Journal of Psychology in Africa 2006(2); 215-222

JOURNAL OF PSYCHOLOGY IN AFRICA
ISSN 1433-0237

Can Professionals Offering Support to Vulnerable Children in Kenya Benefit from Brief Play Therapy Training?

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This paper evaluates the perceived benefit to a group of thirty caring professionals of a brief training in Child-centred play therapy. Play therapy enables a child to create fictional worlds and in this way make sense of the real world. By playing in the presence of the therapist, who provides a trusting relationship and at times shares the play, the child is able to obtain relief from the negative effects of distress, sadness, anger or shame. All course participants had adult counsellor qualifications and worked with vulnerable children (n= 25, age range = 56, mean years of experience = 10). The course was delivered in Nairobi, Kenya, East Africa via theory presentations; case presentations; practical skills demonstrations and instruction with tutor feedback and self-development awareness group teaching methods. Questionnaires provided qualitative data for consideration and analysis. Key findings included: pre-training prevalent feelings of inadequacy to meet the therapeutic needs of vulnerable children using adult style counselling; post-training perceived raised awareness of the therapeutic power of play with positive impact on professional and personal lives; perceived increase in therapeutic play skills and increased ease in establishing therapeutic rapport. Training was largely beneficial increasing the confidence, knowledge and skills of the course participants.

Keywords: East Africa, Brief Play Therapy Training, Counselling, Vulnerable Children, HIV/AIDS

Introduction

In Kenya, there is a general lack of therapeutic intervention for children based on treatment models designed for children in Africa (Kaplan, 2005). In 2003 the author conducted an interview in the Centre for Studies in Counselling, Durham University, UK. with Ms. Cecilia Rachier, Chief Executive, Kenya Association of Professional Counsellors (KAPC), to explore the therapeutic needs of vulnerable children in Kenya and the possible role of play therapy**.** It was realised in the discussion that if offered at all in Kenya, child therapy is usually offered by counsellors trained only in 'Western' adult counselling. Out of necessity adult-trained counsellors are being called upon to offer therapeutic support to vulnerable children.

Counselling adults is a relatively new profession in Kenya. (McGuiness, Alred, Cohen, Hunt and Robson, 2001). Findings from this study also indicate that many people are mistaking therapy for psychiatry and think counselling addresses the needs of mentally sick people. The call from trained counsellors interviewed (McGuiness et al, 2001) was for professional recognition and awareness of its specific nature and orientation towards offering services for the growth of people and their communities. So far little attention has been paid to training counsellors to meet the specific needs of vulnerable children in Kenya. Kaplan (2005) found that during preliminary searches for programmes of therapeutic interventions for vulnerable children in Africa (e.g., from PubMed and Cochraine search engines), only a few research reports concern trauma treatment models for children in Africa.

Since Kaplan's (2005) review, there is now available an entire issue of the Journal of Psychology in Africa (Vol. 15, 2, 2005) guest edited by David Edwards of Rhodes University in South Africa, addressing trauma treatment models for children and young people in South Africa. In this special edition of the JPA, two articles address therapy with children in South Africa (i.e., Leibowitz, 2005; McDermont, 2005). Mc Dermott (2005) described an evolving African psychotherapy which includes traditional healing methods. Leibowitz-Levy (2005) explored the nature and extent of therapeutic interventions for traumatised children across South Africa. Given the paucity of useful therapeutic interventions for vulnerable children in East Africa and of developing research concerning trauma treatment models for African children (Kaplan, 2005; McDermott, 2005 and Leibowitz- Levy, 2005) one immediate possible intervention to address these needs is child-centred play therapy. Play is accepted as universal activity and an international human right for children by the UN Convention of the Rights of the Child.

Play therapy offers therapeutic intervention specifically designed to use play as the medium through which therapeu-

tic movement can occur. It uses the medium of play for the child and therapist communication. Within this therapeutic approach there is a deeply held belief that the hurt child has within, a power to self-heal in creative, constructive and progressive ways. (Landreth, 2002; Cattanach, 2003)

The goal of this study was to ascertain whether a group of professionals working with vulnerable children in East Africa felt confident and adequately trained to meet their needs. If the counsellors reported lack of adequate training, they would subsequently be trained in play therapy. The training would increase the level of confidence in the professionals regarding their knowledge and skills to offer therapeutic interventions using play to vulnerable children in their care.

Vulnerable children in the care of counselling and other caring professionals in Africa have many varied needs that could be met with play therapy interventions. These include the psychosocial impact of: separation, loss, bereavement, illness and caring for ill relatives caused by HIV/AIDS, abuse including, sexual, physical and mental, trauma; domestic violence; civil unrest; crime; poverty and for refugee children, the experience of war. (UNICEF, 2005; World Bank, 2006). For example there are estimated to be more than 12 million AIDS orphans in Africa and nearly a million of these are in South Africa alone (Kaplan, 2005) and approximately 650,000 in Kenya (UNAIDS, 2004) . Children living in the streets are a consequence of trauma and poverty. Street children, for example, are constantly exposed to the risk of violence and insecurity is a constant state.(Dyregrov, Gupta, Gjestad and Mukanoheli, 2000) .The psychosocial adjustment to such difficulties has been explored and the state of knowledge of the risks for experiencing difficulties for those children orphaned by AIDS has been reviewed (Wild, 2001) She identifies the protective factors that might facilitate resilience and successful adjustment in children and suggests that these be targeted in intervention programmes.

Therapeutic Work with Vulnerable Children in Kenya and Care Providers

A search for publications from Kenya does not yield these kinds of published studies on psychotherapeutic interventions for children. The works by Wamba and Mahoney (2004) and Efraim Junior (2004) could serve as useful models for other countries which could lead to the development of projects with vulnerable children in Africa, including victims of violence (Kaplan, 2005) For this study, course participants could be invited to learn about play and how to provide therapy using play. Play is the natural language of the child and even very young children or those with language deficits and other special needs benefit from play therapy. (Cattanach, 1992, 1995, 1997)

The Play Therapy Program

The brief training course (120 hours) was based on a model of Child-centred play therapy**.** (Axline, 1947, 1969; West, 1992) was derived from the adult model of Person-centred Therapy (PCT) developed by Carl Rogers (1951, 1957, 1961, 1974 and 1986).

Aims and Procedures of the Course. To introduce theories of play and the development of play as a process in childhood; to experience different kinds of play (Sensory, projectory and dramatic)**;** to introduce an ethical framework for using play therapy with children**;** to introduce and explore Child-centred play therapy and other methods. The course provided instruction through tutor demonstrations with opportunities to practice skills and get feedback. Case studies of children in play therapy were used to facilitate discussion and enable counsellor professionals to be more effective in working therapeutically with children in their own settings. Participants were encouraged to consider social, tribal and cultural aspects and other implications of introducing play therapy either into their professional work or becoming a play therapist. The course was intended to sharpen and develop personal awareness of childhood history and awareness of what it is to be a child in current East African society and to offer opportunity to identify and discuss the future needs of participants for further training and future continuing professional needs.

Goals of the Study.

The goals of the study were: to ascertain needs, levels of confidence, knowledge and skills as perceived by professionals in offering therapeutic support to vulnerable children. The specific research questions were:

What is the current position of caring professionals' confidence to work therapeutically with vulnerable children?

Could there be any benefit to professionals providing care to vulnerable children of a brief training in play therapy?

If benefit could be shown, what is it?

Could the brief training produce non-beneficial outcomes?

What are the possible future outcomes of a possible beneficial training?

Method

Research Design

The research method adopts a qualitative approach. The study is small scale. Counselling research tends to be small scale and qualitative in order to gain knowledge of the complex meanings attached to therapeutic work. (Kirk and Miller, 1986; McLeod, 1994, 2001). A training course was designed and offered to interested applicants who were selected for the brief training in play therapy by KAPC. Successful applicants were required to be working with vulnerable children in an education, health, counselling or other professional caring role.

Participants and Setting

The group composition included 30 participants from a variety of different professional backgrounds: medicine (n=5); education (n=5); religious organisations (n=1); administration

(n=3); social services (n=2); the armed forces (n=2), counselling and clinical psychology (n=12) (males = 4 females = 26); age range = 25 – 56 approximate mean years of experience =10).

The course members' responsibilities for vulnerable children included: refugee children and other displaced children such as, 'boy soldiers' and war orphans; underdeveloped, abused and grieving children; children with HIV/AIDS; terminally ill children (many with AIDS); AIDS orphans, children and adolescents; children with special educational needs and children from single parent families based in a HIV/AIDS 'drop in' centre in slum area of Nairobi. More specifically, one course member worked as a clinical psychologist working with child refugees from Ethiopia, Sudan, Somalia, Rwanda, Burundi and The Congo.

Instruments

Course members were invited to respond to two short open-ended questionnaires (see Appendix). The pre-training questions were designed to ascertain professional background and establish a baseline for individual participant's level of confidence, knowledge and skills in offering therapeutic support to children. The post-initial training questions offered after the first 35 hours of training were designed to indicate the perceived increase or not in confidence, knowledge and skills of the participants in offering play therapy to vulnerable children. This enabled the trainers to adjust the second block of training to meet the reported needs. The second block of training design was in skeleton form until the group's perceptions of the value of the first block had been collected, via the questionnaire and a group discussion at the beginning of block two was collected and analysed by the tutors. The second teaching block was then created through this shared knowledge.

Procedure

Pre- training open-ended questions were offered before training and then post-initial training open-ended questions were offered after the first teaching block of one week (35 hours) in addition to the usual course evaluation forms issued by KAPC. Consent forms were offered in addition to a sheet of information describing the research project. Ethical permission for the research was obtained from the Durham University ethics committee in the UK. All 30 course participants agreed to take part in the research. One person did not complete the training, due to family circumstances and therefore there were only 29 fully answered questionnaires to provide evaluation data. The consequent group discussions between the tutors and course members during the learning process informed this paper's findings and discussion in addition to the survey.

Data Analysis

The data gathered from the written questionnaire answers were analysed for: immersion, categorisation, phenomenological reduction, triangulation and interpretation (McLeod, 1994). *Immersion* in the data involved repeatedly intensively reading through the responses to become familiar with the participants responses. This also involved *'assimilating as much of the explicit and implicit meaning as possible'* (McLeod, 1994, p.90). *Categorisation* involved gathering the responses to individual questions to produce a block of multiple responses to each question. *Phenomenological reduction* (McLeod, 1994) enabled the author to begin to question the data. The author asked questions of the data and sought to answer them. *Triangulation* (McLeod, 1994) afforded the author an opportunity to sort through the categories formed from the data and to place them in order.

Results and Discussion.

Pre-training evaluations revealed feelings of inadequacy to meet the therapeutic needs of vulnerable children using adult style counselling amounting to a professional crisis in confidence in this group and awareness of the fact that all participants were dealing with severely traumatised children on a daily basis. Post-training evaluations indicated raised awareness of the therapeutic power of play with positive impact on professional and personal lives; perceived increase in therapeutic play skills and increased ease in establishing therapeutic rapport. The training was perceived to be largely beneficial increasing the confidence, knowledge and skills of the course participants.

Pre- Brief Play Therapy Training Evaluation Themes

A theme emanating from the group was **awareness** *that even though they are trained as adult counsellors they still lacked the necessary therapeutic knowledge and skills to offer support to children***.** The professionals felt de-skilled when faced with vulnerable children. The findings suggest that there are many institutions, agencies, organisations set up to help and support children and yet not many people working therapeutically with children within them have training in the specific knowledge and skills necessary to help children. Many were using their adult counselling skills to offer help and realising that these were woefully inadequate. For example one participant said:

"Please offer any useful skills and knowledge to equip me to counsel children".

This statement indicates that the existing knowledge and skills have not equipped this participant to counsel children. Another participant observed:

"I hope to acquire knowledge and skills on how to help children in a therapeutic set up."

This statement also supports the theme of a crisis in confidence. This indicates that the necessary knowledge and skills to counsel children have not been acquired during counselling training.

A second theme related to *compassionate resilience in everyday experience of working with children in trauma***.** Participants offer a wholly compassionate response to the everyday nature of damage in the lives of children. Caring professionals in this part of the world are under daily pressure

to deliver services to children in severe trauma. Many spoke of children living in fear, terminally ill and others in deep despair to the point of emotional detachment. In essence, the participants were cognisant and had daily experiences of the impact of death, poverty, HIV/AIDS, substance abuse and the affect on the children in their care . A participant observed:

> *"My experience is that there is a great need for skilled helpers to help children live their lives in traumatic situations".*

One course member spoke of his work as a nurse with dying children on an oncology ward. Many of the children have AIDS.

> *"They see others in the ward dying and they are therefore very fearfull."*

He spoke of the requests to him from children to be held when dying and poignantly informed our course debate on the ethics of touching children in the course of professional duties.

A third theme was *awareness of specific needs in professional development*

Course participants were aware that some of the children in their care seemed to be *stuck* at a younger age than their chronological age. They had noticed that this developmental delay was possibly related to poor nutrition, loss of family and HIV/AIDS experiences in their lives. Some lacked proper parenting and others no parents to care for them. They believed that play therapy may possibly help them to help these children to move on and to continue to grow and develop normally. They wanted to know how to identify children at risk of developmental delay and to be able to offer therapeutic interventions that are appropriate for age and stage of development.

The participants spoke of *closed* children. These were described as children who were hard to reach and had disassociated themselves from life. It was hoped that play might be a way in to these private shut down worlds. These children are described as being so traumatised by their experiences that they are unable to communicate emotionally with others. Some children were identified as resorting to substance abuse and were vulnerable to sexual abuse in attempts to seek comfort and cope with broken hearts and lives.

These three themes elicited from the pre –training questionnaire and the experiences of the tutors on the training course, identifies a group of well qualified and experienced caring professionals to be experiencing a crisis in professional confidence. Their professional lives consist of providing services to severely traumatised children. They are insightful and aware of their lack of knowledge and skills to offer therapeutic and emotional support to the children in their care. It is with humility that these observations are made as these highly competent and skilled people are impressive in their abilities to cope and to offer the best services they can, without the proper training in child therapy within this crisis context.

Post-Brief Training in Play Therapy Evaluation Themes

The evaluation was made after first teaching a block of 35 hours and opportunity to make therapeutic interventions in the 4 month block between the two teaching weeks offered. A major theme was *increased knowledge and competency in play therapy skills***.**

In the view of the course tutors, the course members achieved at least a basic competency in play therapy knowledge and skills after only one week of training. One participant observed:

> *"I've felt inadequate and ill equipped to deal with children's emotional/psychological lives. I feel empowered now to help children therapeutically without doing any harm.*
>
> *As I think about it I feel more sure of what to do with the children I will be seeing".*

A second theme **was awareness of the therapeutic power of play.** A noticeable change was that insight about the differences between working as an adult counsellor and working as a play therapist had been realised by the participants. A participant noted:

> *"It always took longer for me to build a rapport with children and therapies such as Cognitive Behaviour Therapy (CBT) were not very effective. I had done a workshop on art therapy but I did not find myself skilled enough to work therapeutically with a child through art. Play Therapy has assisted me in building a rapport with children at a much faster pace. The therapy has also proven to be effective in healing children".*

Some participants spoke of frustrated previous attempts to make children talk in counselling. Learning that talk is but one way to express emotions appeared to be freeing for this group of intelligent and sensitive trainee therapists. Awareness of how children can project their experiences into metaphors illuminated in play and how an informed adult can support that play appeared to be a relief to many. One course participant expressed this learning succinctly:

> *"I have learnt about the theories of play therapy and what it essentially is. It has been important to look at play in the context of it being therapeutic and what has been so valuable in the course is being able to look at how play can help in processing emotions and making sense of what it is going on in the player's world. Learning about how to intervene as a play therapist has also been beneficial to me; how to reflect back feelings, getting the theme of the play and focusing on the metaphor of the play and more of just how to help/prompt the child keep on playing through offering safety in the therapeutic relationship".*

A third theme *was increased confidence by participants in dealing with loss*. Themes of attachment, separation and loss were evident in the early days of the training as major issues for most in relation to children in their care. The findings indicate that theory taught on the course underpinning the experiences of attachment, separation and loss were well received and new confidence spoken of in relation to recognising grief

reactions and offering therapeutic support to grieving children.

Other Significant Themes from the Post-Training Evaluations.

Participants were able to identify specific skill gaps in their training. For example, during the second block of the course there was a request from the group for more skills work indicating that although the group on the whole were feeling confident to practice they had begun to identify their own particular skills gaps and identified future training needs. Some course members were so enthusiastic about the benefits of play therapy that they were planning to set up play therapy services.

Participants were able to relate text book theory to own practice The literature on play and play therapy offered to the course participants on the reading list became accessible during the training. One mentioned that after training this reading could be beneficial without the reader feeling *lost.* This indicated to the tutors that her previous attempts to find ways to help children had led her to seek appropriate literature and to read and that the reading had not been helpful in itself without the practical skills to support the theory. The course had been designed to let theory inform practice and vice versa.

Another significant theme was raised awareness of issues of *social inclusion*. Participants perceived that play therapy was helpful in working with the very young child or an older child with language delay or other special educational needs because language skills are not necessary in order to offer therapeutic support using play. Withdrawn children could also be gently communicated with through play. Participants had a higher appreciation of *the genuine self as therapeutic tool*. The course was designed to help participants to develop personally throughout the training period and using a humanistic approach. One participant noted:

> *I learnt from the humanity of the teachers and their kindness.*

Post-training evaluations also suggested that participants had a greater capacity for positive practical application of play therapy to their professional lives. For example, of the 29 respondents to the post-training questionnaire 27 stated that it had been of practical use in their professions and the other two stated that they were not at present working therapeutically with children but hoped to do so soon. Finally. Participants perceived they had a responsibility for the future development of play therapy in Kenya and Tanzania. For example, one participant felt strongly that current neglect of the psychosocial needs of vulnerable children and knowledge obtained from play therapy could inform other professions. In the words of the participant:

> *"I feel children have been neglected in counselling in Kenya. It is more common to punish them than listen. Play therapy should be encouraged in all schools".*

Participants also perceived a need for good local professional supervision as a first step in training play therapists in East Africa. A participant observed:.

> *"I have areas of concern, for example, how to get good supervision of child play therapy".*

There was talk of the possibility of a Kenyan Association for Play Therapy being formed. This it was suggested by the group could include: more time to share case studies from course participants who are actually involved in working with children discussing challenges and struggles they face and maybe some interesting interventions; in future trainings, more time for skills work and feedback from the facilitators on what to improve on; filmed play therapy interventions, both professionally produced commercial ones and therapists' case material to discuss, analyze and consider alternative interventions; the development of a Kenyan based Diploma or Masters degree in Play Therapy, delivered locally yet accredited by a UK university; to continue with own personal development through local awareness groups facilitated by newly trained Kenyan and Tanzanian play therapists and for the members of the group to offer locally designed and delivered short courses on play and therapeutic play to support children in schools and other environments for teachers and caregivers and to expand and develop and the role of play therapy in East Africa.

Unhelpful Aspects of the Training

The short term nature of the training was perceived to be unhelpful. The following comment illustrates that although helpful to one participant the training was too short.

> *"I feel that skills practice could have been longer but better spaced. I believe two weeks teaching is too brief".*

A participant asked that there could have been more links to child developmental psychology.

> *"This course would have been much better if the human development theories were related with how to work therapeutically with children. Bringing out Piaget's work and its implications in working with children would have provided better understanding of children. I would hence have benefited much more if the psychology of the child was explained".*

The psychology of child development was included within a humanistic child-centred model. However, this point indicates that for one participant this was not so clear.

There were diverse needs within the group and one participant was working with severely traumatised children who could not speak her languages.

> *"I feel that more areas should be covered during the course e.g. children who have been raped, sodomized, tortures, detained etc and working with children who have suffered these traumas through play therapy also the use of translators in play therapy".*

Working with children in play therapy with a translator was outside the tutors' experience. No participants found the course largely unhelpful.

Conclusion

Tentative conclusions from this small scale research project can be drawn. A brief training in play therapy was perceived by tutors and participants to be beneficial to a small group of caring professionals working with children in Kenya and Tanzania, East Africa. The rich and vivid verbal and written feedback indicates that before training many experienced professionals felt inadequate to deal with children's emotional distress and behaviour using adult style counselling methods. It is clear that the many vulnerable children pose considerable difficulties for caring professionals. The combination of high challenge in working daily with traumatised and sad children and the lack of training to offer child-centred therapeutic interventions has created a crisis in professional confidence and competence for highly qualified, counsellor trained, caring professionals.

Limitations of the Study

The qualitative approach used limits the findings to a version of the life-world that is a co-constructed by the researcher and the research participants. (Lincoln and Guba, 1985; Patton, 1990 and Stiles, 1993) The same data could be analysed by moving from individual stories to systematic comparisons across stories. In this way the researcher could compare the experiences reported across the range of these participants or possible future participants in replicated studies. Each experience could be coded with a number and then a range of operations could be carried out to facilitate this research. Nominal measurement would allow the counting of the number of times a particular quality appears in the sample. (McLeod, 1994) In this way contrasting emphases could be combined in his single study. The data could in this way be further triangulated by comparing the findings from two different kinds of study.

The study is also limited in respect of only studying one cohort of trainee play therapists. Future courses could yield more data to analyse and findings compared across cohorts.Furthermore there is the question of efficacy in play therapy. To address this issue in future research it would be useful to have outcome studies of play therapy interventions used with vulnerable children in East Africa. In the history of counselling and psychotherapy there is evidence of the importance of case studies to exemplify and demonstrate the therapeutic approach used. Systematic inquiry into single cases, in contrast to large scale statistical studies can bring information that could be immediately applicable to the play therapy relationship. This method can contribute both knowledge and understanding that would be relevant to future play therapy practice within the African context. The motivation for this kind of research would be twofold; to inform locally –based play therapists to enable professional development and to legitimise play therapy in the eyes of resource providers in East Africa.

Implications for Training Play Therapy Professionals in Developing Countries

The high cost of UK style play therapy training which takes place over years rather then months would be very expensive and time consuming in developing countries. Resources and time would be needed to create this infrastructure. The findings of this small scale research project indicate that brief training offered to those with counselling training meets the need for cheaper training and produces play therapists able to begin working immediately. In the short term brief training, such as the course offered in this study, could be offered by visiting tutors from the UK and co-taught by play therapy graduates in developing countries with a view to handing over full responsibility to local tutors.

In the long term, resources need to be made available for local play therapy briefly trained graduates to train in the UK and return with Masters level qualifications in play therapy to enable and mould the development of locally based higher level education and training in play therapy. Other future possibilities include doctoral studies in play therapy. A local teaching and research base will afford the best opportunity to develop play therapy theory and practice to embrace the context in which it would be practised.

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Appendix

A Survey to Determine the Possible Need for and Benefit of Brief Training in Play Therapy to Caring Professionals in East Africa

Pre- training open-ended questions

What is your profession and in what capacity do you work with children?

Why do you want to do this course?

What do you hope you will learn?

Post- initial training open-ended questions

What have you learnt?

Has this learning been of practical use to you in your profession?

If yes, to the above question, then in what way?

If no, give details?

What hasn't been helpful?

Any other comments?