. A real video camera is used to record the evaluation. The therapist first helps the child to get into role and to prepare for going on the TV show. The child is invited to name the show, badges are made, and the therapist pretends to 'count in' the cameraman before introducing the show. The therapist follows a semistructured interview schedule, asking the child open-ended questions about their general experience of play therapy. The therapist then guides the child through the process of the play therapy intervention they had, beginning with questions about what it will be like when a child first starts therapy, the progress meeting(s) held with parents during the therapy, and what it will be like at the end of therapy.

*An example of the 'call-in' phase* Lucy is a 9-year-old girl who self-referred to play therapy in a school setting, following her parent's acrimonious divorce (see Table 1 on page 447 for other details of children referred to in all examples):

*Therapist* (as presenter): OK. The cameraman is counting us in now, 5, 4, 3, 2, 1. Oh good morning and welcome to *The Expert Show*. I'm your presenter for today and this is our expert, Lucy! Thank you for joining us, Lucy. It's great to have you on the show . . . you know lots about special play sessions . . . and you've agreed to . . . talk to the callers about what special play sessions are like.

*Lucy* (as 'expert'): That's right . . . (call) 643146. That's for my advice on play.

*Therapist* (as presenter): Get those calls coming in . . . brr brr . . . brr brr! Oh, that sounds like our first call! Do you want to take it or shall I?

*Lucy* (as 'expert'): Hello, this is Lucy.

*Therapist* (as child caller): Hello, this is Tracey. I'm 7. I have to go to my first play session tomorrow, but I don't know what it's going to be like. Can you tell me?

*Lucy* (as 'expert'): You want to know what it's like. Right! It's like you can come to the play sessions and it helps you with all your problems and it's fun as well . . . I think you'll like playing because you get to express yourself . . . you can tell Jess [the therapist] things that you might not be able to tell your mum or dad . . .

*Therapist* (as child caller): I was wondering what things might change [if I go to therapy]?

*Lucy* (as 'expert'): Well, you might feel down . . . You can't lie anymore . . . You have to tell someone . . . [After all the play sessions] you'll feel much cleaner, because you'll have all those dirty little lies out of you.

Interestingly Lucy suffered from IBS (Irritable Bowel Syndrome), a symptom her mother and the referring GP felt was due to psychological stress. By the end of the therapy, Lucy's IBS had cleared and had not returned at follow-up several months after therapy.

Another feature of this play-based evaluation is that it appears cathartic for children and can help them experience a sense of closure to their therapy. This seems particularly helpful for children dealing with loss and separation issues, such as Lucy:

*Therapist* (as child caller): And what about things that might stay the same? Will some of my problems still be there?

*Lucy* (as 'expert'): Yes, say your mum and dad had split up, they will stay split up. But that will change maybe, because sometimes they might always be arguing and you can explain it to your mum and your mum will see that it's not doing you any good them fighting.

Another example of a child dealing with loss and separation issues is William, a 10-year-old boy, referred following the traumatic bereavement of his younger sister. William presented as a very sad boy at school. He also was disruptive at home, regularly had angry outbursts and had a very difficult relationship with his mum. William was able to share his reflections on the process of his therapy in the following way during the 'expert show':

*William* (as 'expert'): Well, when you first go, you will be kind of scared. But you'll be wanting to play with all the stuff, so you'll really thoroughly enjoy it . . . If you feel sad sometimes when you go to Jemma [the pretend therapist], you feel happy. She's not angry. She's always happy, does funny voices sometimes, and you'll both get on really well. On my fourth go, I was really down and everything, but then I got there and my face just lit up.

Ensuring that open-ended questions are asked throughout, and particularly at the end of the evaluation, allows children to express views about areas the therapist may not have asked about, as Liam, aged 6, illustrates:

*Therapist* (as presenter): Is there anything else you would like to say about special play times?

*Liam* (as 'expert'): It does get you in a kind of upright mood at school.

*Therapist*: I'm not sure what an upright mood is. Can you explain it to me?

*Liam*: Well, it gets you all alert for school

In this case Liam's mother had viewed his difficulties as home-based. Neither the therapist nor Liam's mother had realized that there had been a significant change for Liam with regard to school until he voiced his view during his evaluation. The findings from our pilot research with Liam and the other children seem to strongly reinforce Butler, Scanlan, Robinson, Douglas, and Murch's (2002) view that children are indeed the best witnesses of their own experiences.

*Chat show phase* The 'expert show' technique therefore allows the therapist to respond flexibly to children's answers. Different avenues can be explored more thoroughly as

they arise by changing the callers and questions as required during the call-in phase, in a similar way to conducting semistructured interviews using verbal responses alone. Hill (1997) suggests that children's enjoyment of acting may enable them to more accurately and vividly represent their experiences rather than simply reporting them in an interview. He acknowledges others' scepticism about the validity of role plays in research; however, he asserts that this is less of a problem if participants are able to debrief and the relevance of the role play can be discussed with them, as the second phase of the 'expert show' method provides.

'The expert show' technique combines the semistructured interview with role play and encompasses a debriefing at the end of the evaluation, during the 'chat show' phase. After several telephone calls the therapist, in role as the presenter, invites the child to join her in the chat show format of 'the expert show' by sitting in another area of the room. The therapist/interviewer asks about the child's general experience of play therapy and how the advice given to callers parallels their own experiences, of therapy. In this way the therapist maintains the role play of being on a TV show, but allows children to talk more directly about their own experiences. This phase seems important because it is possible that during the call-in part of the evaluation children may feel they have to give favourable advice to the 'child' callers to prevent them from worrying. This chat show part of the evaluation allows the therapist to explore this possibility with the children. This phase seems very effective in our pilot research not only in eliciting further more personal information from children about their own experiences, but also in helping them to derole. Liam again illustrates this process:

*Therapist* (as presenter): You've joined me on the sofa because you've actually had special play sessions yourself. And I wanted to talk to you about things that were the same or different for you in your special play times to what you told our callers.

*Liam* (as himself): The thing that happened with me is that my mum married this really horrible person and I got a bit heartbroken when he just left me out. I used to say, 'hello' to him; he wouldn't answer back and so they divorced and that's why I had these special play times.

*Therapist*: And so because you were heartbroken and had such a hard time, you came and had your special play times.

*Liam*: Yep, and that did calm me down a lot.

### ***Power and consent issues***

In 'the expert show' there are several features that correct the usual imbalance of power between adult interviewers and children. First, during the call-in phase the therapist always pretends to be a child younger than the child being interviewed, in order to maintain the 'expert' status and power of the interviewee. Second, the power imbalance inherent in adult-child interviews is lessened by using the medium of play, in which children are indeed acknowledged 'experts'. In addition, the 'distance' and safety from overexposure of self that is inherent in role play allows children to share views which they may find more difficult to express if they were asked directly. For example, with the pretend telephones used during the 'call-in' phase, neither the children nor their therapists have to look at one another, thus making it easier for children to explore the things they do not like:

*Therapist* (as child caller): Oh, hi Lucy. I'm Stacey. I'm 8 and I have to see this lady for play sessions . . . but I don't really know her very well. Can you tell me what a play session person is like?

*Lucy* (as 'expert'): Well, first thing they're very nice, very nice, very helpful and very pretty . . . she's very energetic and fun.

*Therapist* (as child caller): And what things won't I like?

*Lucy* (as 'expert'): Well, you might not like her clothes . . .

*Therapist* (as child caller): What will it be like when my mum is talking to the lady for the first time?

*Liam* (as 'expert'): It might be a bit boring at first but it will be over soon.

*Therapist* (as child caller): Oh, OK. Is there anything else I won't like about that first meeting?

*Liam* (as 'expert'): You might get a bit bored of the toys. There are just things like Connex, but then there are lots of fun toys in the other room . . . you may feel a bit, I don't really know how to explain this really [pause], you'll feel a bit nervous at first . . . but it will get better each day or each week.

'The expert show' technique also enables children to use creative ways to inform their therapists how much or how little they wish to participate. Before beginning the evaluation, therapists explain to children that there are no 'right' or 'wrong' answers. As advocated by Westcott and Littleton (2005), ground rules are agreed with children before the interview starts. Different ways of passing on questions are explored, and signals for when children need a break or want to stop are agreed. During the evaluation itself therapists ask children if they want to take the call right away or let the presenter take it first to find out the caller's question. Children also can choose to reject certain calls or redirect the caller to the helpline. Some children have chosen to ask the caller to ring back at a later time, so that they can have a break. Children have also pretended to call back a previous caller and told the caller information they forgot to tell them earlier. This process of evaluation therefore seems both empowering for children and flexible enough for children to adapt to their own requirements..

### ***Issues arising when therapists conduct evaluations of their own interventions***

*Evaluator bias?* An issue that inevitably arises when practitioners evaluate their own practice, such as 'the expert show' method outlined earlier, is that children may be more able to express any negative views about their therapists, and about the therapy process itself, if an independent person interviewed them. However, Bond (1995) highlights that children can find it difficult to share negative views of staff and services even when interviewed by an independent person. As an 'outsider' during her research at a family centre, Bond was aware that children may not have said anything negative to her because they may have perceived this as being a betrayal of the trust already built into their relationships with their workers.

Furthermore, the first author has piloted 'the expert show' technique with two children who had a different therapist and found other disadvantages. Even though the first author is experienced in quickly gaining rapport with children in her play therapy practice, she found that the children she interviewed were much less at ease with her because of being a stranger than children she already had formed a child-centred relationship with. As an independent interviewer, she also was less able to understand some of the meanings of the children's comments and therefore may not have pursued relevant avenues of inquiry as effectively with these children. For example, when the first

author was evaluating her own practice, Lucy commented during the call-in, 'Um, she's very good, she's very kind, she copies you . . .'. Because of having an intimate knowledge of Lucy's sessions, the therapist was more able to understand the full meaning of this last sentence. It was highly likely that Lucy was referring to the last few sessions of play therapy, during which Lucy adored playing music and dancing with the therapist. (Lucy would take the lead and the therapist copied.) Lucy would often have deep belly laughs during this play and the evaluation seemed to confirm Lucy's memory of this play as special for her in her therapy.

Children's own therapists as evaluators therefore have a thorough understanding of the *process* of their therapy interventions. Their understanding enables therapists to tailor questions more easily to children's responses and to add concrete details where required (e.g. the venue for the first meeting). Both of these advantages have been found to aid young children's recall of emotion-laden experiences, demonstrated for example in the developmental research on children's testimony as witnesses in criminal proceedings (see Westcott, Davies, & Bull, 2002).

Concerns that children feel they must please adults when answering questions have been highlighted also in the literature (e.g. Mahon, Glendinning, Clarke, & Craig, 1996) and have been addressed traditionally by disallowing well-known adults as interviewers of children. While trying to please adults is an issue in any research undertaken with children, we suggest that this difficulty is minimized both by using play and by drawing on the strengths already developed in therapeutic relationships. In nondirective play therapy, as outlined earlier, therapists provide an accepting permissive environment where children are shown unconditional positive regard. Thus children will have experienced an environment where it is permissible to share more difficult feelings with their therapists. Obviously it is possible that although this sharing of negative feelings is their therapists' intention, it may not always be the children's experience. However, it seems likely that even these children will be more able to explore difficult feelings in a qualitative, play-based interview with a known adult, compared with conveying difficult feelings in paper-based evaluations or in interviews with strangers. In addition, their therapists would be very likely to have an opinion, which can in turn be verified by parents and teachers, on whether the children they are evaluating from their own practice still have difficulty expressing negative feelings toward adults. These unresolved issues require more research. As well as using triangulation of opinions from different sources (child, therapist, parent, teacher), as recommended by Stake (1995), independent raters scoring the video record of each evaluation are needed who pay particular attention to whether children's nonverbal and verbal communications are in synchrony during all of the questions in each of the two phases of the evaluation.

*Interviewer skills needed for 'the expert show'* The need to maintain the role play, respond to children's nonverbal and verbal expressions, and take on the role of evaluator is demanding and requires interviewers to be well trained and experienced in play interventions. Interviewers also need to remain empathically attuned to children's feelings and ensure that they do not become overwhelmed during recall of their emotion-laden experiences. Therefore we recommend that the evaluator for 'the expert show' is a qualified expressive therapist who is experienced in working with younger children. Familiarity with dramatic techniques, such as the use of different voices, the use of asides and ways to most effectively help children derole is also needed. Some children can feel particularly nervous therefore the adult being able to respond empathically while in role is essential:

*Liam* (as 'expert'): You may feel a bit nervous of the special thing of what I'm on now.

*Therapist* (as presenter): Oh, it's hard being the expert. It's tricky answering all these questions and not knowing what's going to come next, I guess . . . even experts get nervous sometimes, so thank you very much for joining us. It's great to have you on the show and as you know, there are no right or wrong answers. You can be really honest with our callers about what you did like and what you didn't like about your special play times.

Other play-based techniques we are developing are somewhat less reliant on the interviewers' existing play and therapeutic skills. We give an overview of these methods next.

### ***The miniature play room technique***

In this technique children are provided with a miniature playroom using doll's house furniture and miniature toys. Although an exact replica of the real playroom and equipment is not offered, the usual toys of a play therapy room are represented (e.g. sand and water tray, clay, pens and paper, dolls, animals, cars, ball, costumes). Children are offered a range of Play Mobil figures and asked to choose one to represent going to special play sessions and one to represent their therapist. Children also are invited to choose any other figure that might be needed to tell their story of special play times.

There are two ways of proceeding: First, interviewers may ask children to tell them and show them what happens in special play times. Alternatively, a more structured approach can be taken, similar to Story Stems or Dolls House Play, where interviewers begin several different stories and ask children to finish each story (see Woolgar, 1999). In the miniature playroom technique, the interviewer starts a story with a child and parents at home. The interviewer enacts the therapist figure knocking on the door and says it is the first time the child has met the therapist. The interviewer then asks the child to show them and tell them what happens next. Similar to 'the expert show' described earlier, the interviewer guides the child through the process of the therapy, beginning with stories about the initial meeting, the first play therapy session, and so on. For some children in our pilot research who were perhaps not as verbally articulate as those involved fully in the 'expert show', this technique proved useful for them to communicate in largely nonverbal ways, to be discussed more fully in the next section.

### ***Using puppets and large dolls***

A further two techniques have been developed for evaluating play therapy: The first one uses puppets and the second uses large dolls. When using puppets, children are asked to take part in a play consisting of two acts. In Act 1 children are invited to tell their story of what happens in special play times using a range of puppets. This is relatively unstructured; sometimes children have wanted the interviewer to join in and other times they prefer the interviewer to remain a member of the audience. When the interviewer is invited to join in, employing nondirective communication skills is essential to ensure that the children themselves lead the evaluation. After this open-ended part of the evaluation, the interviewer invites the child to take part in Act 2. Here the interviewer invites the child to choose a puppet to represent someone going to special play sessions for the first time. In much the same way as the other techniques outlined earlier, the interviewer uses different puppets to ask questions about what therapy will be like, taking the child through the process from the beginning to the end.



Some younger children, and other children with cognitive and language impairments, may find it difficult to engage in the aforementioned techniques, particularly since 'the expert show' relies heavily on verbal communication, the miniature playroom relies on using small figures, and the puppets rely on children being able to manipulate more than one imaginative character easily. For the youngest and most impaired children, we have developed a technique using large dolls that is intended to be closer to these children's own experiences than the other techniques. This technique is beginning to be piloted with these children. In the large-doll method, children will be invited to select large dolls to represent themselves, their therapist and their parent(s). They will be asked to show and tell the interviewer what special play sessions are like using these dolls. The interviews will take place in the children's actual therapy room; the set layout of toys they have used in therapy will be available to further aid their recall. Nesbitt (2000), for example, argues that some of the best insights into children's perspectives come unexpectedly, when they are stimulated by a visual cue or some other question.

This large doll technique is intended to enhance young and impaired children's recall by minimizing the amount of information needing to be actively recalled by them, by providing them with a task requiring minimal imaginative capacity, and by allowing them to recall at their own pace. Again the interviewer will guide these children through the process of the therapy sessions, asking them to show what happens the first time the child meets the therapist, in the first play session and so on. Since this technique is only beginning to be piloted preliminary results are not included in the discussion of our pilot research below.

### **Piloting three play-based techniques**

Three play-based techniques, 'the expert show', the miniature playroom, and the puppets, were piloted with 12 children of varying ages (5½–10 years), as Table 1 shows. The table also details the rationale for using a particular technique with each of the children in turn. Children are listed in order of their participation during the development of these three evaluation techniques.

This table, as mentioned earlier, shows an evolutionary process, from the first child, William, being offered and taking part in 'the expert show' to Simon, who was offered a choice and chose the puppet evaluation. These three different techniques evolved over the pilot time and offering children choice has now become a standard part of the evaluation procedure. Often developing another technique was inspired by the children themselves, with the first author thinking about the best ways to meet each of their individual needs when evaluating her practice. This pilot research has shown that interviewers may need to have more than one technique available during the evaluation, and will need to be flexible about changing techniques half-way through the evaluation procedure. Some children may find it difficult to concentrate for long periods of time or are easily distracted (see Chris and Justin in Table 1 for examples). Therefore introducing a second technique may help to keep their interest. Some children may be able to express only certain aspects of their experience using one technique, and more data are collected when a second is offered (see Molly in Table 1).

### **Taking children seriously**

Munro (2001) argues that current UK policy on children's views presents a dichotomy: On the one hand, there is strong advocacy for children's rights and on the other hand there are mainly quantitative initiatives which set standards against which children's

<i>Child</i>	<i>Age</i>	<i>Technique used</i>	<i>Rationale for choosing technique</i>
William	10	The expert show	William had used role play as the main way to communicate in his play therapy sessions. He was also highly articulate and enjoyed chatting in his sessions.
Lucy	9	The expert show	Lucy used role play frequently and enjoyed a sense of drama in her sessions.
Sharon	8	The expert show	Although Sharon had not used role play she liked to talk during her play sessions.
Carla	10	The expert show	Again Carla had not used role play but liked to have 'chats' at the beginning of every play session.
Liam	6	The expert show	Liam had not used role play in his sessions and had spent most of his sessions engaged in symbolic play with figures. However, he was very articulate and during his sessions he had worked on building up his confidence. Therefore having him be in the role of 'the expert' would match his therapeutic needs
Molly	10	The expert show and the miniature playroom	Molly was given a choice of all three techniques. She chose to incorporate the miniature playroom with the expert show. She set the toy playroom up to be on the pretend TV set and expressed her views using the miniature playroom during 'breaks' on 'the expert show'.
Justin	5½	The miniature playroom and the expert show	Due to Justin's young age and his use of figures and symbolic play in his sessions, we began the evaluation with the miniature playroom. However, due to Justin getting distracted easily and becoming bored with the miniature playroom, we used 'the expert show' also.
Chris	6	The expert show and the miniature playroom	With Chris we began with 'the expert show', however, due to Chris's level of understanding of the questions (Chris had speech and language difficulties and mild learning difficulties) and his preference for largely nonverbal communication, we used the miniature playroom also.
Adam	6	The miniature playroom	Adam was offered three choices. He chose to use the miniature playroom throughout the evaluation.
Henry	7	Puppet evaluation	Henry had used puppets exclusively in his sessions, therefore using them in the evaluation seemed the most appropriate way to meet his individual needs.
Sam	8	Puppet evaluation	Sam had used puppets and role play extensively in his sessions. He was given the choice of using puppets or being on the expert show.
Simon	10	Puppet evaluation	Simon had been almost silent throughout his 12 play therapy sessions; he had used some art and mainly symbolic play with soldiers. He was offered a choice and chose to use the puppets

*Table 1. Summary of piloted play-based evaluations* services are assessed, where the child's voice and concerns about qualitative issues can easily be lost. Munro stresses that children's services need to be flexible enough to respond to both agendas and ensure that they find ways to respond to children's views once these have been sought. Commonly organizations review statistics on satisfaction annually. While these reviews can lead to changes at a policy level, important information for practice with individual children and families can be lost.

Ongoing, qualitative evaluations of child therapy can highlight children's views and foster more immediate changes. A small example from our pilot research was the action

taken following Liam's evaluation of his initial meeting at the clinic. The range of toys available in meeting rooms was increased to prevent children becoming 'bored', as Liam stated he had been. Of course, sometimes children may suggest changes that are not possible due to funds shortages, or suggest changes that adults consider may have been an issue for that individual child, but would not be beneficial to all children. At these times it is important to acknowledge to children how they feel, to ensure they feel heard and understood, but that false promises are not made.

Other comments by children may reinforce therapists', parents' and other adults' views of what elements of therapy sessions are important for children. For example, therapists often stress the importance of having a private, child-friendly, and protected space for therapy sessions, which may be echoed by the children themselves. This evidence can be helpful when stating to managers what is needed for child therapy to be effective. It also has reinforced our stance that children's views are more easily elicited by experienced play therapists trained to develop emotionally open and responsive relationships with children. Another use of these evaluations is when children return to the same service months or years later. It can be helpful to have an individual record of children's earlier views of their therapy sessions in order to inform later clinicians' judgments about the mode of therapy on offer based on information about what the children did and did not find helpful earlier.

### **Future directions**

We are now developing standard semistructured interview schedules to be used with each technique. These will ensure that there is some standardization within and across the techniques, allowing for both replication and comparison of techniques. However, it still seems essential to maintain flexibility within and across these techniques in order to meet the needs of each child during evaluation. Our exploratory findings show that offering children the choice of which technique to use after providing them with a brief explanation of each is an effective way to ensure that children are able to express themselves fully. In addition further analysis of the video-taped evaluations by independent raters is planned, which will allow a more critical examination of these techniques.

Our play-based evaluation methods also seem to have wider applicability. For example, we will be using play-based evaluations by children in a larger child therapy research project where triangulation of data from therapists, parents and children's perspectives will be possible alongside objective outcome measures and observation data. Other child researchers and evaluators also may see merits in using these methods in nontherapy contexts. We would restate in this context that we have found from our preliminary examination of child therapy services that children's views seem to be more easily elicited by experienced play therapists trained to develop emotionally open, nondefensive and responsive relationships with children. Therefore oversight and training of evaluators and/or researchers by experienced play therapists (see the British Association of Play Therapists website, <http://www.bapt.info>, for a list of qualified play therapists) may prove to be an important factor in the use of these techniques.

### **Conclusion**

We have reviewed the pilot research we are conducting to enable younger children to express their views of play therapy using play-based, child-oriented techniques that are tailored to each child's preferred modes of verbal and nonverbal expression. These play-based methods of evaluation may be preferred over quantitative methods because of

children's normal developmental immaturity, their particular emotional issues or, with some, their disabilities. Examples were given of how children are able to express both positive and negative views of their therapy. We have demonstrated how issues of adult power are minimized, while children's ability to produce meaningful views themselves are enhanced. We also discussed how children used the variety of techniques offered to them to express their opinions in their own unique ways, and how these techniques emerged as more children became involved in evaluating the child therapy services they received. Finally we argued that evaluations need to be used meaningfully, once children express their views of therapy. As Kellet and Ding (2004) state, 'children can and do provide reliable responses if questioned in a manner they can understand and about events that are meaningful to them. The challenge is to find appropriate techniques that neither exclude nor patronise children' (p. 165).

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**Appendix 5: Training manual containing semi-structured interview schedules for play-based evaluations.**

**N.B. This appendix should not be re-produced without the written permission of the author. This thesis has highlighted that professionals delivering these techniques need additional training and individualised feedback and support. The findings of this thesis suggest that use of these techniques by professionals who are not trained in their specific use could be emotionally difficult for children.**

## **Interview Schedules to be followed by Play Therapist**

### **Introduction to child:**

“I’d like to know what you think to the special play times we’ve had, things that have been helpful and things that have been unhelpful, things that you didn’t like and things that you did like. If you would like to tell me what you think there are **three different ways** we could do this.

One of the ways is to pretend to be on a **TV show** together where **you’re the expert** because you’re at the end of your special play times now and you’re the expert of special play times who knows lots about them. On the pretend TV show **I’ll be the presenter** and I’ll also pretend to be children and parents ringing in to the show who ask you as the expert questions about what special play times are like.

Another way we could do it is to use a **mini play room** like the one in this photo and you could show me with the figures and toys what special play times are like. **I will start some stories** about special play times and I will **ask you to finish them**.

The third way is to use **puppets** and you can chose a puppet who is going to go to special play times and show me what special play times are like. You can use the puppet and the things **in the real playroom**.”

### **Explanation of research element:**

“A lady called Jess, who does the same job as me, wants to know what children think about their special play times and she wanted me to ask you if you would like me to **send the video tape of us talking and playing about special play times**. She is asking children who have special play times all over the country if they would like to tell her about them by sending in their tape because then **she will write a book** about what lots of children think about their special play times.”

Give leaflet and show picture of Jess. Tell them their **mum or dad knows** and have said it is OK if they want to.

#### *N.B.*

- *If child chooses **expert show or miniature playroom** it is important to let them know it will be in a **different room** to the real play room and there won’t be the usual special toys there. If it is not possible to use another room then explain that you will not be using the toys in the playroom and most of the toys will be packed away so you can concentrate on the TV show or miniature playroom.*
- *For all of the techniques you should tell the child that you will **video** it so that you remember the important things they say about special play time.*
- *If the child starts one option and doesn’t like it or finds it difficult they should be asked if they would like to try doing it a different way, if they do not the interview should **stop**.*

## ‘The Expert Show’

*Resources:* two phones; name badges; board for telephone number; felt tip pens, clipboard for presenter; table.

### **Introduction:**

*Explanation to child:*

- *Intro*

“We’re going to **pretend** that we’re on **TV** and we’re on a **chat show**. The chat show is going to be **about special play times**. On the chat show I’m going to play the **presenter** who introduces the show to the audience and you’re going to be the **expert**, because you know so much about special play times. As you’re the expert I’m going to pretend to ask children and parents to ring into the show and ask you questions about special play times”

- *Agree Ground rules*

“Before we start we need to agree on a signal for you to let me know if you want to **stop**. How will I know if you need a **break**? How will I know if you **haven’t understood** something I’ve said or you want me to repeat it? There are **no right or wrong answers** to the calls/stories. Sometimes you might want to pass on a call/story how will you let me know? (*for expert show*) One idea is that we could have someone on the **helpline** and if you don’t want to answer a question you can pass the call over to them. What shall we call the person on our helpline?”

- *Make name badges.*

- *Name the show*

“Would you like to give our show a name?” (*wait for response, offer choices if needed*)  
*E.g. expert show, (interviewer or interviewees name) chat show, Monday mornings with (interviewer or interviewees name).*

- *Review ground rules*

“When the callers ring in you can answer the phone straight away if you like or you can get me to answer it and I can find out what they want to ask you. That way you can let me know whether you want to speak to them or whether you’d like someone else to take their call. Remember if someone asks you a question and you’re not sure or don’t want to answer it you can just ask our helpline to take that question (optional: give helpline person a name)”.

- *Final check-in*

“Do you want to ask anything before we start?” (attend to response)



**Schedule:**

As Presenter: “Oh I think the camera man is ready for us, he’s counting us in 5,4,3,2,1  
[*look towards camera, count down with fingers*]

“And Good morning. welcome to (*name of show*) it’s great that you could join us today I have with me a very special guest. Our show today is all about special play times and we are lucky to have our very own expert (*Jaime*), welcome (*Jaime*).

“As I said today’s show is all about special play times, so all you children out there who want to know something about special play times, or are going to special play times and have a question about it, then call our expert (*Jaime*) Parents and play therapists too if you want some advice about special play times then this is the person to call.

“Now remind me (*Jaime*), what’s the number they need to phone? [*write down number and read out together to the audience*] so get those calls coming in (brrr brrr brrr brrr) oh I think that’s our first call (*Jaime*). Are you going to take it, or would you like me to get it? [*take direction from child*]

As presenter: “Thank you (*Jaime*) for taking that first call, Sam had lots of questions for you, are you ready to take some more calls? [*take direction from response*] Ok callers get those calls coming in (brrr brrr) [*if no, take a break read out number again etc*]

**Call One**

**Child: “My name is Sam and I’m 6 years old (*younger than child interviewee’s age*) I’m about to start having special play times and I wanted to know what sort of things there will be to play with?”**

**Prompts:**

- Do you think I’ll have a favourite thing in the playroom?
- What will the room be like?
- Is there anything I won’t like about the room?
- What will I like?
- What things won’t I like?

Presenter: “There’s someone else already on line two. Are you ready to take it?”

**Call Two**

**Child: “My name is Alex and I’m going to my first special play time tomorrow - what will it be like on my very first time there?”**

**Prompts:**

What will I **do**?

How will I **feel**?

What will the play lady/man do?

What will the play lady/man be like?

What things won’t I like about her? What things will I like?

Will I play with the toys on my own or with the play lady/man?

On my own -> What will it be like playing on my own?

With play lady -> What will it be like playing with the play lady/man?

The play person is a lady/man and I was wondering what you thought it would be like if it was a man/lady?

What will happen if I don’t want to finish my special play times?

If there was something I didn’t like about my play times is there anything I could do about it?

Presenter: “Well lots of calls already. Maybe we need to remind the audience again of our phone number (read out phone number). Get those calls coming in brr brr brr!”

**Call Three**

**Child: “Hi I’m Jamie and I was wondering what sort of different feelings I might have when I’m in the playroom?”**

**Prompts:**

- “My mum says that sometimes I get angry/worried (*choose most relevant to child interviewee*) at home/school, what will happen in my special play times if I get angry?”
- What will the play lady/man do?

**Follow up other feelings using same format e.g. sad/upset/happy/excited**

Presenter: “Goodness me, lots of calls. People are really interested in what you think brr brr there’s another call...”

**Call Four**

**Child: “Well I watch your chat show a lot and I know that you have had special play times and I wondered whether you remember anything special or important that happened?”**

**Prompts**

- What was the most important thing about your special play times?
- Do you remember any special things you did on your own?
- Do you remember any special things you did with the play lady/man?

Presenter: “I understand there’s a call coming through from **someone who is learning how to be a play person** and they would like to ask your advice would you like to take the call?”

**Call Five**

**Play Therapist: “Hi my name is Jemma/James and I’m learning to be a play lady/man. I’m going to be having special play times with children and I wondered if you could give me some advice about what I should do in special play times?”**

**Prompts:**

- What things do you think I’m going to be good at doing?
- What things do you think I could do better?
- If children get angry/sad/excited/scared/worried in special play times what should I do?

**Call Six**

**Child:** “Oh hi this is Charlie here I’m 6 years old (*younger than child*) I had about 6 (*or no. before you held a progress meeting*) times with Julia/Justin the person I see there and s/he’s going to come and see my mum (*members of progress meeting*) for a meeting and I was just wondering what you thought it was going to be like?”

**Prompts:**

- How will I be feeling?
- What will they talk about?
- Do you think things will change or stay the same after having my special play times?
- What will be different?
- What will stay the same?

Presenter: “I think we have time for **one last call** before we finish so anyone out there who has a question for our expert this is your last chance! Brr br!”

**Call Seven**

**Parent:** “My name is Mrs. Williams and my son/daughter his/her name is Jack(ie) s/he’s (*age*) and has been for (*number of sessions*) play sessions now and s/he has to stop going and I was wondering how s/he might feel?”

**Prompts:**

- Do you think he’ll have any other feelings about finishing his sessions that I need to know about?
- Do you think the no. of times he had was too many, just right or not enough?

Presenter: “Well that’s **all the calls** we have time for, but is there anything else you’d like to tell the audience about special play times or advice you would like to give?”

Presenter: “OK, well **before you go** you said you’d **join us on the sofa area** to talk about how your **own experience** of special play times was the same or different to the advice you gave to our callers“.

[Move over to sofa area sit almost opposite each other].

Presenter: “Well we **had lots of calls** and you did a **great job** answering everyone’s questions, so thank you very much. **Sometimes** when experts give **advice** to other children, parents or therapists it **is different** from the experts own experience of special play times, and sometimes it is the **same**. I know you have had special play times yourself and I wonder whether the things you said to the callers were the same or different as what happened to you in your special play times?”

*[If there was something which **surprised** interviewer or **confused** interviewer ask about this specifically]*

Presenter: “I wonder whether you’d tell us a bit about why you went to special play times yourself?”

Presenter: “You **talked to Charlie** about things that **might change** after going to special play times. Were the things that you said might change for Charlie the same things that changed for you or did different things happen?” *[use specific things child said]*

Presenter: “Is there **anything else** you would like to say about your own experience of special play times?”

CLOSE SHOW:

Presenter: “**Thank you** to our expert (Jaime), thank you to all our callers ringing in that’s all we have time for this week so....**Goodbye!!!**”

### **Ending:**

“Thank you very much for pretending to be on my chat show it’s the end of our time together now. Is there anything you would like to say about us doing the stories together?”

### **Additional general prompts for The Expert Show:**

- I’m not sure what you mean, can you tell me a bit more about it?
- Can you explain what that means to the younger children who might be watching our show?

## Miniature Playroom

*Resources:* miniature play room - (room, shoe box), doll's furniture including several chairs for waiting room, and extra furniture e.g. sofa to represent home setting, miniature toys inc. paper and mini pens, mini cars, mini animals/figures, mini costumes, mini sand and water tray, mini ball; a range of play mobil figures.

### **Introduction**

- I would like to know more about your special play times.
- Jess will write the story you make into a small book.
- Agree Ground rules - how will I know if you want to stop, have a break, if you don't understand what I've said, want me to say it again. Agree on verbal or non-verbal signal or sign.
- I'd like you to tell me a story about special play times. First you can tell me what happens in special play times. When you've finished your story I will start some stories about special play times and you can finish them for me.
- There are no right or wrong ways to tell the stories, it's your choice how they end.

*N.B. Allow up to 15 minutes for this part then encourage the child to end this part and start part two. You may need to re-direct the child to showing you with the puppet what happens in special play times and what the puppet thinks. You may need to remind them it is different today. You may need to reflect their potential feelings of disappointment that it is different here today.*

### **Part One**

“You can use the figures to be the mum/dad, one to be a child, and one to be the therapist (play lady/man or give name/Sam) at a special play time and show me what happens“.

- Which doll is going to be a child having special play times?
- What shall we call him/her?
- Who is going to be the grown up that the child has his/her special play times with?
- What shall we call him/her?
- Who brings (child protagonists name/ Jaime) to special play times? Prompt mum, dad, gran, etc.

“OK so now we have everyone can you show me and tell me what happens in special play times?”

### **Prompts:**

- What happens at the start of special play times?
- Who is in the story?
- Does anything important/special happen?
- What is (child/ play lady/man / daddy/ mummy/ ) (feeling/ thinking/ doing)?
- What happens at the end of the special play times?

## **Part Two**

*N.B. If child finds it difficult to engage or is tired/finding it hard to attend then reduce the number of prompts asked. Remember to follow the child's lead. If there is a lack of closure and time is running on, remind the child how many stories there are to go and encourage them to show you an ending for the story they are on. It is often helpful to let the child know there will be a chance at the end to do a story of their own.*

“I’ve got six stories to do with you. I’ll start the stories and you can finish them“.

### **Story One: Special Play Times**

[Enact the child doll and the therapist walking into the playroom]:

Therapist: “**OK (Jaime) this is your special play time you can do almost anything you want to and if there’s anything you can’t do I will let you know** (adapt to phrase generally used by therapist at start of sessions if necessary) **what happens next?”**

#### **Prompts:**

- What is (Jaime) favourite thing in here?
- What things doesn’t he/she like?
- What does (Jaime) like?
- What does (Jaime) do when s/he is here?
- How does (Jaime) feel when s/he is here?
- What is (Sam) like? (point at doll)
- What does (Sam) do when they’re in the playroom?
- What things doesn’t (Jaime) like about (Sam)?

### **Story Two: First Meeting**

“This story is about a long time ago when (Jaime) first met (Sam). So this story is not in the special playroom but (home/school/meeting room - chose place therapist met child in reality; adapt mini-playroom accordingly) and his/her (mum/dad/brother/sister/foster mum/granny etc. - again chose people who were present at initial meeting) were there“.

[Enact the therapist arriving, ringing the doorbell and the parent answering the door (or if the family came to the therapist enact the family arriving at reception and the therapist coming to greet them) ]

Therapist: “**Hello I’m (Sam) I’ve come to meet (Jaime)”**.

Parent: “**Hello, this is (Jaime)”**

Therapist: “**Hello (Jaime)”**

“Can you show me and tell me what happens next“.

#### **Prompts:**

- Why is (Jaime) going to see (Sam)?
- How does (Jaime) feel?
- What is (Jaime) thinking?
- What is (Jaime) doing?

### **Story Three: First Play Session**

*N.B. If child is finding it difficult or has a short attention span miss out this story*

“This is a story about the next time (Jaime) sees (Sam) It’s the very first time (Jaime) has been to the play room to have special play times“.

[Enact child entering and sitting in waiting room with parent]

“what happens next?”

#### **Prompts:**

[Enact therapist coming to greet the child and taking the child to the playroom turning the sign over on the door].

Therapist: **“OK (Jaime) this is your special play time you can do almost anything you want to and if there’s anything you can’t do I will let you know”**

“what happens next?”

- How does (*Jaime*) feel?
- What is (*Jaime*) thinking?
- What is (*Jaime*) doing?
- USE FOLLOWING PROMPTS IF YOU DIDN’T USE THEM IN STORY ONE
- Are there things (*Jaime*) doesn’t like in here? If yes, What doesn’t s/he like?
- Are there things (*Jaime*) likes? If yes, What does (*Jaime*) like?
- What is (*Jaime*’s) favourite thing?
- Is there anything important or special that happens in here?

*N.B. Encourage child to show you and if it seems helpful direct your questions directly to the child doll - are there things you like here?*

### **Story Four: Feelings in the playroom**

“Now we’re going to do a story about (Jaime) showing different feelings s/he has when s/he has special play times. What sort of feelings might (Jaime have?)”

#### **Prompts:**

Worried? angry? sad? happy? upset? excited?

“OK first we’ll pretend (*Jaime*) is worried (*if child chose this as possibility, if not substitute worried for another feeling child did chose*). This is (*Jaime*) he is 6 years old. Today in his special play time he’s feeling worried look at my face (*have a worried face*); can you show me and tell me what happens in the play time?”

#### **Prompts:**

- What does the play lady/man do?
- Does the play lady/man know s/he is happy?

**(Repeat for all feelings child says might happen in the playroom).**



**Story Five: Progress Meetings**

“This story is not in the playroom it’s (*place of progress meeting*) and in this story there is the therapist/play lady/man (*Sam*) and (*list the people who attended the progress meeting mum/dad/ Jaime*). They are all sitting round and they are going to talk about how (*Jaime*) is getting on. Show me and tell me what happens next”

*N.B. If child was not at the meeting place the child character somewhere else and acknowledge where they are (e.g. home; school - remove playroom toys and add in different props if available)*

**Prompts:**

- What do they talk about?
- Has anything changed or are things the same as when s/he started? What has changed/stayed the same?
- How does (*Jaime*) feel about the meeting?
- Enact child leaving halfway through if this is what happened and ask again “how does (*Jaime*) feel now?”

**Story Six: The End of Special Play times**

“This is the last story and this is (*Jaime*) last special play time“.

[Enact therapist walking and entering the playroom with the child].

“Show me and tell me what happens next“

**Prompts:**

- How does (*Jaime*) feel?
- Does s/he think s/he has had too many times here, not enough times here or just right?

If child wants to offer an opportunity to do their own story at the end where they can show you and tell you anything else about special play times.

**Ending** “Thank you very much for sharing your stories with me. It’s the end of our time together now. Is there anything you would like to say about us doing the stories together?”

**General prompts:**

- Can you tell me more about that?
- Can you show me?
- Repeat what the child says
- Umm hmm etc.
- What happens next?
- Does anything else happen?
- How does (character) feel?
- What is (character) thinking?
- What does (character) say?
- What’s happening now?

## Puppets

*Resources:* full size play kit; puppets; video camera

*N.B. this method takes place in the playroom where play therapy was held with the play kit available to the child.*

### **Introduction**

- I would like to know more about your special play times.
- Jess will write the story you make into a small book.
- Agree Ground rules - how will I know if you want to stop, have a break, if you don't understand what I've said, want me to say it again. Agree on verbal or non-verbal signal or sign.
- I'd like you to tell me a story using the puppets about special play times. First you can tell me what happens in special play times. When you've finished your story I will start some stories about special play times and you can finish them for me.
- There are no right or wrong ways to tell the stories, it's your choice how they end.

*N.B. Allow up to 15 minutes for this part then encourage the child to end this part and start part two. You may need to re-direct the child to showing you with the puppet what happens in special play times and what the puppet thinks. You may need to remind them it is different today. You may need to reflect their potential feelings of disappointment that it is different here today.*

### **Part One**

“You can use the puppets to be the mum/dad, one to be a child, and one to be play therapist (*play lady/man or give name/Sam*) at a special play time and show me what happens“.

- Which puppet is going to be a child having special play times?
- What shall we call him/her?
- Who is going to be the grown up that the child has his/her special play times with?
- What shall we call him/her?
- Who brings (child protagonists name) to special play times? Prompt mum, dad, gran, etc.

“OK so now we have everyone can you show me and tell me what happens in special play times?”

### **Prompts:**

- What happens at the start of their special play times?
- Who is in the story?
- Can you show me with the puppet and the things in the room what happens?
- Does anything important/special happen?
- What is (child/ play lady/man /daddy/ mummy/ ) (feeling/ thinking/ doing)?
- What happens at the end of the special play times?

## **Part Two**

*N.B. If child finds it difficult to engage or is tired/finding it hard to attend then reduce the number of prompts asked. Remember to follow the child's lead. If there is a lack of closure and time is running on, remind the child how many stories there are to go and encourage them to show you an ending for the story they are on. It is often helpful to let the child know there will be a chance at the end to do a story of their own.*

“I’ve got six stories to do with you. I’ll start the stories and you can finish them“.

### **Story One: Special Play Times**

[Enact the child puppet and the therapist puppet walking into the playroom]:

Therapist puppet: **“OK (Jaime) this is your special play time you can do almost anything you want to and if there’s anything you can’t do I will let you know (adapt to phrase generally used by therapist at start of sessions if necessary) what happens next?”**

#### **Prompts:**

- What is your favourite thing in here(Jaime) ? [Encourage child to take the child puppet over to the toy or object and show you. **Talk directly to the puppet**].
- What things don’t you like?
- What do you like?
- What do you do when you’re here (Jaime)?
- How do you feel when you’re here?
- What is (Sam) like? [point at puppet]
- What does (Sam) do when you’re in the playroom? [Encourage child to actively show you the puppet doing this].
- (Jaime), what things don’t you like about (Sam)? [look and point at child and therapist puppets directly].
- What things don’t you like about (Sam)?

### **Story Two: First Meeting**

“This story is about a long time ago when (Jaime) first met the (Sam). So this story is not in the special playroom but (home/school/meeting room - chose place therapist met child in reality) and his/her (mum/dad/brother/sister/foster mum/granny etc. - again chose people who were present at initial meeting) were there“.

Set up an area in the room to represent the meeting place - do this together with the child. [Enact the therapist arriving (or if the family came to the therapist enact the family arriving )

Therapist: **“Hello I’m (Sam) I’ve come to meet (Jaime)”**

Parent: **“Hello, this is (Jaime)”**

Therapist: **“Hello Jaime”**

“Show me and tell me what happens next“.

#### **Prompts:**

- Why are you going to see (Sam)?
- How does (Jaime) feel?/What is (Jaime) thinking?/ What is (Jaime) doing?

### **Story Three: First Play Session**

*N.B. If child is finding it difficult or has a short attention span miss out this story*

“This is a story about the next time (Jaime) sees (Sam) It’s the very first time (Jaime) has been to the play room to have special play times.”

[Enact child entering and sitting in waiting room with parent. *Again set something up inside the playroom to represent the waiting room in order to protect confidentiality do not really go to the waiting room. If child wants to, explain that you will pretend it in the playroom to make sure other people don’t hear and you keep their story private.*]

“what happens next?”

#### **Prompts:**

[Enact therapist coming to greet the child and taking the child to the playroom turning the sign over on the door].

Therapist: **“OK (Jaime) this is your special play time you can do almost anything you want to and if there’s anything you can’t do I will let you know”**

“what happens next?”

- How does (Jaime) feel?
- What is (Jaime) thinking?
- What is (Jaime) doing?
- USE FOLLOWING PROMPTS IF YOU DIDN’T USE THEM IN STORY ONE
- Are there things (Jaime) doesn’t like in here? If yes, What don’t you like?
- Are there things (Jaime) likes? If yes, What do you like?
- (Jaime) what’s your favourite thing in here?
- Is there anything important or special that happens in here?

### **Story Four: Feelings in the playroom**

“Now we’re going to do a story about (*Jaime*) showing different feelings s/he has when s/he has special play times. This story is back in the playroom. What sort of feelings might (*Jaime*) have?”

#### **Prompts:**

Worried? Angry? Sad? Happy? Upset? Excited?

“OK first we’ll pretend (*Jaime*) is worried (*if this was an option chosen by child, if not substitute worried for a feeling which was chosen*) This is (*Jaime*) he is 6 years old and sometimes s/he gets worried. Today s/he is in the playroom and (*Jaime*) is feeling worried, look at my face (*have a worried look on your face*). Can you show me and tell me what happens in the play time?”

#### **Prompts:**

- Can you show me (child puppet’s name) feeling worried in here?
- What does the play lady/man do?
- Does the play lady/man know s/he is worried/happy etc?

**(Repeat for all feelings child says might happen in the playroom).**

### **Story Five: Progress Meetings**

“This story is not in the playroom it’s (*place of progress meeting*) and in this story there is the therapist/playlady/man (*Sam*) and (*people who attended the progress meeting mum/dad/ child*). They are all sitting round and they are going to talk about how (*Jaime*) is“.

[*Again like story two use an area of the playroom to set this up*].

“Show me and tell me what happens next“.

*N.B. If child was not at the meeting place the child character somewhere else and acknowledge where they are (e.g. home; school)*

#### **Prompts:**

- What do they talk about?
- Has anything changed or are things the same as when s/he started? If yes, what has changed/stayed the same?
- How does (*Jaime*) feel about the meeting?
- [Enact child leaving halfway through if this is what happened and ask again “how does (*Jaime*) feel now?”

**Story Six: The end of Special Play Times**

“This is the last story and this is (*Jaime*’s) last special play time“.

[Enact therapist walking and entering the playroom with the child].

“Show me and tell me what happens next“

**Prompts:**

- How does (*Jaime*) feel?
- (*Jaime*) do you think you’ve had too many times here, not enough times here or just right?

If child wants to offer an opportunity to do their own story at the end where they can show you and tell you anything else about special play times.

**Ending**

“Thank you very much for sharing your story with me. It’s the end of our time together now. Is there anything you would like to say about us doing the stories together?”

**General prompts:**

- Can you tell me more about that?
- Can you show me?
- Repeat what the child says
- Umm hmm etc.
- What happens next?
- Does anything else happen?
- How does (character) feel?
- What is (character) thinking?
- What does (character) say?
- What’s happening now?

**Appendix 5a: Therapists' Questionnaire 1 (pre-evaluation session)**

**Questionnaire One**

This questionnaire is to be completed at the end of the play therapy intervention but **before the play-based evaluation** with the child.

**Background information on child**

Age (yrs & months)		Disability/SEN		Non-directive PT? (state other techniques used)	
Gender		Socio-Economic Status		Other interventions running alongside, e.g. speech and language	
Religion					
Ethnicity				Length of intervention	
Presenting problems – primary issues (please use the codes overleaf)					
Presenting problems – secondary issues (please use the codes overleaf)					

1. In your opinion what are your important memories of your play therapy intervention with this child?
2. In your opinion what, if anything, has changed for this child following the play therapy intervention?
3. In your opinion what, if anything, remains an area of difficulty for this child following the play therapy intervention?
Other comments:



## Categories and Codes for Presenting problems

1. ABUSE
  - 1.1 Emotional
  - 1.2 Neglect
  - 1.3 Physical
  - 1.4 Sexual
  - 1.5 Racial
  - 1.6 Witness of domestic violence
  - 1.7 Other (please specify)
  
2. PERSONAL SELF
  - 2.1 Anxiety/stress
  - 2.2 Anger
  - 2.3 Conduct problems
  - 2.4 Self-esteem
  - 2.5 Withdrawn
  - 2.6 Self-harm
  - 2.7 Suicidal
  - 2.8 Trauma (please specify)
  - 2.9 Other (please specify)
  
3. HEALTH
  - 3.1 Enuresis
  - 3.2 Encropsis
  - 3.3 Illness
  - 3.4 Eating difficulties
  - 3.5 Sleeping difficulties
  - 3.6 Nightmares
  - 3.7 Obsessive Compulsive Disorder
  - 3.8 ADHD
  - 3.9 Selective mutism
  - 3.10 Sexualised behaviour
  - 3.11 Other (please specify)
  
4. RACIAL/CULTURAL/DISABILITY
  - 4.1 Discrimination
  - 4.2 Identity – Religious/cultural
  - 4.3 Identity – disability
  - 4.4 Other (please specify)

**Appendix 5b: Therapists' Questionnaire 2 (post-evaluation session)**

**Questionnaire Two**

This questionnaire is to be completed at the end of the play therapy intervention and **after the play-based evaluation** with the child.

---

1. How did the child respond to the evaluation?

2. Were they similar or different to how they were in the play therapy intervention?

3. Were there any particular links which you could make between what the child said in the evaluation and what happened for the child in the play therapy intervention? (consider links outside of play therapy also, e.g. home and school)

4. Was there anything that surprised you?

5. Have your views regarding the intervention changed since the interview?  
Regarding the child's functioning at home, at school, in the playroom?

Regarding the child themselves or their family?

Regarding your practice as a play therapist?:

6. Other comments

**Appendix 6:** Therapists' follow-up e-mail questionnaires: a) generic

**CHAPTER Project – Follow Up Questionnaire**

*Thank you so much for taking part in the CHAPTER project. I want to turn to you, EXPERTS in delivering play-based evaluations, and pick your brains to improve play-based evaluations. Please share your thoughts, knowledge and experience with me by completing this form. If time is very limited for you please complete the first section on therapist details – I desperately need this to write up my thesis!*

**Therapist details**

1. How many years post-qualifying (as a Play Therapist) experience do you have?
2. Please detail number of days practising as a play therapist over those years (*e.g. 4 years 3 days a week followed by 1 year Full Time OR 2 years one day a week one year career break 1 year 3 days a week*)
3. Where did you train?

**Tips and advice**

1. What tips would you give to other therapists conducting play-based evaluations?  
(*consider what things have worked well and what has been a hinderance*)
2. What changes do you think need to be made to play-based evaluation techniques?  
(*Consider when they are used, the details of setting them up, the questions in the interview schedule. Please provide your rationale for suggesting each change e.g. question 3 should be excluded because it is too wordy*).
3. Were there any evaluations you conducted which you thought were unhelpful to the child if yes what are your reasons for thinking this?

### **Continued use of Play-based evaluations**

1. Aside from the tapes you have sent in for the research and those who you have told me have refused participation in the research have you used play-based evaluation techniques with any other children?

**YES/NO**

*(please delete appropriate)*

If YES please give *very brief* details here (*e.g. yes with 2 filial therapy cases; yes with 4 further individual PT cases*).

If NO please state reason (*e.g. don't find them useful; lack of time; children refuse; manager refuse; no individual PT endings etc.*)

2. Will you continue using play-based evaluations beyond the lifetime of the research project?

**YES/NO**

*(please delete appropriate)*

If YES will you use them as stand alone evaluation measures or will you use them in conjunction with other measures to evaluate your practice (*e.g. with Child Behaviour Checklists; with paper-based questionnaire for parents etc.*)

If NO please state reason (*e.g. difficult to analyse; don't find them useful; lack of time; need more training etc.*)

### **Impact of Play- Based Evaluations**

1. Have *you* made any changes to your practice/become aware of any particular aspects of your practice as a result of what children have said or done in play based evaluations? If so what?

2. Has *the service* you work in made any changes in terms of its provision to children and young people as a result of children's views expressed in play-based evaluations? If so what?

**Thank you for your time, participation and continued support of this study.**  
**Jessica Jäger - The CHAPTER Project - The University of York**

**Appendix 6:** Therapists' follow-up e-mail questionnaires b) case-specific - exemplar

**Re: Herbert 8years 11 months boy**

1) Can you tell me more about the nature of mum's involvement – how many sessions did she just observe? Did you give mum any filial training?

2) How would you describe Herbert and mum's relationship pre-intervention?

3) You wrote about call 2:

What will the play therapist do?

Play with you – like board games (Herbert and I actually did lots of role play, puppetry and art).

Does this mean that you did not play board games with Herbert in the sessions? If not were there board games available? Do you know whether he played board games with mum during their new play time at home?

4) You reflect upon Herbert saying 'she got nervous and thought that I would beat her – I said cheer up, I'll let you score' you relate this to football role play between you and then reflect: 'I wonder if he thought that I was really nervous rather than being in character?' Given this query would you do anything differently now during a play therapy intervention e.g. make it more explicit that you are in role or ensure that you do not appear overly nervous or do you think that this was more about Herbert's own issues and his desire for people to be kind to him when he was feeling inferior?

5) Following on from this it would be helpful to hear your views regarding the following section of analysis which I wrote before viewing your questionnaire – obviously your questionnaire has shed some light on this – that yes indeed 'Herbert' did have issues regarding competence and inferiority. I wondered if you'd like to comment further on what I've written – I will be adding in your views – both from the original questionnaire and anything else you'd like to add:

(picking up from talking to trainee play therapist re: playing football and therapist being 'nervous' about this)

Herbert: and so if so if you're new at somethin'^ a ki:::d

Polly: um:::

Herbert: might come over to you and say '\*it's al::right::\*' {in whispered voice with reassuring manner}

26 (530:537)

There are several possible interpretations of this 'role reversal' which Herbert describes. One interpretation is that this therapist did share her feelings of anxiety with this child, either implicitly or explicitly. This may have been a timely and therapeutic use of congruence. For example, it is possible that this child played football in an overbearing and aggressive manner. This child may have had a significant need to win and be the strongest within interpersonal relationships and not demonstrate any weakness. The therapist sharing feelings of anxiety that she would lose in this instance would be therapeutic for this child. The shift to him taking care of the therapist, or being mindful/empathic to his play partner, may demonstrate an improvement in his

emotional and social development. However, it is also possible that this therapist shared these feelings of anxiety due to her own personal issues. The effect of this was the child taking an inappropriate care-giving role in the interaction. There is some support for the first interpretation afforded by the comment Herbert makes directly after the above quote:

Herbert: But say if a kid if a *ki:::d* (.) is say:: unvha^ppy:: er:: you can go over to them and make them happy:: that's that's what I think you can be good at Jackie^  
26 (538:540)

This might suggest that the therapist's congruent sharing of her own vulnerability enabled this child to show his own vulnerability and subsequently accept care and attention from the therapist. This interpretation illustrates an advantage of using congruence highlighted by Ryan and Courtney (2009): "Children become more aware of their own feelings ... through interacting with and understanding their own and the other person's feelings within close relationships"(p7).

**Appendix 7:** List of documents sent to MREC for review

<b>Documents reviewed for ethical approval</b>	<b>Date</b>
Covering letter	14 August 2006
Hard copy of the application form	14 August 2006
Research Protocol	14 August 2006
Letter from Sponsor	14 August 2006
Letter regarding compensation arrangements	03 August 2006
Interview schedule – Expert Show	14 August 2006
Interview schedule – Miniature playroom	14 August 2006
Interview schedule – Puppet Story	14 August 2006
Questionnaire One	14 August 2006
Questionnaire Two	14 August 2006
Letter of invitation to participants - Therapists	14 August 2006
Letter of invitation to participants - Parents	14 August 2006
Participant information sheet parents	14 August 2006
Participant information sheet therapists	14 August 2006
Participant information sheet children	14 August 2006
Participant Consent Form - Therapists	14 August 2006
Participant Consent Form - Parents	14 August 2006
Participant Assent Form - Children (Children’s Agreement)	14 August 2006
GP/consultant information sheet	14 August 2006
Investigator CV - Jessica Jäger	14 August 2006
Supervisor’s CV - Dr. Virginia Ryan	14 August 2006



**Appendix 8:** List of initial concerns expressed by MREC

- Committee members felt very strongly that there should be a patient information sheet for each age group, under 5's, 6-10 and adolescent.
- Committee members feel that sending the videos through the post may cause some confidentiality problems.
- It should be the researcher who destroys the videos.
- Committee members feel that the therapists have not been informed that they are required to fill in the R&D forms for their own sites.
- Committee members have concerns on the number of children being recruited.
- Committee members feel very strongly that the researcher should attend the meetings.

## **Appendix 9:** Advertisement for therapists to attend PBE training

**\*\*\*SUBSIDISED TRAINING DAY\*\*\***

### **The CHAPTER Project**

**CH**ildren **A**s ked about **P**lay **T**herapy in **E**xpert **R**ole

#### **Invitation**

You are invited to The CHAPTER training event! Get involved in an exciting new development in Play Therapy and the way children's services evaluate the work we do. On the training day you will:

- become one of the first to gain training in play-based evaluation methods.
- learn how to administer the play-based methods in your practice to enable children to share their experiences of play therapy.
- receive materials to use in delivering play-based evaluations.
- gain understanding and knowledge of methodological and ethical issues in child research.

Play-based evaluation interviews are an innovative and creative way of gaining the child's view of play therapy. The training event is the beginning of a research project where you will be invited to participate in a large project which will bring together 50 children's views of Play Therapy.

#### **Overview**

There is increasing interest in eliciting children's views of the services they use, due to both services' drive towards accountability and children's rights advocates' desire to truthfully represent children's views. The challenge, as much child development research already has amply demonstrated, is to find methods for children that truly reflect their views and that clearly represent what they think are the most important aspects of the services they participated in. Arguably play therapy has an important role here. Outcome research in PT is now better established, particularly in the USA, which shows that in general PT is an effective intervention for a wide population (see Bratton et. al., 2005). However, objective measures often seem to be viewed as not measuring the changes therapists perceive in their clients and not being child-oriented (e.g reflecting the individuality of each client's experience of therapy, reflecting the age, gender and background of each client's uniqueness, etc).

Play-based evaluation methods were developed in Jess Jäger's clinical practice and have been further refined through the development of research protocols, (see Jäger and Ryan, in press). In this training play therapists will be trained in the play based techniques using the standardised semi-structured protocols which have been developed. Following the training therapists will be encouraged to use the play based techniques in their own practice as well as being invited to take part in the research project.

#### **The training is open to:**

##### **Play Therapists who:**

- are qualified from a BAPT registered course and have **at least** one year post-qualifying experience
- are currently practicing some individual non-directive play therapy
- Have permission from their managers to attend the training day and take part in the research (at least in principle – full consent will be invited on the day)

**Essential Pre-course reading:** Jäger, J., and Ryan, V., (in press) Evaluating Clinical Practice: Using Play-based Techniques to Elicit Children's Views of Therapy. *Clinical Child Psychology and Psychiatry*.

*Quotes from previous participants: "Absolutely fantastic; a good combination of practical skills and listening to the background and development....the course will be really stimulating"*

*"At first you might feel on the spot having to do role play, but once you start it's fine the best thing is using the materials which really brings it to life"*

*"After reading the article I was interested but the quality of the training generated more interest and enthusiasm" "I highly recommend it!"*

*"Lots to pack in...kept me awake right through the afternoon where other training might not!"*

*"This is a great new area which pushes the frontiers of Play Therapy...it's the cutting edge!"*

#### **The Research element:**

The training event is the beginning of a research project where you will be invited to participate in a large project which will bring together 50 children's views of Play Therapy. You will be asked to gather the views of 5 children in your own practice using the play-based technique (over a period of 6 -12 months). This is an exciting opportunity to be involved in an innovative way of individual therapists' contributions being brought together to create a large data set which will be analysed by the researcher, Jess Jäger. Ethical approval from the MREC (NHS Ethics committee) has been achieved for this study. Jess Jäger will disseminate the findings to co-researchers, parents, children and the professional community.

#### **Benefits for Play Therapists:**

- Facilitate children's rights to have their views about therapy heard
- Receive one full day of free training
- Receive a play evaluation starter kit
- Receive feedback on administering the play based evaluations
- Receive a booklet with a summary of the findings
- Gain hours (both in training and research participation) which count towards their CPD (Continued Professional Development)
- Participate in research that may be of direct benefit to child clients
- Gain or develop their experience of evaluating their practice
- Contribute to the evidence-base for Play Therapy

#### **Expectations of Play Therapists:**

- To conduct 5 evaluation interviews with children following the standardised protocol
- To video tape the evaluations (advice regarding this can be provided)
- To send the video tapes to the researcher (by recorded delivery)
- To send in a pilot evaluation video and receive feedback on administering the techniques
- To gain consent to undertake the research from their employer (with the support of the researcher)
- To gain consent from parents and children to take part in the evaluation using the materials provided by the researcher
- To attend an optional follow-up group meeting (in either the North or South of England) which will provide support for therapists and monitor progress with the research.

#### **Training Day:**

**Monday 19<sup>th</sup> March 9.15am – 4.45pm The University of York**

**Open to qualified Play Therapists with one year full time post-qualifying experience only. To book a place contact Jess Jäger directly e-mail: Or answerphone: or snail mail:**

**Appendix 10: a) Covering Letter to Therapists**

THE UNIVERSITY *of York*

**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

Dear Play Therapist,

**‘The CHAPTER project’**  
**CHildren Asked about Play Therapy in the Expert Role**



Now that you have completed your training in play-based evaluation interviews I am writing to you to invite you to take part in ‘The CHAPTER Project’. As you know I am a Research Student at The University of York and also work part-time as a play therapist. I am really interested in what children think about Play Therapy. I have been using play based interviews with the children I see for play therapy to find out what they think about their play sessions over the last two years now. In the interviews children are invited to be ‘the expert on special play times’ to tell their story of coming to play therapy.

I am hoping to gather about 50 video recordings of children taking part in the play-based evaluation interviews conducted by their own therapist. I will gather together the stories told by all the children involved in the project to write a ‘CHAPTER’ on children’s views of Play Therapy. Which will hopefully become a chapter in a published book in the future.

The enclosed Information leaflet for therapists outlines the research project in further detail. I have also enclosed a copy of the parent’s leaflet and the children’s booklet for your information. I hope that this tells you all you need to know and will make it easier for you to come to a decision. However, if after reading it, you would like to discuss any aspect of the project, please do not hesitate to **contact me on \*\*\*\*\*** or e-mail \*\*\*\*\* I will be glad to answer any questions you may have.

If, after reading the leaflet, you are happy to take part in the research please complete the attached consent form and return it to me in the enclosed pre-paid envelope. If you do not wish to take part in the research, please let me know by completing the pink form and returning it to me in the enclosed pre-paid envelope.

I look forward to hearing from you.

With best wishes,

Jessica Jäger

Appendix 10: b) Covering Letter Parents

THE UNIVERSITY *of York*

DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

Dear Parent,

**'The CHAPTER project'**  
**CHildren Asked about Play Therapy in the Expert Role**



Hi, my name is Jessica Jäger. I am a Research Student at The University of York. I also work part-time as a play therapist. I am really interested in what children think about Play Therapy. I have been using play based evaluation interviews with the children I see for play therapy to find out what they think about their play sessions. In the interviews children are invited to be 'the expert on special play times' to tell their story of coming to play therapy.

The play therapist who sees your child has been trained in using the play based evaluation interviews and now uses them in his/her practice. S/he has agreed to take part in my research project. I am writing to you to ask you whether or not you would be willing for your child to take part in 'the CHAPTER project'.

If you are willing, when your child's play therapist conducts the play-based evaluation interview with your child, s/he will video tape the sessions and send the tape to me. I will gather together the stories told by all the children involved in the project to write a 'CHAPTER' on children's views of Play Therapy. Which will hopefully become a chapter in a published book in the future.

The enclosed Information leaflet for parents outlines the research project in further detail. I have also enclosed a copy of the children's booklet for you and your child's play therapist to share with your child, if you decide you are happy for them to participate in the research. I hope that this tells you all you need to know and will make it easier for you to come to a decision. However, if after reading it, you would like to discuss any aspect of the project, please do not hesitate to **contact me on \*\*\*\*\*** or e-mail \*\*\*\*\* I will be glad to answer any questions you may have.

If, after reading the leaflet, you are happy to take part in the research please complete the attached consent form and return it to me in the enclosed envelope, or give it to your child's Play Therapist. If you do not wish to take part in the research, please let me know by completing the green form and returning it to me in the enclosed envelope. This will not in any way affect the service you will receive from the Play Therapist, as my research is separate from this.

I look forward to hearing from you.

With best wishes,

Jessica Jäger

**Appendix 10: c) Covering Letter GP's**



**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

Dear General Practitioner,

**'The CHAPTER project'**

**Children Asked about Play Therapy in the Expert Role**

**Name of child:**

**DOB:**

**Address:**

I am writing to you to inform you that the above named child and his/her family, whom you referred to CAMHS, have agreed to take part in a research project.

The purpose of the research project is to gather children's views of play therapy. The play therapist in the CAMHS team was trained by myself to conduct play-based evaluation interviews with children. S/he now uses these interviews as part of their everyday practice. For families who consent to taking part in the research, the play therapist is video-recording this evaluation interview and sending me a copy of the tape to analyse and collate with hopefully 100 other children's interviews.

I am a doctoral research student at The University of York, in the Department of Social Policy and Social Work. I have enclosed the information leaflet for parents explaining the aims of the research, who I am and what the project will involve. Should (name of child and family) wish to discontinue their involvement in the research they may do so at any time and this will not affect the service they receive from CAMHS as my research is separate from this.

I hope that this letter and the enclosed information leaflet provides you with all the information you need. However, if after reading it, you would like to discuss any aspect of the study, please do not hesitate to contact me on \*\*\*\*\* or [jessica.jager@sussexpartnership.nhs.uk](mailto:jessica.jager@sussexpartnership.nhs.uk) and I will be glad to answer any questions you may have.

Yours Sincerely,

**Jessica Jäger**  
**Doctoral research student**  
**The University of York**

**Appendix 10: d) Covering Letter Social Worker Manager**

**THE UNIVERSITY of York**

**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

Dear Social Worker/Social Work Manager,

**'The CHAPTER project'**  
**Children Asked about Play Therapy in the Expert Role**



Hi, my name is Jessica Jäger. I am a Research Student at The University of York. I also work part-time as a play therapist. I am really interested in what children think about Play Therapy. I have been using play based evaluation interviews with the children I see for play therapy to find out what they think about their play sessions. In the interviews children are invited to be 'the expert on special play times' to tell their story of coming to play therapy.

The play therapist who works in your area has been trained in using the play based evaluation interviews and now uses them in his/her practice.

S/he has agreed to take part in my research project. I am writing to you to ask you whether or not you would be willing for the child the local authority are responsible for to take part in 'The CHAPTER Project'.

If you are willing, when the child's play therapist conducts the play-based evaluation interview with the child, s/he will video tape the sessions and send the tape to me. I will gather together the stories told by all the children involved in the project to write a 'CHAPTER' on children's views of Play Therapy. These will hopefully become a chapter in a published book in the future.

The enclosed Information leaflet for Social Workers/Managers outlines the research project in further detail. I hope that this tells you all you need to know and will make it easier for you to come to a decision. However, if after reading it, you would like to discuss any aspect of the project, please do not hesitate to **contact me on \*\*\*\*\*** leave a message and I will get back to you as soon as possible or e-mail **\*\*\*\*\*** I will be glad to answer any questions you may have.

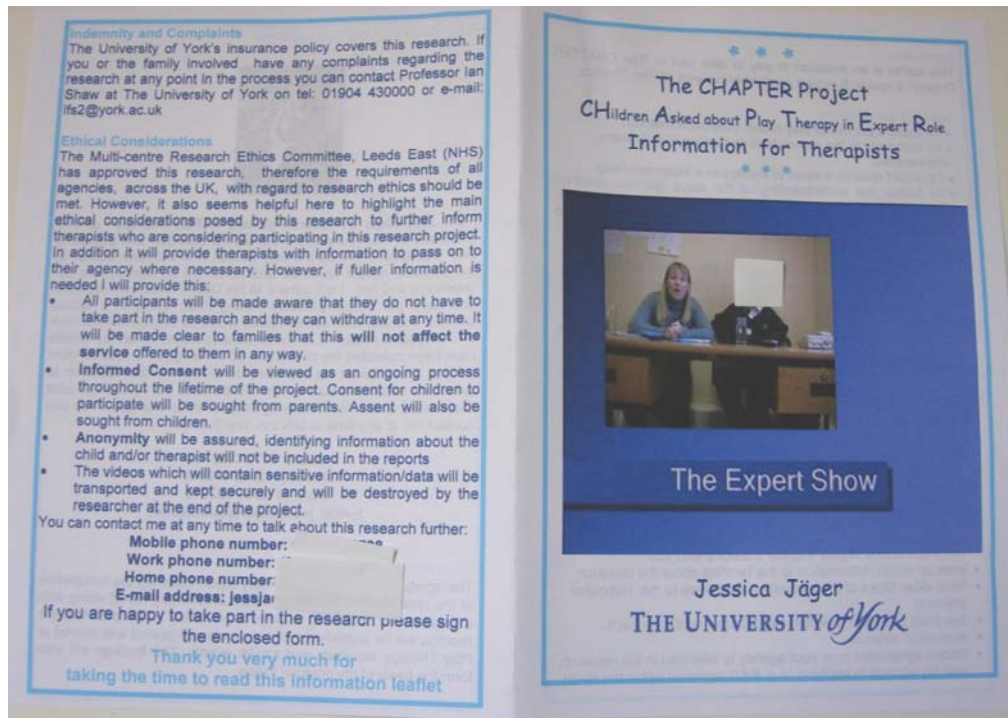
If, after reading the leaflet, you are happy to take part in the research please complete the attached consent form and return it to the child's Play Therapist. If you do not wish to take part in the research, please let me know by completing the green form, data regarding children's non-participation is very important for the final report and your views would be greatly appreciated. The decision on whether or not the child participates in the research will not in any way affect the service the family receive from the Play Therapist. My research is separate from this.

I look forward to hearing from you.

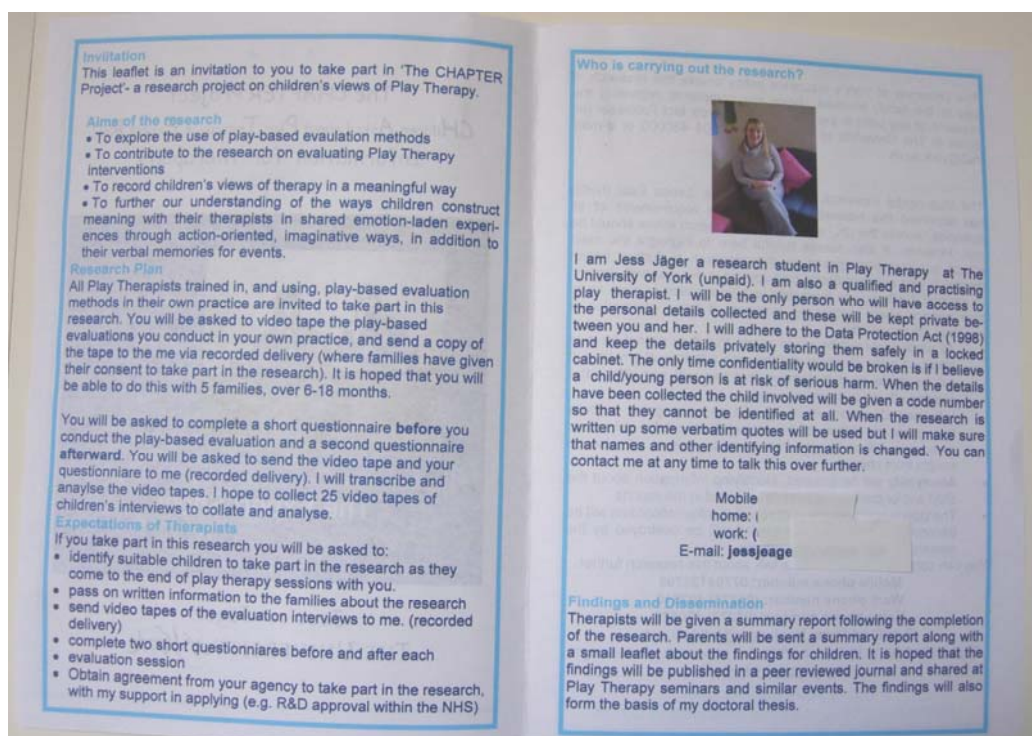
With best wishes,

**Jessica Jäger MA MBAPT**  
**Play Therapist**

**Appendix 11: a) Information Leaflets Therapists**  
Outer sleeve<sup>1</sup>



Inside sleeve

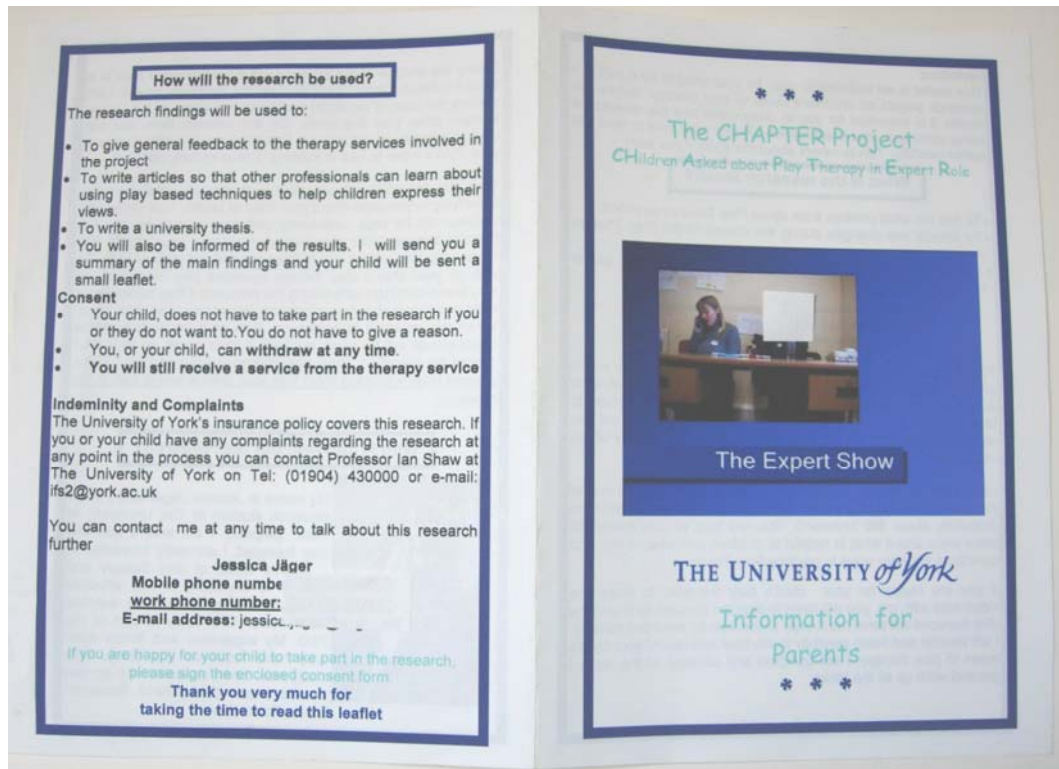


<sup>1</sup> The children's faces in this and the following leaflets, are covered to protect anonymity. Whilst I had consent to use the photographs on the leaflets for the purpose of producing the research leaflet I did not have consent to reproduce the pictures in my thesis or public publications.

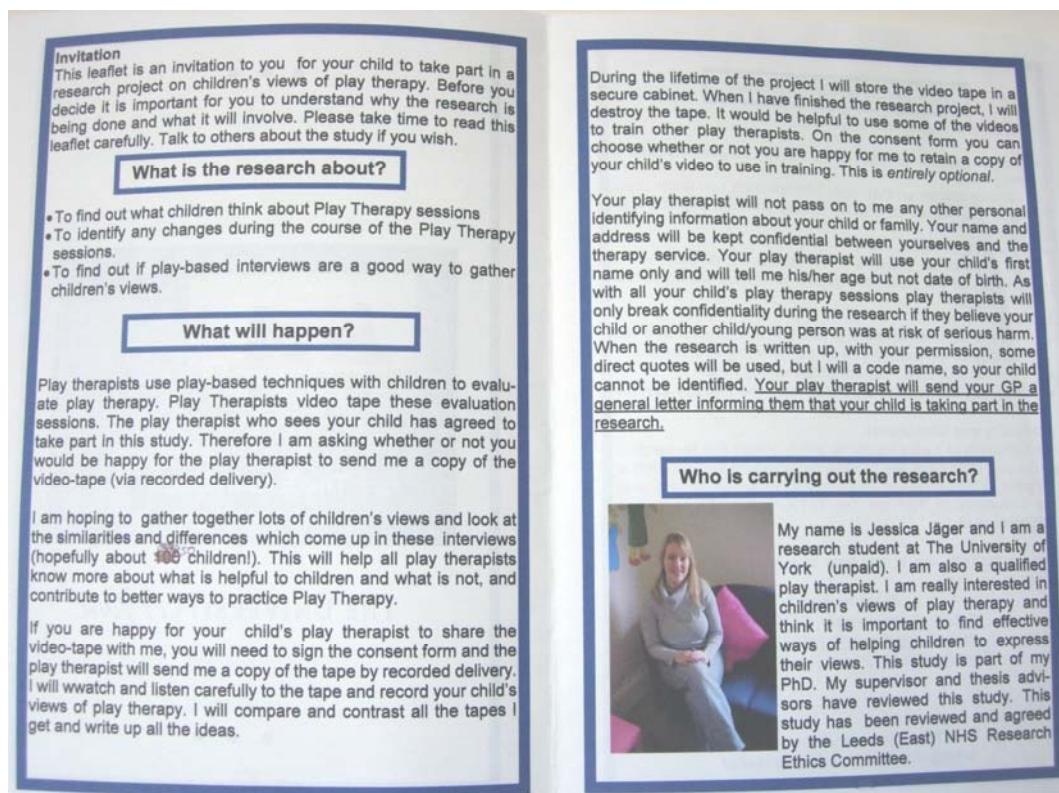


## b) Information Leaflets Parents

### Outer sleeve

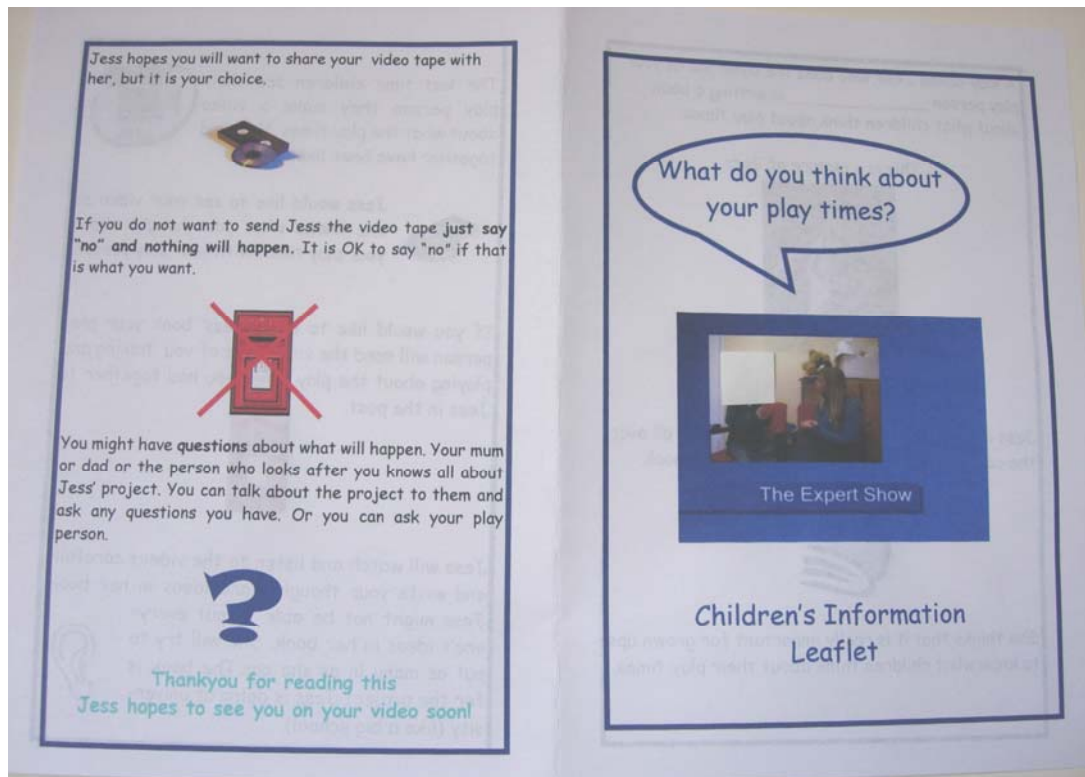


### Inside sleeve

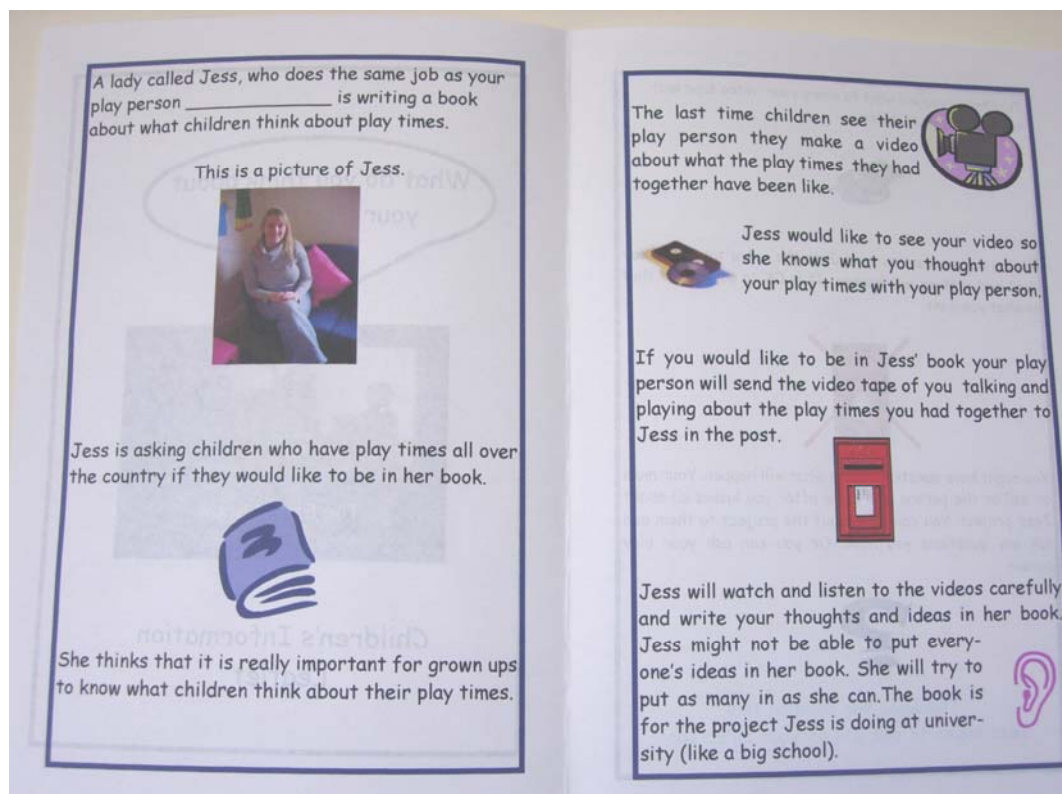


c) Information Leaflet for Younger Children

Outer sleeve



Inside sleeve

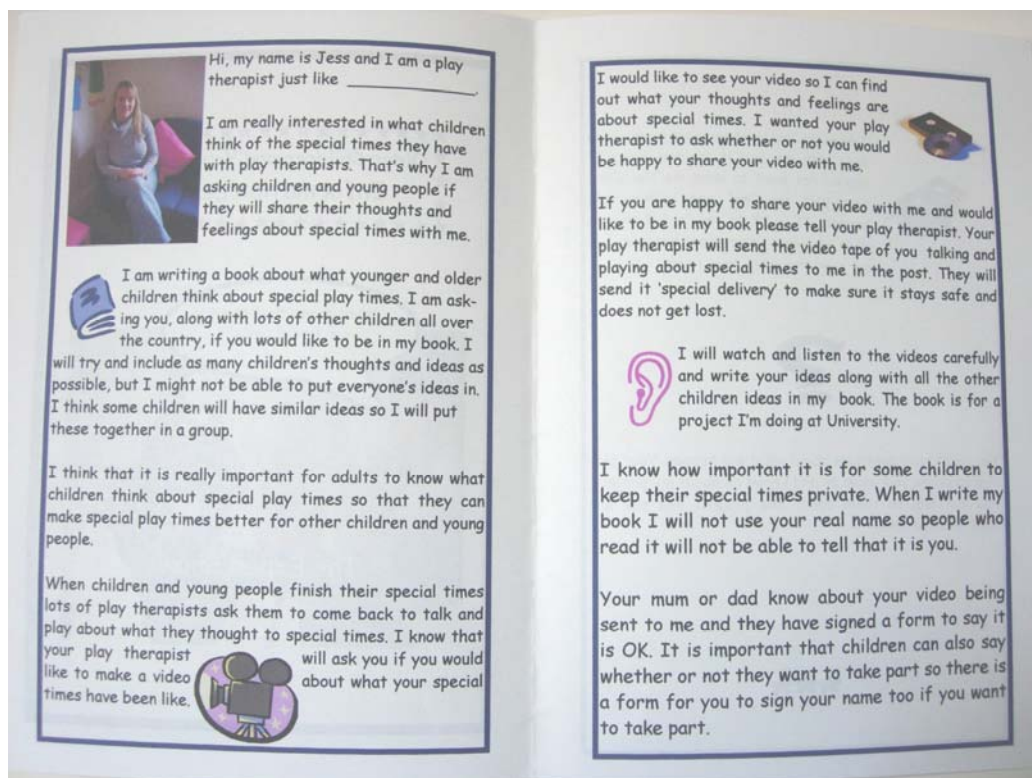


d) Information Leaflet for Older Children

Outer sleeve

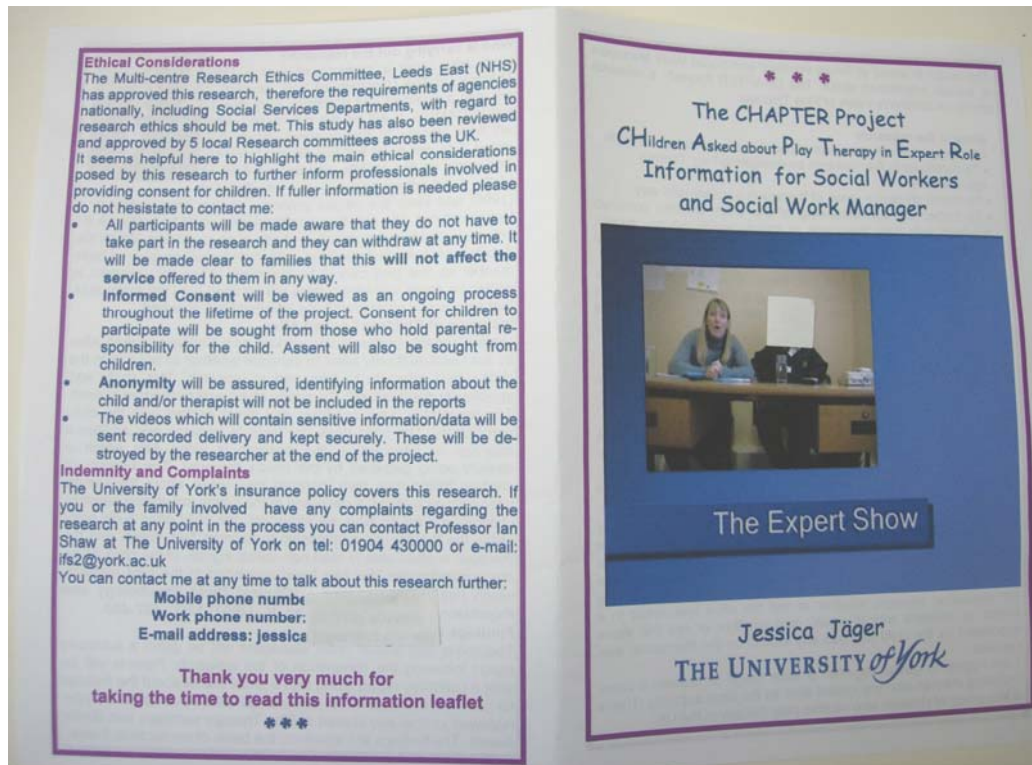


Inside sleeve

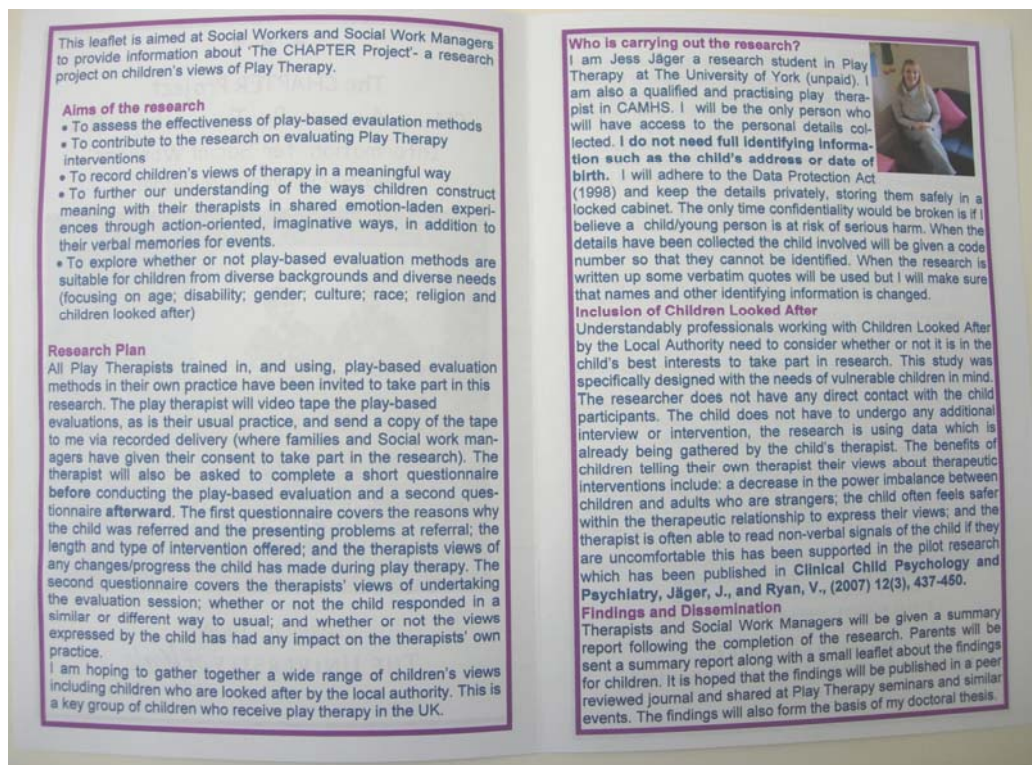


e) Information Leaflet for Social Work Managers

Outer sleeve



Inner sleeve



**Appendix 12: a) Consent Form Therapists**

**THE UNIVERSITY** *of York*

**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

**‘The CHAPTER project’**

**Therapists Consent Form**

**Please tick each box and sign overleaf**

**Involvement in research**

- I am willing to take part in ‘The CHAPTER Project’. I have read and understood the Information leaflet detailing what the research is about and what will happen.
- I understand that I, or the parents or the child involved in the therapy can withdraw our participation from ‘The CHAPTER Project’ at any time, without giving a reason, and this will not affect the service the family receives in any way.

**Confidentiality and anonymity**

- I understand that the information collected will be kept confidential between the researcher and her University Supervisors. Information in reports and other feedback will be anonymised by removing all identifying information. I understand that verbatim quotes may be used in the reports.

**Video recordings**

- I am willing to allow the researcher to study video recordings of the play-based interviews I undertake with children at the end of therapy, if the family is in agreement.
- I understand that these video tapes will be kept securely by the researcher, whilst in her possession, in a locked cabinet and destroyed by the researcher after the research project is completed.
- I understand that other notes made during the research will be kept securely by the researcher. These will be destroyed once the research has been completed and the findings have been written up for the researcher’s university thesis and articles on children’s views of Play Therapy.

***OPTIONAL CONSENT***

I am willing to allow the researcher to use the video tape in training sessions during and after the lifetime of the research project, if the family is in agreement.

***Please circle YES or NO***

**Signatures:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Play Therapist

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Jess Jäger

Researcher



**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

**‘The CHAPTER Project’ – Therapists Pink Form**

If you **do not** wish for your child to take part in ‘The CHAPTER Project’ please return this form in the pre-paid envelope.

Name of play therapist: \_\_\_\_\_

**Appendix 12: b) Consent Form Parents**



**'The CHAPTER project'**

**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

**Parents/Carers Consent Form**

Please tick each box and sign overleaf

**Involvement in research**

- I/we are willing for our/my child to take part in 'The CHAPTER Project'. I/we have read and understood the Information leaflet detailing what the research is about and what will happen.
- I/we have parental responsibility for \_\_\_\_\_ (child's name)
- I/we understand that I/we, or \_\_\_\_\_ (child's name) can withdraw our participation from 'The CHAPTER Project' at any time without needing to give a reason and this will not affect the service we receive in any way.

**Confidentiality and anonymity**

- I/we understand that the information collected will be kept confidential between the researcher and her University Supervisors, and information in reports and other feedback will be anonymised by removing all identifying information. I/we understand that verbatim quotes may be used in the reports.

**Video tapes**

- I/we am/are willing to allow the researcher to view the video recording taken by the Play Therapist. These will be studied by the researcher.
- I/we understand these video tapes and other notes made during the research will be kept securely by the researcher in a locked cabinet. These will be destroyed once the research has been completed by the researcher and the findings have been written up for the researcher's university thesis and articles on Children's views of Play Therapy.

***OPTIONAL CONSENT***

I/we am/are willing for the researcher to use the video tape in training sessions during and after the research project.

***Please circle: YES or NO***

**Signatures:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Parent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Parent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name: Jess Jäger**  
Researcher



**DEPARTMENT OF  
SOCIAL POLICY  
AND SOCIAL WORK**

Heslington, York YO10 5DD  
Telephone (01904) 430000  
Direct Telephone (01904) 321235  
Facsimile (01904) 321270  
<http://www.york.ac.uk/depts/spsw>

**‘The CHAPTER Project’ - Parents/carers Green Form**

If you **do not** wish for your child to take part in ‘The CHAPTER Project’ please return this form in the pre-paid envelope.

Parent’s Name: \_\_\_\_\_

Name of your play therapist: \_\_\_\_\_

**Comments:**



**Appendix 12: c) Assent Form Older Children**

**Interview Agreement Form**

**Please tick each box and sign over the page.**

- \_\_\_\_\_ (young person's name) and \_\_\_\_\_ (parent's name) are happy for \_\_\_\_\_ (young person's name) to take part in the evaluation interview.
- \_\_\_\_\_ (parent's name) have parental responsibility for (young person's name)
- We have read the invitation.
- We understand that \_\_\_\_\_(young person's name) can change his/her mind about taking part at any time without needing to give a reason.

**Recording**

We are happy to have the interview recorded in the following way (please tick one box):



- Video taping
- Audio taping
- Writing notes
- We understand these tapes/notes made during the interview will be kept safely with the other therapy notes.

***OPTIONAL CONSENT***

We are willing for the therapist to use the tape/recording in training sessions to share with other people working with children and young people.

***Please circle: YES or NO***

**P.T.O**

**Signatures:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Young Person**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Parent**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Parent**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Therapist**

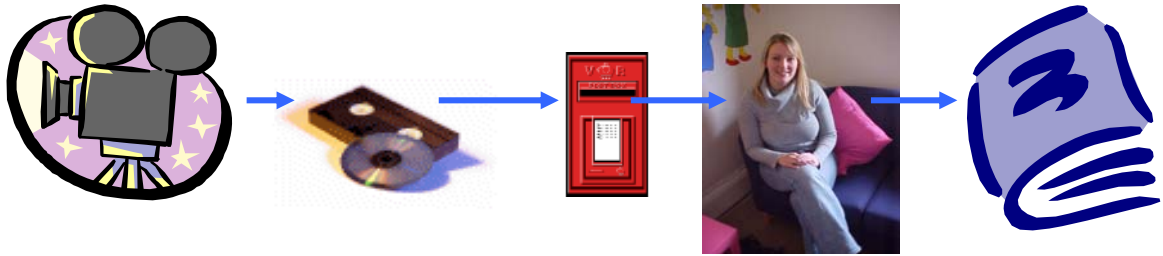
\*\*\*

## Children's agreement

I would like my play person to send the video we made together to Jess.

Jess will write my ideas in her book.

This is the journey my video will make:



My name is.....

**Appendix 13:** Example of therapist training participants individualised training feedback

### **Evaluation Using Play-based techniques – Training Pilot Video**

**Name of Therapist/Evaluator:**

#### **NOTES ON VIDEO**

##### OVERALL

*Rapport; whether child was easy or not to engage how this was handled; confidence with task; familiarity.*

You clearly have a very good rapport with this child. You were very energetic and this helped the child to engage. I really liked the way you clarified for this child at the end that she did not need to share details of why she came to play therapy – particularly given her circumstances you were very aware of her therapeutic needs and ensured that this did not feel like an ‘interview’, which may have replicated any police interviews she may have had. You kept it light and fun which felt important for this child. You appeared very confident and familiar with the format of the Expert Show.

##### Materials Used (Expert Show Set; Miniature Playroom Set; Puppets Set)

*Everything there that was needed and readily set-up; camera work; enough props*

Yes this was great – if at all possible with the camera a slightly closer picture would be beneficial and turning off the inset with the whole room view as this blocked the view of C\* when she was on the sofa (I know this may not be possible and no worries if not).

Introduction to task; putting the child at ease Explanation; ground rules; naming characters; length of time this takes

As you put in your note it is helpful if this can be recorded, even though you didn’t record it this time it seemed to me that this child was at ease and well prepared for what was going to happen. It was also obvious from her interview that you’d covered ground rules e.g. her asking you to repeat questions. If for some reason it is not possible/appropriate to tape this part with future children a brief written summary would be very helpful especially how children chose to communicate that they want to pass – this is interesting to see whether they use this in the interview itself. Where possible for the research tapes it’s great if the beginning can be taped.

Familiarity with interview schedules – covering the majority of the interview schedules; amount they have to look at the schedule rather than engage with child

You managed to cover loads of the schedule. During calls you were very natural and familiar with the questions so that you could engage in the process. I’m sure that the transition periods will become easier as well – the words on the schedule are a guide so don’t worry if you change it slightly ☺

Presentation of verbal and non-verbal –verbalise the non-verbal narrative / actions; facial expression keeping it neutral.

This was very good, you were accepting of her comments and left space for her to think e.g. things that the therapist could improve.

Use of prompts – too many, not enough just right; use of a variety of prompts; re-phrasing to help child’s understanding? Timing of prompts; any leading prompts

I thought overall this was very good indeed you got through nearly all the questions and prompts, you repeated questions when needed by the child and slightly re-phrased the question on the sofa to aid this child's understanding. I'm sure when you become more familiar with the schedule you will not need to read directly from the script so much and this will further aid the child's understanding of what is being asked – this worked really on the calls themselves and you did not rely on the script. The only bit of extra prompting which might have been helpful was at the end on the sofa area where C\* says it was sort of the same for her. You did explore this further but I think a specific question along the lines of: 'so there were some things you told the callers which were different to your own feelings and experience can you remember what those were?' – 'or can you tell me more about the things which were different for you'.

Use of transitions – *Part one to two – one technique to another*

The transition from the call in phase to the sofa area was clearly explained and went smoothly. It was not necessary to introduce other techniques with this child as she was fully engaged in this technique.

Neutrality:

I really liked the way you responded following the question about things the child didn't like, reassuring C\* that it was OK not to like things. You could extend this slightly by leaving a pause to see if she was then able to tell you things she didn't like and/or say something like I know you don't know me well and don't know the things I like and don't like but I wondered if there were things you didn't like it will just help me to know a bit more what play times might be like. You did follow it up with a question about what could be done if there was something the child didn't like which was great, this enabled the child to share more.

Try to avoid any value based comments e.g. that sounds like *good* advice, you could try something like thank you for that advice or that's useful to know. Overall you were very good at this there were lots of good examples e.g. thank you very much for answering those questions for me.

Flexibility in responding to child's needs/circumstance – *ability to stay in role; ability to switch roles and meet child's therapeutic needs if this arises; ability to respond to unforeseen circumstances.*

I noticed that at the end of the first call you very quickly switched from being the child caller to being the presenter again but remaining on the phone. This would 'throw' some children and it is important to try to make the roles as distinct as possible, so saying goodbye as the child caller, with their voice tone, putting the phone down and then changing your voice tone turning to face the child and commenting on how many questions Sam (the child caller) had. I'm sure you probably noticed this yourself and it is tricky to switch from one role to another (especially as it's been a long time since you last had an opportunity to practice this). You managed this well on other calls. You were also very good at taking on a different voice tone for the child callers.

**Trainer: Jess Jäger**

**Date Video received: 03 September 2007**

**Date of feedback: 06 September 2007**

## **Appendix 14:** Progress Reports sent to therapist participants via e-mail

REPORT ONE: 12<sup>th</sup> December 2007

Dear All,

I thought it might be useful to write to you all with an up-date on The CHAPTER project.

### **Training:**

- 4 training days have been delivered over the last year, the most recent one being held at the beginning of last month.
- In total 32 therapists have completed the 1 day training.
- 8 therapists have fully completed the training by submitting a taped example of using one of the play-based evaluation techniques. These therapists have all received individualised feedback. 2 further therapists from the last training intake are shortly submitting their training tapes.

### **Research:**

- 13 therapists have consented to take part in the research; 2 of whom unfortunately had to drop out recently
- so far 5 therapists have declined participation in the research
- 15 therapists have not, as yet, replied
- 7 research tapes have been received
- 2 further research tapes are due to arrive before Xmas ***N.B. I am interested in receiving all evaluation tapes including those where therapists feel the evaluation was unsuccessful, even if the child was in the room for only a couple of minutes, it is very important for me to have data of both successful and more difficult or 'unsuccessful' evaluations. Please do let me know if any of you have cases like this.***
- 3 cases where evaluations took place participation in the research was declined by the social worker; child or parents ***N.B. There may be more cases where the child has undertaken the evaluation but declined participation in the research, if this is the case please let me know so that I can keep an accurate record.***

### **Analysis:**

- All 7 video tapes received have been transcribed.
- 1 tape has been transcribed in detail adding non-verbal features and come conversational analysis transcription guidelines have been followed.
- Initial codes have been developed.
- Coding using computer software Atlas-ti has begun.
- The analysis is focusing on two strands: children's views and the process of play-based evaluations.
- I am hoping to gather 25 tapes in total, so 16 to go!

Thank you to those of you who are taking part in this important research and to others who have been supportive in other ways. Thank you to all of you for attending the training and showing an interest in this project. If you have not, as yet, returned your consent form or the form declining participation in the project please take a few

moments before the end of the year to return these to me, or drop me a quick line by e-mail.

With the end of the year looming I'm hoping some more of you will be conducting evaluations shortly, either to complete your training or as part of the research. **If you are sending a tape, please remember to send it recorded delivery to my work address. It would be great if you would also e-mail to let me know** as I am not at my workbase for the next 3.5 weeks. I also LOVE getting up-dates from people, even if it's just to say nothings happening right now or I'm still waiting for more cases, so anytime just drop me a line :-)

If you do need any further support throughout the lifetime of the project please do contact me either via \*\*\*\*\* or by phone on my home number \*\*\*\*\*. Alternatively you can leave a message on my mobile (it is only used as an answer machine) \*\*\*\*\*and I will get back to you as soon as I can.

Lastly I wanted to wish you all a very good Christmas and good fortune in the New Year.

Jess

REPORT TWO: 3<sup>rd</sup> April 2008

Dear All,

It seemed like it was useful sending an up-date report to you all just before Christmas 2007 so I thought I'd write another as we reach the Easter break. I also wanted to let you all know that I am on leave myself from tomorrow through to Monday 31st March so if I don't respond to your emails or post as quickly as usual that's why!

### **Training:**

- A further 5 therapists have now fully completed the training by submitting a taped example of using one of the play-based evaluation techniques. These therapists have all received individualised feedback. This brings us to a total of 13 therapists being fully trained.
- I gave a short presentation of the research project to the Southern Play Therapy support group who were all enthusiastic about the work that all of you trained therapists are undertaking. I agreed to include them in these reports to keep them up-to date with developments.

### **Research:**

- 4 further therapists have consented to take part in the research; unfortunately 2 other therapists have had to drop out; this leaves a total 13 therapists willing to take part (9 of whom have completed their training tape)
- so far 5 therapists have declined participation in the research
- 11 therapists have not, as yet, replied - ***It would be great if you are not able or do not wish to take part in the research if you could drop me a line; it's really helpful***

*for writing up the research being able to indicate reasons for people declining participation inc. managers not agreeing to the research.*

- A further 5 research tapes have been received bringing us to a total of 12
- As you know I am hoping to gather 25 tapes in total, so 13 to go! Nearly past that half way marker!!

### **Analysis:**

- All 12 video tapes received have been transcribed verbally.
- 5 tapes have been transcribed in detail adding non-verbal features and conversational analysis transcription guidelines have been followed.
- 3 transcripts have been analysed using the coding frame within the Atlas-ti package.
- The analysis continues to focus on two strands: children's views and the process of play-based evaluations.

A **big thankyou** for your continued support for this project. I love receiving your updates they keep me motivated; thank you :-). It has been particularly helpful to have some feedback from research participants recently who have made me aware of some **anxieties** therapists may have regarding the research. You really never know how children are going to react to the evaluations so it can feel very exposing doing the tapes. I appreciate that signing up to the research and sending tapes to me can be a nerve wracking thing to do. I wanted to reassure all therapists that all the tapes and all the views are important for the research. I am interested in the process itself as well as the child's actual expressed view (both positive views and difficult experiences). I understand therapists' anxieties about '**getting it 'right'**' for the research and I wanted to reassure you all that there really is **no right or wrong** for the children or **the therapists**. Lastly, I will of course maintain therapists anonymity when writing up.

The **only request** in terms of the research is **clear camera work!!** It is really helpful if I can see both the therapist and the child throughout the evaluation and if you are using the miniature playroom to see some, if not all, of what happens inside - not so much so that it disrupts the process of the evaluation though!

Please do remember that I am interested in receiving all evaluation tapes including those where therapists feel the evaluation was unsuccessful, even if the child was in the room for only a couple of minutes, it is very important for me to have data of both successful and more difficult or 'unsuccessful' evaluations. I am also interested in knowing of any cases where the child has undertaken the evaluation but declined participation in the research.

If you do need any further support throughout the lifetime of the project please do contact me either via \*\*\*\* or by phone on my home number \*\*\*\*. Alternatively you can leave a message on my mobile (it is only used as an answer machine) \*\*\*\* and I will get back to you as soon as I can.

Well I'm about ready for some chocolate eggs and a relaxing break - I hope you all have the same :-)

**Happy Easter**

**Jess**



REPORT THREE: 17<sup>th</sup> December 2008

Dear All,

**The CHAPTER project - End of Year Up-date Report**

This year the up-date report is too long for an email - so please see the report attached. I am sending it to you all as you are either directly involved in the research or have expressed an interest in receiving up-date reports.

Have a wonderful Christmas.

Jess

**The CHAPTER project**  
Children Asked about Play Therapy in Expert Role

**END OF YEAR 2008 up-date report**

Dear All,

I thought it might be useful to write to you all with another up-date on The CHAPTER project. I can't believe the last time I wrote one was back in Easter!! Well what have I and all of you been up to.....

**Research:**

★ Target number of tapes reached and exceeded!!! ☺ ☺ ☺

26 tapes have been received. The target number of tapes was 25. Mainly due to the depth of analysis taking place it has been agreed that 20 of the tapes will be used in the final analysis. These are being chosen in a systematic fashion based on the quality of the recording. Some tapes have missing data or the child or therapist is out of shot or too far away to accurately record the non-verbal communication. These tapes are not being included in the final 20. Although they have provided me with interesting data and have all been verbally transcribed and will be included in training where consent has been given and may feature in the final reports but not undergo the depth of analysis of the 20 other tapes.

\*\*\*\*IMPORTANT\*\*\*\* Although the target number of tapes has been reached I'm *really keen* to continue collecting tapes given that the ethical procedures have been established and the process for people sending in their tapes, consent forms etc. is all set up. This takes so much work it seems a shame to waste it. If therapists continue to send in their tapes; questionnaires and consent forms to me I can collect a good data bank. This can be used in another research project beyond the life of my PhD - or to write articles if I don't get a research grant. It just seems such a helpful way to collect data about children's views and as the consent forms and leaflets cover both my PhD research; use in training; and writing up cases for articles it seems quite straightforward. **So, if you're still up for it it would be wonderful to receive copies of your next evaluations.** In fact any up-date on your use of play-based evaluations is most welcome.

**Analysis:**

- ★ All 26 tapes have been viewed for the first time and a reflection sheet has been completed for each first viewing of the tape.
- ★ All 26 tapes have been verbally transcribed

- ★ 15 tapes have been non-verbally transcribed this includes all movements by therapist and child including head nods; smiles; eye contact and intonation.
- ★ 13 transcripts have been coded in terms of the views children have expressed during the interview (currently 40 themes are being coded)
- ★ 13 transcripts have been coded in terms of the process issues apparent in the play-based evaluations, both the child's process (currently 34 codes) and the therapist's process (currently 32 codes)
- ★ 5 transcripts has been analysed and coded focusing on the issue of engagement both in terms of the child's engagement with the therapist during the evaluation session and the child's engagement with the actual evaluation task.
- ★ **10 transcripts have been analysed using a time-frame analysis – recording the most salient information regarding the process of play therapy over the time frame of a whole intervention.**

**TO DO ....well that list is as long as my arm but in brief....**

- ★ All transcripts to be coded in terms of children's views; child's process; therapist's process; engagement; time-frame
- ★ Produce analysis reports on each of the 106 codes
- ★ Non-verbal communication analysis
- ★ Analyse engagement and process analyses side by side
- ★ Finally get to open your questionnaires and take a look at what you all think...I've been dying to have a look but have remained blind to your views thus far!
- ★ Send out a short e-mail questionnaire to all therapist participants to try and clarify any outstanding issues and gather together your expertise after having experience of delivering play-based techniques.
- ★ Triangulate the above data
- ★ **Then the 100,000 word write up begins!!!**
- ★ Along with a final report for all of you; other interested professionals and of course a leaflet for the children and parents who agreed to take part.

Once again a **big thankyou** for your continued support for this project. I really appreciate all the tapes you have sent me. I have enjoyed and felt privileged to watch all the funny, sad, difficult, playful, and enjoyable moments you have had with children doing play-based evaluations. I've been dying to discuss them with you all but it is the curse of the blind researcher not to! I love hearing what you're all up to in terms of these evaluations and if you have ideas yourselves about their use these are most welcome. Even if you're no longer sending in tapes it would be great to hear about your experiences ☺

If you do need any further support throughout the lifetime of the project please do contact me either via \*\*\*\* or by phone on my home number \*\*\*\*. Alternatively you can leave a message on my mobile (it is only used as an answer machine) \*\*\*\*and I will get back to you as soon as I can.

Well I'm certainly ready for the Xmas break I'm off to Germany to meet the new addition to our family, my 4 week old niece A\*\*\*. I hope you all have people, experiences and pressies which will bring you joy over the festive period and strength in the Year to come.

**A Very Happy Christmas to you all!**

**Jess**

REPORT FOUR: 21<sup>st</sup> December 2009

Dear All

**End of Year Up-date Report - The CHAPTER project**

I cannot quite believe it has been a whole year since I last sent you an up-date report on the CHAPTER project. Well this time last year I sent you a list that I said was as long as my arm - that list kind of grew to be as long as two arms two legs and a tail for good measure!! I have been beavering away and yes I completed the:

- ... non-verbal communication transcription on the remaining 5 dyads
- ... time frame analysis on the remaining 10 dyads
- ... engagement coding on the remaining 15 dyads
- ... coding on the children's views on the remaining 7 children
- ...coding on the child's process (7)
- ...coding on the therapists' process (7)
- Coding reports on all 106 codes
- Analysis of the engagement and process analysis which led to in depth micro-analysis, literally frame by frame of 4 dyads. Extended attachment theory was applied to this analysis.
- Opening the therapists' questionnaires - at last!!! That was a day of cosiness and intrigue!!
- Analysis of the therapists views triangulated with the child's views
- Analysis reports and matrices drawn up
- Follow- up e-mails sent to therapists - and very gratefully received returns - thank you so much for your time :)
- Several drafts of several chapters have been written, read, proofed, commented upon and revised.
- The **final draft** of eight chapters has been written and the almost final draft of the final drafts have just this minute been completed!!!!

I'm off on my holidays very soon - a familiar quiet cottage in Norfolk with open fire - exactly what the doctor ordered (no laptop allowed!!!).

When I return there's still an amazing amount of work to be done but a projected submission date of Valentines day - I'm such a romantic!! Then the 3 month wait for the viva and then the corrections - hopefully it will be within this wait that I'll finally get enough time to produce the reports and other dissemination materials to share the findings with you all.

Until then - thanks once again for your continued support :)

Have a wonderful, and possibly white Christmas!

Jess

**Appendix 15:** Initial Reflection Sheet (Adapted from Miles and Huberman’s 1994 ‘Contact Sheet’)

**Reflection sheet**

<b>Participant code:</b>	<b>Type of activity:</b> (live or from transcribed tape)	<b>Date:</b>
<b>Key Words</b>		
<b>Questions you have:</b>		
<p><b>What were the main issues/themes that struck you?</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p><b>Summarise the information you obtained (or failed to obtain) on each of the RQ’s:</b></p> <ul style="list-style-type: none"> <li>• Do play-based evaluation techniques enable children to share their views of play therapy?</li>   <li>• What are children’s views of Play Therapy?</li>   <li>• What are children’s important memories of their play therapy sessions?</li>   <li>• Are play-based evaluation methods suitable for children from diverse backgrounds and with diverse needs? (Focusing on age; disability; gender; culture; race; religion)</li>   <li>• Are Play Therapists views of the Play Therapy process influenced by the children’s views expressed in the play-based interviews?</li> </ul>		
<p><b>Overall feel of the interview – researchers feelings and participants which were evoked in this contact (researcher; therapist; child):</b></p>		

**Appendix 16:** a) Transcription conventions (Adapted from Heath and Hindmarsh, 2002)

(0.6) = A pause timed in tenths of a second

(.) = A pause which is noticeable but too short to measure

*Italicised text* = Emphasis in communication

::: after word = elongated sounds

::: after non-verbal code = elongated code e.g. TLC::: means the therapist looked at the child for an elongated period of time

Overlapping utterances or non-verbal codes are marked by parallel square brackets:

e. g.

30 P: in fa [ct I'll do it right now.

31 D: [oh right, okay

= speech from one person running into speech of another person

{ } = extra non-verbal information in brackets

\*\* = quieter voice

\*hhh = breath in

Hhhh = breath out

↑ = voice tone up

↓ = voice tone down

→ = fast speech words running into each other

b) Transcription codes for non-verbal behaviour

**Non-verbal communication of child or therapist**

EC Eye contact

TLC Therapist looks at child (child is not looking at therapist)

CLT Child looks at therapist (therapist is not looking at child)

CS child smiles

TS therapist smiles

CHN child head nod

THN therapist head nod

CHS child head shake

THS therapist head shake

CL child laughs

TL therapist laughs

**Non-verbal communication/play involving props**

CPUP Child picks up phone

TPUP Therapist picks up phone

CPDP Child puts down phone

TPDP Therapist puts down phone

MP manipulates phone

PP2E Puts phone to ear

PUCF/MF/FF/TF Picks up child figure/mother/father/therapist figure

PDCF/MF/FF/TF Puts down child figure/mother/father/therapist figure

MCF/MMF/MFF/MTF manipulates child figure/mother/father/therapist figure

**Appendix 17: a) Code List: Children's Views**

<b>CODE</b>	<b>Name/Description</b>	<b>Example</b>
<b>Children's Views</b>		
AGE	Age	Any reference to age e.g. baby toys; age appropriate language
BEG	Beginnings	Any talk/play about the first session, first meeting
CAM	Cameras	Any talk regarding the use of recording equipment in play therapy sessions
CHOICE	Child choice	E.g. "You can do what you want"
CHNG	Changes in child	It turns your bad feelings into good
CHNGO	Changes in others	e.g. "your mum might play with you more"
CONF	Privacy/confidentiality	E.g. "No-one will know what you say"
DLIK	What children don't like	What won't I like? "The baby stuff" or pointing at object in miniature playroom
END	Endings	Any talk/play about the last session; saying goodbye etc.
FOOD	Food	Any references to the use of food or drink within play therapy
GENDER	Gender	Any references to gender e.g. girly toys; wanting a male therapist
IMPFAMFIG	Importance of family figures	Talk or play about the importance of involving other members of the family e.g. I liked it when my brother came to see the room
IMPSPMEM	Important/special memories	Do you remember any special or important times? When we made cards together
LENGTH	Length of play therapy	Any talk or play about the length of time each session was and the number of sessions in the intervention
LIK	What children like	What will my favourite thing be? The monsters
LIM	Limits	E.g. : "There's only one rule, no throwing"
MET	Meetings	Any talk/play about the initial meeting and progress meetings
PROC	Process of PT – comments re: changes over time	E.g. "It makes you feel revived when I started things were going down down down but now they're going up"
PTDO	What play therapists do	e.g. look after you; watch; play with you, enacts play therapist figure playing together with child figure
PTQUAL	Play therapists qualities	e.g. "she's nice, you won't like her dress sense"
REAS	Reason for coming to play therapy	e.g. "My mum married this really horrible man and I was heartbroken"
ROLPAR	Role of parent	e.g. "mum will play too"
ROLTHER	Role of play therapist	– toy; teacher; play lady;
ROOM	Play room	Any talk or play about the room e.g. arranging the miniature playroom
SAFE	Feeling Safe	Any play or talk about feeling safe in play therapy e.g. find somewhere in the room you feel safe
SCHOM	Affecting areas outside Play therapy e.g. school; home;	e.g. "It does get you into an upright mood for school"
STRUC	Structure	e.g. enacts play therapist saying "You have ten times and you go every Thursday"
TFEEL	Therapist expressing her feelings	e.g. enacts therapist saying she's sad to say goodbye
TOYS	Toys, equipment and activities	Any reference to the use of toys, equipment of activities in play therapy sessions

b) Code List: Children's Process

CODE	Name/Description	Example
<b>Child</b>		
CFEEV	Feelings re: evaluation	Verbal or non-verbal expression related to evaluation process e.g. I was nervous about coming on the TV show
CEMPOW	Empowerment	non verbals e.g puffing out chest; verbal comments like 'I feel like a grown up doing this'
CRES	Involvement in research process	Comments re: Jess; what will happen to tape
CCAM	Acknowledgement of camera	verbal comment; looking at camera
<b>Engagement</b>		
CIENG	First sign of engagement in the task	Picks up phone; asks what are we doing;
CSENG	Significant shift in type of engagement	e.g. becomes more verbal; becomes more animated, facial expression; movement; E.g. flattened affect; looking around the room
CRENG	Re-engagement	After period of disengagement child picks up the phone or responds to therapists question
CIDEA	New elements of evaluation technique introduced by children	e.g. use of animals instead of figures; calling someone back on the phone; inviting someone onto the show
<b>Disengagement</b>		
CDISENG	Disengagement	Child engaged in activity unreacted to evaluation e.g. talking about a picture on the wall; playing with box of bricks or other toys in room
CDIST	Ask about something else - distraction	What time is mum coming?
CPASS	Pass on question	I don't know; go to the helpline
CINAV	Initial aversion – hesitation	Long pause; hesitations
CNVMIS	Non-verbal and verbal mismatch	Sad flat affect while saying 'everything will be great'
CGRUL	Use of ground rule	e.g. passing to helpline; stopping; taking a break; child's spontaneous individual way of communicating break, passing etc.
CAVOID	Child avoids the question	Does not explicitly pass nor actively distract attention but does not address the question asked
CN2PL	Need to please	e.g. did I get that right; how long should it be; I hope she feels better now; what I said was to make them feel better
CREFUT	Refutes	Disagrees with therapist or refutes direction therapist is taking e.g. excuse me I haven't finished talking; no that's not what I mean



c) Code List: Therapists' Process

CODE	Name/Description	Example
<b>Therapist</b>		
TLQ	Leading question	You liked that didn't you?
TDQ	Double barrelled question	What did you like about the room and the play person?
TPARA	Paraphrases or repeats	Therapist paraphrases or repeats child's response
TRCOM	Reinforcing comments	e.g. exaggerating what child has said child 'it will be good' therapist 'that will be really good'
TENCOM	Encouraging comments	e.g. the callers are really interested in what you have to say; you're doing a good job at answering all these calls
TATHER	Shift into therapist role	Maybe you'd like me to talk to your mum or dad about that?; I'd be worried if my son did that
TCONQ	Therapist provides a concrete cue	Therapist provides a concrete cue additional to the information on the interview schedule e.g. therapist figure goes up the stairs to the flat where the child lives
TRIG	Rigidity directing the child to remain within constraints	e.g. no we can't do it like that; no you need to chose a boy
TCUR	Therapist curtails child's expression	E.g. 'we can talk about that later'
TADN2P	Therapist addresses child's need to please	Reinforcing that it is the child's choice; that there are no right or wrong answers
TSUG	Therapist makes suggestions	Therapist makes suggestions about what the child should do beyond those stated in the interview schedule E.g. you should wear your badge.
TREF	Refutes what happened	E.g. that didn't happen in our times; or non-verbal communication implies disagreement e.g. frowning while repeating child's response 'you have to be good in the playroom?'
TADN2P	Therapist addresses need to please	Reinforces it's the child's choice and there are no right or wrong answers
TLIM	Therapist sets a limit	e.g. I know you're angry but you can't hit the camera you can do almost anything else
TACC	Therapist is accepting	Therapist is accepting of child's comments even if it is fantastical
TCOMPRO	Therapist comments on process	E.g. You seem really tired maybe you don't want to do anymore
TCONG	Therapist uses congruence	E.g. I'm getting in a muddle I don't know this very well yet
TFLEX	Flexibility – allowing the child to step outside constraints	e.g. child choosing animals instead of figures is allowed; child calling someone back is permitted
DRYPREP	Dry run preparation	Therapist rehearses what will happen e.g. runs through beginning of a call
IGMVC	Ignores/misses verbal communication	Therapist does not respond to a verbal communication from the child.
IGMVC	Ignores/misses non-verbal communication	Therapist does not respond to a non-verbal communication from the child
INVCL	Invites child to lead	e.g. Maybe you'd like to chose who rings in next
MAINROL	Maintains roleplay	e.g. lights go out in room – therapist remains in role but responds to change in environment
PROMEXROL	Promoting expert role	This is our expert and he knows lots about play therapy
TSTRUC	Provides structure after disrupt	Following a break the therapist sets the scene again for beginning the show
ROLSW	Role switching	Switches between 2-3 different roles in quick succession e.g. presenter; child; self; presenter
SLIPROL	Slips out of role	Breaks the rules of the role play – suddenly returns to being self without closure.

**Appendix 18:** Table i: Matrix of Children’s Feelings expressed during PBEs

	Nervous / Worried	Shy	Scared	Angry	Confusing	Sad	Mixed feelings	Happy/ fun feelings	Excited	Unshy /not worried	Calm
Reason for referral	C23		C23 (Specific phobia)	C26; C6; C7; C22							
First Session	C26; C1; C14; C22	C23 (2); C26 (2)	C2; C11; C13; C7 (3*) C22 (2) C26				C22		C24	C2 (After initial nerves)	
In Play Therapy (general comment)		C13	C10 Pervasive feeling in life	C8; C13			C12	C10 (2); C11; C7; C19 (2); C23; C26 (2)	C8 (3) C19; C24 (2)		
Can be expressed in play therapy through toys or activities				C11 (p); C14; C24; C19 (2) C22 (2P) C23 (2)		C12 (P) C26 (P) Have a biscuit or play music		C2 (2); C3; C4; C6; C26; C24			C26
Can tell your play therapist	C14 (P)			C5; C10 (P)		C5 (2); C8 (P)					
Experienced together with the play therapist during play						C24 (2P) C26 (s/he will cheer		C3; C5 (2) C26	C24		

						you up)					
Other experiences with play therapists			C12 (If you had a male therapist)	C6 (Play Therapist will tell you not to be angry or tell your mum)					C3; C26 Hyper/over excited play therapist might calm you or be annoyed		
Other experiences in play therapy		C10 In case you do something wrong				C26 (P) If playing alone) C2 (End of each session)	C26 (Mum joining sessions)	C10 (To hide your sad feelings)			
Regarding the progress meeting	C22 (2)				C2; C5			C19 (*)			
The end of play therapy						C1; C2; C5 (2); C10; C14; C19; C26	C6; C10; C7				
Changes in feelings by end of play therapy				C24; C22; C26(decreased)		C26 (can go away)		C6; C26 (increased)		C7 (2); C17 (3); C23 (2); C26	C24; C22; C26 (increased)

Table i: Children's expressed feelings during Play Therapy





**Appendix 21:** Case Summary Exemplars (black text completed during researchers observational analysis of tape; blue text added at later date following analysis of therapists' questionnaires).

a) Herbert

### **Case 27061510**

**Length:** 46.23 (+break in middle not recorded tape cut out)

**Method:** Expert Show.

**Environment:** School setting large adult conference type table child looks small, drink and snack provided. Unclear if carer waiting (unlikely).

**Child and overall feel of interview:** Boy aged approx 7 years. Up-beat energetic; lots of warmth. Highly attuned interview, child seemed to enjoy it and feel empowered by process. Effective way of processing experience for the child. Overall therapeutic experience for him. Very full info. Views well facilitated by therapist.

#### **Background Info**

8years 11 months 9 sessions mum observed and joined in sessions 3-9 phone supervision after every session

#### **Significant features/themes:**

- Child addresses need to please issue himself
- Football – beating therapist, therapists female but can play she might be rubbish
- Mum joins – some ambivalence but this was really important and special to him
- Play therapists have to be nice (getting children who aren't) take responsibility and care
- Music at end to relax
- Painting with mum special
- Happy joy – like standing on top of another planet
- Safety of playroom – space to relax and calm down
- Need mum for medical help – asthma
- Play makes you dead comfortable – anger and worry reduce (went because of these feelings re: parental separation)
- Relationship with therapist grows up hardens

#### **Therapists ideas of issues of importance pre-evaluation**

Worked through issues speedily – particularly through role play.

Trust – need to lock things up keep safe

Good bad shifts

Competence and Inferiority- initially really wanted to get things right but relieved when permissiveness reinforced Role play re: footballers therapist on 'really rubbish team'

Healing v's Hurting – operated on therapist to get the bad stuff poison out goo monster pretending to throw slime at therapist injure and kill her

Magical thinking and super-powers – mum could move like spiderman

Attachment – keen for mum to observe join in – spontaneous hugging and kissing of mum checking she was watching mum making good reflections

Music – 'performing' for me

#### **Therapists ideas about changes pre-evaluation**

Mum saying she can understand why Herbert has been behaving like he has, improved ability to recognise how he is feeling

Mum making regular time to spend with Herbert both at sessions and at home

Mum applied basic filial techniques in sessions and at home.

Mum feels Herbert appreciates her

Noticeably more affectionate towards mum

Reduction in outbursts at home

Able to share fears of separation with mum – drew up a contract on computer for mum to sign saying she wouldn't leave him.

### **Remaining difficulties**

Some remaining anxiety, self-doubt

### **Therapists ideas about meanings/links post-evaluation**

Spoke directly about mum and dad splitting up, angry feelings toward mum which he did not discuss in sessions (therapeutic benefits for this child in providing a narrative of his experience). See comprehensive sheet

### **Description of engagement:**

The child engages very quickly. He immediately picks up the phone and makes a call he appears to be prepared for what is going to happen dramatically saying 'interview' to the camera. The therapist reflects his engagement with the props and suggests he might want to take his coat off. He actively listens to her explanation about the show and asks questions. He checks with the therapist that he can pass the call over to her. Non-verbal communication of excitement which the therapist reflects. Therapist offers him choice re: groundrules and names at start therapist does not rush him but empathically reflects it's hard to think of all these things. He always produces a response after a short time. He enjoys the characterisation. When the show begins he appears a little shy hiding off shot this is acknowledged by the therapist and he quickly gains confidence. Wants to take first call straight away, therapist a little behind in pace at this point and checks. Child highly engaged in phone calls gives full answers therapist paraphrases and comments on process frequently. 20 mins in therapist asks if child wants to go to advert break, he agrees he dictates pace, colours in ad break poster for show and quickly resumes show. Highly engaged in subsequent questions. Rubs eyes and physical effort of holding phone becomes apparent. Appeared excited at thought of talking to a trainee play therapist (24 min). Highly engaged in subsequent calls, full answers. 35 mins therapist introduces another ad break. Child accepts sits back 'oh God' but then swiftly re-engages and sets the show off again. 40 mins tape cuts out – therapist maintains role play and provides structure to begin again. Child reengages easily and joins in role play. Remains highly engaged until the end

### **Therapists ideas about child's engagement**

Very positive comfortable relaxed quite animated and enthusiastic. Spoke directly about sessions, went into great detail. At the end he said he'd enjoyed it.

Similar to how he was during the intervention – getting into role enthusiastically articulating himself clearly.

### **Therapists opinion change/increased awareness**

How articulate he was about his play therapy experience

Herbert's awareness of the unconditional nature of the therapeutic relationship – with mum also – felt able to play out feelings of anger and being accepted was perhaps reassuring and comforting to him. Evaluation really reinforced what a positive experience had been for Herbert.

### **Therapists action following evaluation**

#### **Outstanding Questions/clarifications**

Can you tell me more about the nature of mum's involvement – how many sessions did she just observe? Did you give mum any filial training? How would you describe Herbert and mum's relationship pre-intervention?

and b) Eddie

### Case 05021005

**Length:** 53.31

**Method:** Expert show & Miniature Playroom

**Environment:** Small –mid sized room, child and therapist sat on floor with miniature playroom, later more to using small table and chairs for calls in phase on chat show and two comfy chairs for sofa area section.

#### **Background info**

9.3 yrs 8 sessions PT

**Child and overall feel of interview:** Boy aged 7 years(?). Pervasively sad and low feeling about the interview. Therapist highly responsive and warm throughout. Therapist appears concerned about child a number of times particularly toward the end. Child becomes very tired, there is an indicator of enjoyment at the end.

#### **Significant features/themes:**

- Importance of relationship
- Enjoyment of playing together with the therapist
- Therapist patient calm and responsive
- Being excluded from information – wanting to be at the progress meeting
- Ending highly significant pervasive theme of sadness and loss
- PT is not for being bad
- Important that in PT you both keep safe
- Play teacher is fun like a toy
- Therapist addresses need to please within role

#### **Therapists ideas of issues of importance pre-evaluation**

Therapist warmth toward child ‘E\* was lovely to work with’

Danger and separation

Premature ending – balancing E\*’s and parents needs – family choosing not to access further support at this time

Progress meetings – E\* pleased parents had listened, he wasn’t there but noticed positive changes at home which he’s requested via therapist e.g. more fun at home.

Theme of am I good enough

It being hard to show sadness and fear – relief when he was able to

Enjoyment of Art Work important toward the end

#### **Therapists ideas about changes pre-evaluation**

- Within relationship changed from sad, withdrawn and disinterested to engaged, having fun and expressing emotions.
- Able to express confusion and fear
- Increased self-worth
- School reported much calmer and settled
- Mum reported some changes.
- Happier more carefree

Some difficulties remain at home e.g. parents not understanding how difficult it is for E\* to spend time with elderly grandparents for Summer holidays

Continued difficulties in terms of emotional maturity

#### **Therapists ideas about meanings/links post-evaluation**

Fight in progress meeting mirrored play in one of his sessions. Lots of links but a lot of the play was linked to how he felt that day and sadness regarding the ending. He doesn’t have an older brother – however info from sessions and characteristics of brother may represent dad. Lots of links between what he said happened in the expert show and what happened in his sessions



**Description of engagement:** child attentively listens to therapist's explanation of evaluation, engages and responds easily when therapist explores ground rules with child. Is interested in MPR and asks if therapist made it, engages with and explores the toys readily choosing figures for the stories. Enjoys arranging playroom and commenting on the things which are the same/similar to the playroom therapist is responsive to child at this time, addresses his need to please. Enacts first story, pauses and asks therapist how long he should pretend for, therapist permissive, child reengages and responds to therapist questions and probes. During transition to next story therapist addresses potential need to please reiterates possibility of doing sad as well as happy stories. Therapist begins next story, relies on IS but acknowledges this process. Child highly engaged in task and therapist for two stories. Child becomes aware and embarrassed of the camera, hides in arm, therapist acknowledges this, child remains highly engaged with the therapist. Therapist then structures the next story and child fairly quickly becomes reengaged with the task. Following two further stories child asks how much longer and appears tired. Therapist suggests last story possibility of changing to expert show because child had requested both techniques. Therapist speeds up pace, acknowledges this. Child highly engaged with therapist and task – shares sad feelings re: ending therapist empathic and warm toward child who is presenting as very low and sad. Therapist then asks if he wants to move onto the TV show in a tentative manner addresses his need to please. As child and therapist set up the room together for the TV show the child appears nervous frequently looking at the camera, biting and licking his lips. Child fully engaged in Exper show set up – name badges helpline etc. child shares thoughts about rest of day with therapist. Therapist acknowledges this and then draws C5 back into evaluation task. Child appears nervous and asks therapist to write number and take first call. Then confidently responds to caller. At the next transition the child appears nervous again and asks therapist to take it he makes a big outward breath when he hears the question but agrees to answer it and responds confidently. Over next few calls child appears tired or that responding is hard work, therapist addresses need to please within role and frequently checks consent issues. Agrees to moving over to sofa area child states 'I'll do anything really' therapist acknowledges that he seems as though he will do anything she asks but states that he does not have to. Child struggles to understand question in sofa area, indicators he is really tired by this point, therapeutic encounter when child expresses his significant sadness - therapist asks if he wants her to talk to his parents about this. Child has burst of energy and enjoyment at end, laughs and says 'be there'. Child and therapist highly attuned throughout.

#### **Therapists ideas about child's engagement**

Sad withdrawn and disinterested just like he was at the beginning but different to where he was now. Got on better with expert show – provided more distance whereas the miniature playroom appeared to lead him into actually working on issues

Sadness re: ending was much stronger than before – possibly had a hard time at home in between times therapist concerned. Maybe upset that he wasn't doing NDPT but a structured activity – issue compounded due to having to have the evaluation in the same room. Concerned re: possible DV at home – resurfaced for therapist. Confirmed thoughts that PT seemed to be one of the only good things in E\*'s life and the need to focus the work with parents (but torn because E\* really wanted more sessions)

#### **Therapists' action following evaluation**

1) Confirmed initial instincts of questioning whether individual PT was right approach – work with parents and then offer E\* more – but uncertainty of what to do next especially as child did not want therapist to talk to parents about issues further.

**Outstanding Questions/clarifications** -What happened next! Did you talk to the parents about issues further? Was there further input with this family at all?

**Appendix 22:** Quotation code frequency tables displayed on 'Folded Sheet' Exemplar (therapist inhibitive/facilitative compared and comparison of a selection of therapist and child codes for 4 dyads in microanalysis)

Four pages of handwritten data tables showing code frequency for different dyads. Each page has a header with 'CODES' and 'PRIMARY DOCS' columns, followed by a grid of data points for 25 sessions and a 'Totals' row. The data is color-coded with various markers.

child disengagement	PRIMARY DOCS				
CODES	12	19	22	25	Totals
asking ending low lo	0	9	0	1	10
asks about process	0	8	0	0	8
CAVD	3	1	0	0	4
CDISENGCALL	10	12	0	0	22
CDIST	5	17	1	0	23
CPASS	1	8	0	0	9
DISENG due to practi	0	0	0	1	1
ignores therapist's	3	0	0	0	3
questions demands 2	0	24	0	0	24
Totals	19	82	1	2	104

Childs need to please	PRIMARY DOCS				
CODES	12	19	22	25	Totals
acquiesces	0	9	0	0	9
asking permission	0	4	0	0	4
checking therapists	0	6	3	0	9
CN2PL	2	16	2	2	22
Totals	2	35	5	2	44

therapist leads	PRIMARY DOCS				
CODES	12	19	22	25	Totals
*TLEADS & NOT consen	6	19	8	2	35
encroaches on person	0	8	0	0	8
ignores/misses non-v	1	5	0	0	6
provides concrete verba	0	11	9	1	16
provides concrete re	0	2	0	0	2
questions child re p	0	8	0	0	8
TCUR	0	4	0	0	4
TID	0	5	1	0	6
therapist overrides g	1	22	0	0	23
TINSTRUCTS	0	26	0	2	28
TLQ	0	2	0	0	2
TRCOM	0	1	0	2	3
TREF	1	2	2	0	5
TRIG	0	20	0	0	20
vnonvmismatc	0	3	0	0	3
Totals	9	137	24	8	178

hindering Acting Skills	PRIMARY DOCS				
CODES	12	19	22	25	Totals
*misattuned & charac	0	5	11	0	16
slips out of role pl	1	2	2	0	5
TOTAL	1	7	13	0	21

### **Appendix 23: Process of identifying facilitative and inhibitive factors in terms of therapists' skills and resulting list of codes**

When reviewing the analysis of the therapists' process five groupings emerged: NDPT skills; child-centred interview skills; acting codes; structuring or leading codes and a group of codes which contributed to the misattunements (for example ignores/misses non-verbal communication,). When these were reviewed in context, it appeared that the NDPT skills and the interview skills were, in the main, facilitative as they appeared to increase/maintain the child's engagement with the task and/or therapist. In the acting group there were facilitative and inhibitive codes. These were separated into two groups. Similarly the structuring or leading codes were viewed in context and divided into two groups. One group of codes which inhibited the child's expression were added to the misattunement group and re-named inhibitive factors. Those where the therapist leading was categorised as 'facilitative structuring', were moved to the facilitative interview skills group. Where the 'therapist leading' was related to following the interview schedule, *without* overtly curtailing, refuting or ignoring the child's expression, these quotes were excluded as they appeared to be neutral rather than inhibiting.

This categorisation process of facilitative and inhibitive responses was built upon reviewing theoretical positions regarding facilitative and inhibitive factors in therapeutic encounters (previously reviewed in chapter four McCluskey, 2005 and Winek et. al. 2003). In addition to my own subjective interpretation of the video tapes, following the process of immersion in the data and rigorous analysis procedure. These groupings are further detailed below.

#### **Facilitative Skills**

##### *NDPT skills*

These seemed distinct from generic child-centred interview skills. Although some child-centred interviewers may draw on such skills, some of the time, these codes were recognisable to me as a non-directive play therapist as specific NDPT skills (see Axline's eight principles of NDPT, appendix 1). These were: therapist is: accepting; permissive; flexible; makes reflective statements (these included comments on the process, and repeating or paraphrasing what the child said or did) makes a congruent statement.

##### *Generic child-centred interview skills*

The codes in the generic child-centred interview skills included: 'dry-run' preparation; promoting expert role; use of prompts; providing structure following a disruption; therapist accepts child's use of ground rule; therapist initiated ground rule/consent check; therapist addresses the child's need to please; therapist provides a concrete cue; therapist makes an encouraging comment.

##### *Acting Skills*

Due to the nature of the 'Expert Show' a number of codes representing the therapist's dramatic skills were documented. These included: ability to stay in role; characterisation and switching between several roles. It is important to bear in mind that these skills were only relevant in 'The Expert Show'. Two children had undertaken the miniature playroom only and a further five children had undertaken both the miniature playroom and the 'Expert Show' in one session. Therefore consideration was given to excluding this grouping of skills in the overall analysis of the therapists' skill level. The inclusion

or exclusion of these skills only made a difference to one dyad's placement (in the overall skill level groupings). The use of acting skills was a key element to this dyad's evaluation (Billy and Judy). Therefore, it was felt that inclusion of this skill would better reflect this therapist's skill level during this evaluation session and would not skew the results of the other evaluations.

All of the above skills were combined to one grouping named 'facilitative skills'

### **Inhibitive factors**

A second grouping of codes named 'inhibitive factors' tended to result in children disengaging in some way with the task or the therapist or giving limited responses. In this grouping the following list of codes were included: therapist directs/ instructs child; therapist curtails child's expression; therapist refutes child's response; therapist rigidly adheres to the interview schedule; therapist overrides ground rule; therapist ignores or misses verbal or non-verbal communication from child; therapist encroaches on child's personal space; therapist asks a double barreled question; therapist makes a reinforcing comment; therapist characterisation is misattuned to child; therapist slips out of role play.

The first column denoted the skill level assigned to each therapist for each individual PBE, as described in chapter six. The therapist's name followed by a number to denote how many evaluation sessions (post-training tape) the therapist has submitted is detailed in the second column (e.g. the evaluation with Sarah was Lucy's third PBE session). My subjective assessment of whether the child was easy or difficult to engage is indicated in brackets after the child's name, in column three. This is based on my observation of the child in the evaluation session and thorough analysis of the child's process. If the child appeared overly anxious or overly challenging and demanding or found the task difficult to understand they were classified as difficult to engage (D) if they engaged quickly and enthusiastically and the aforementioned elements were absent they were classified as easy to engage (E). The level of quotes coded as the child expressing a view, described above, is presented here in the fourth column. Lastly my subjective assessment of the level of attunement is included in the final column.

**Appendix 24:** Table ii: Therapists Overall Skill Level

<b>Therapist's overall skill level in PBE's</b>	<b>Therapist</b>	<b>Child</b>	<b>Children's views level</b>	<b>Attunement</b>
Low (-40 – 0)	Emily 1	Bradley (D)	Low	Misattuned
	Lucy 1	Leanne (D)	Mid-high	Misattunements child repair
Low-Mid (1-40)	Lucy 3	Sarah (E)	High	Misattunements child repair
	Nick 1	Martin (E)	Mid	Misattuned
	Lucy 4	Cathy (E)	Very high	Misattunements child repair
Mid (41-80)	Lucy 2	Susie (D)	Low	Misattunements therapist repair
	Polly 2	Jack (E)	Low	Misattunements therapist repair
High (81-120)	Judy 9	Elizabeth (D)	Mid	Highly attuned
	Sonia 1	L-man (E)	Mid-high	Highly attuned
	Judy 6	Marble (D)	Mid	Misattunements therapist repair
	Judy 1	Charlie (D)	Low-mid	Misattunements therapist repair
	Judy 5	Billy (E)	High	Highly attuned
	Judy 8	Bob (D)	Low-mid	Highly attuned
	Judy 2	Lee (E)	Very high	Highly attuned
	Judy 3	Emma (D)	Low-mid	Misattunements therapist repair
Very High (120+)	Judy 7	Hannah (D)	Low-mid	Misattunements therapist repair
	Polly 1	Gabriella (D)	Low-mid	Misattuned
	Polly 3	Herbert (E)	Very high	Highly attuned
	Judy 4	Rob (E)	High	Highly attuned
	Rachel 1	Eddie (D)	Very high	Highly attuned

**Appendix 25a: Engagement Analysis Code definitions**  
**Engagement Analysis codes**

**High engagement between therapist and child**

- Child is looking at therapist or
- talking to therapist or
- playing with therapist
- Joint activity

**Low engagement between therapist and child**

- Child is engaged in individual activity
- Therapist is engaged in individual activity
- There may be low levels of eye contact or low levels of the therapist looking at the child
- Child walks away from therapist
- Therapist walks away from child

**High engagement in the evaluation task**

- Child is actively engaged in the evaluation task
- Child is answering a question
- Child is drawing in MPR
- Child is setting up toys in MPR
- Child is telling a story using the toys in MPR
- Child is engaged in preparation for the expert show e.g. making name badges agreeing ground rules

**Moderate engagement in the task**

- Unclear whether the activity the child is involved in is related to the task or not there may only be brief or implicit links with the evaluation task
- Child is passively involved in the task e.g. listening to therapist talk about the task
- Child maybe engaged in an activity which has some relation to the evaluation task
- Child has passed on or avoided three or more questions/stories consecutively

**Low engagement in the task**

- Child is engaged in an activity unrelated to evaluation
- Child talks about something unrelated to evaluation
- CDIST or DISENG is coded

## High Therapist High Task – Red

### Exemplar:

T5: O:K:Umm hmm so (.) first of all what happens (.) so now we've got everyone:: what happens: when you first come to the playroom {leans forward} when you first come along to B\* what happens (1.0) can you show me with the dolls

C11: {mancf}

T5: So she walks along like that (.)

C11: {walks CF away from MP}

T5: (TLC::) and she comes^ and she comes^ sometimes most of the times mam brings her doesn't she

C11: Today (CLT EC) grandad [comes umm because mummy's in bed

## High Therapist Low Task – Pink

### Exemplar:

C11: I have to be at school by one don't I^

T5: Yer ah are you getting a bit worried that you won't be back in time^

C11: {reaches into toy box gets out toy} Yer because I'm going to have McDonalds for lunch that's why

## Low Therapist High Task – blue

### Exemplar

C12: (2.0) {stands in front of camera CLCAM light presenter TOV} 'Emily will be calling me tomorrow and for the thing {looks downward} we will be looking:: at (.) videos and:: {turns to back of room} all sorts of things we'll be looking at portraits {looks at right of room}and houses and we'll be looking at all different sorts of pictures {looks to left of room} and:: (.) we'll be looking at all sorts of animals and:: (CLCAM::) even though I am on the film I am still allowed to whack the camera forroooh {makes sweeping punching motion toward the camera turns away from camera}

## Low Therapist Low Task – grey

### Exemplar:

T5: in the playroom (3.0)

C11: [{pucf stand up enacts CF flying away walks behind sofa again}

T5: {puTF turns to face C11} do you think there's any times when the lady in the playroom doesn't know what the little girl feels like

C11: (5.0) {crouches behind sofa}

## Moderate therapist Moderate Task – green

### Exemplar:

C11: {puts CF into MP manCF crawls toward dolls house} Why don't we use this as the playroom:: (.) because it's a bit big:ger::

T5: It is a bit bigger isn't it

C11: (Mancf in dolls house 3.0)

T5: so I'm just trying to think I wonder what umm (.) she's feeling the very first time she comes into the playroom I wonder what she feels like

C11: I feel like to sit

T5: You're trying to sit her down

C11: And then go back through does this clo:::se^ {holding onto piece of wood sticking out from dolls house}

## Low therapist moderate task – Yellow

### Exemplar:

Child talks to camera about something connected to play therapy with only minimal engagement with the therapist.

b) Engagement analysis of the 4 dyads used in micro-analysis from left to right Hannah; Herbert; Cathy; Bradley. The top of the photo shows the beginning of the session running to the bottom of the photo in the foreground detailing the end of the session.





**Appendix 26:** Sample of Transcript with colour-coded engagement analysis and thematic coding displayed in margin (used in micro-analysis)

27061510  
Initial Engagement  
0-5 MINS

Date: 27/07/09 P25: transcription 26 non-verb complete.rtf Page: 1/6

001 T2: [teeters some solids door open for what right at [unclear] we go to [unclear]  
 002 going to sit up here today" T2  
 003 sits on chair on her left. O1: "A  
 004 C2: stands by table with coat on  
 005 T4: moves chair next to her out T2: DO you want to take a seat there  
 006 C2: falls down POV punches under la [unclear]  
 007 T2: you're going to have a look T2: T2: T2: T2:  
 008 C2: [unclear] Hello! This is uncle" [unclear] [unclear] [unclear]  
 009 downward T2: [unclear] you call by  
 010 C2: [unclear] eyebrows raised [unclear] how [unclear] you suddenly you [unclear]  
 011 T2: Making some [unclear] calls: already [unclear] [unclear] [unclear]  
 012 C2: leans forward picks up drink  
 013 T2: So stands up walks over to camera off [unclear] [unclear] [unclear]  
 014 C2: [unclear] the camera's not [unclear]  
 015 working"  
 016 C2: looks back at [unclear] [unclear] [unclear]  
 017 T2: you feeling this?"  
 018 C2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 019 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 020 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 021 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 022 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 023 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 024 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]  
 025 T2: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

TSUG 1  
 C2M- comment on process 13 (but can't see  
 C2M- 4  
 CLEADS 7  
 comment on process  
 CLEADS  
 comment on process  
 comment on process  
 offers choice 4  
 explanations  
 T2LEADS 4  
 C2M-  
 C2M- comment on process

**Appendix 27:** Table iii: Toys and Activities referred to by Children in PBEs

Child	Susie	Emma	Marble	Hannah	Gabriella	Elizabeth	Leanne	Cathy	Sarah	Jack	Lee	Rob	Eddie	Herbert	Martin	Billy	Charlie	L-man	Bob	TOTALS
Female	1	1	1	1	1	1	1	1	1											9
Male										1	1	1	1	1	1	1	1	1	1	10
4-7 yrs	1									1	1	1	1	1						6
8-11 yrs		1	1	1	1	1	1	1							1	1	1			10
12+yrs									1									1	1	3
paint		1	1	1				1	1		1	1		1	1	1	1		1	12
clay								1	1			1								3
play dough		1				1				1	1	1	1				1			6
writing				1														1		2
drawing			1	1	1			1	1							1				6
chalks		1											1							2
making							1	1	1			1					1			5
whiteboard								1												1
<b>Art &amp; creative</b>		3	2	3	1	1	1	5	4	1	2	3	2	1	1	2	3	1	1	37
<b>drums/music</b>														1	1					2
slime/goo												1		1						2
water			1	1	1															3
sand			1		1			1	1		1	1					1		1	8
<b>Sensory</b>			2	1	2			1	1		1	2		1			1		1	13
dinosaurs					1															1
animal																				
miniatures		1						1			1					1				4
puppets		1		1		1	1	1						1						6

phones								1											1
costumes					1														1
soldiers/action toys									1			1					1		2
play/doll house/castle		1	1										1		1				5
dolls	1			1				1											3
teddy baby					1			1					1				1		3
				1															1
<b>Symbolic</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b></b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b></b>	<b>2</b>	<b>29</b>
ball		1								1	1		1				1	1	6
board games		1				1							1		1				6
other physical game																1			1
<b>physical/games</b>		<b>2</b>				<b>1</b>				<b>1</b>	<b>1</b>		<b>2</b>		<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>13</b>
guns					1									1	1				3
knives														1					1
punching bag/teddy								1						1					3
swords								1				1		1			1		3
<b>Aggressive toys</b>					<b>1</b>			<b>1</b>	<b>1</b>				<b>1</b>		<b>4</b>	<b>1</b>		<b>1</b>	<b>10</b>
vehicles		1	1								1	1			1	1			6
lego																	1		1
computer														1					1
<b>Other</b>		<b>1</b>	<b>1</b>								<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>8</b>
boy things			1	1													1		3
girl things				1					1				1			1			4

**Appendix 28:** Table iv: Children’s use of Ground Rules in PBEs

<b>Type of Ground rule</b>	<b>Name of child and frequency</b>
<b>Break – verbally requested or with agreed sign</b>	Martin (2) Hannah (7) Gabriella (1) Bob (1) Elizabeth (1) Bradley (3) Cathy (1) Herbert (1)
<b>Break – initiated by requesting snack; drink or toilet</b>	Gabriella (1) Bradley (4) Cathy (4) L-man (1) Herbert (2)
<b>Pass – by passing to helpline</b>	Charlie (2) Emma (2) Eddie (1) Hannah (1) Gabriella (2) Bob (1) Bradley (5)
<b>Pass – verbal statement</b>	Rob (2) Bradley (2) Sarah (1) L-man (1)
<b>Pass – by disengaging call or from story</b>	Martin (6) Marble (3) Bradley (3)
<b>Repeat Question</b>	Eddie (1) Billy (1) Leanne (3) Bradley (1) Sarah (1) Cathy (1)
<b>Stop – verbally requested</b>	Gabriella (1) Bradley (4)
<b>Other (specified)</b>	Billy – stated that there was only half an hour left of the show Susie – requested to ‘go alone for a while’ Hannah – requested a caller who was too young to talk ring in meaning no questions could be asked Bradley – stated ‘no more questions

**Appendix 29:** Table v: Flexibility and Adaptability of technique

<b>Child and Therapist Dyad</b>	<b>Variation to schedule/format initiated by child and incorporated by therapist</b>
Charlie and Judy	Taking calls on the sofa area
	Increasing the number of calls on the schedule
	Makes up own call and question (N.B. this was invited by Judy earlier on in the evaluation)
	Putting callers on speaker phone
	Inviting callers to TV studio (accepted at first but then limited)
Lee and Judy	Incorporates new figures into miniature playroom stories
	Changes figures for mum and dad halfway through evaluation
Rob and Judy	Makes up own call and question
Eddie and Rachel	Incorporates new figures into miniature playroom stories
Hannah and Judy	Incorporates Play therapy museum
	Incorporates Website
	Incorporates written messages from Hannah
	Makes up own calls and questions
Gabriella and Polly	Child dictates pace of calls
	Child changes the ages of the adults callers to child callers
	Putting callers on loud speaker
	Putting callers on hold
	Child becomes caller and asks therapist questions
Elizabeth and Judy	Child changes age of callers
	Pretends to have two callers ring at once
	Incorporates chat with therapist before calls start
Billy and Judy	Initiates having space between the calls to chat inbetween
	Incorporates 'guess the play therapist' competition
Martin and Nick	Initiates having a motto at the end of the show to tell the audience
	Initiates having a motto at the end of the show to tell the audience and continues this role play
Leanne and Lucy	Initiates doing a performance at the end of the show
Cathy and Lucy	Initiates doing a tour of the playroom at the end of the show
L-man and Sonia	Asks therapist to be both caller and expert
Herbert and Polly	Asks caller to ring back with feedback after their first session

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