

# THE PATTERN AND PRACTICES OF PLAY AMONG PRACTITONERS WORKING WITH CHILDREN IN ETHIOPIA

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## ABSTRACT

Play is a developmentally appropriate way that children express themselves. It is important for psychomotor, social, emotional; and even intellectual and moral development of children. Therefore, to provide developmentally relevant treatment for children's psychosocial difficulties play is a key approach. This cross-sectional survey study examined practitioners' awareness, practices, and belief system regarding the therapeutic and developmental importance of play for children. Moreover, practitioners' perceived barriers to use play in children were investigated. To this end, a total of 120 practitioners that were working with children at various settings were participated in the study. Structured questionnaire was administered to gather the data. Then, it has been analyzed using both descriptive and inferential statistical procedures. The obtained result revealed the presence of significant difference among the mean values of practitioners' awareness about the use of play for specific aspects of children. They had better understanding regarding the role of play for recreational and psychomotor development than to the cognitive, self-esteem, psychosocial, moral and therapeutic functions of play to children. In addition, lack of awareness, absence of facilities and practitioners' misperceptions were the three foremost barriers that blocked practitioners to use play. Finally, both short-term and long-term solutions have been proposed.

**KEYWORDS:** Developmental aspects, Play, Play therapy, Practitioners.

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## 1. INTRODUCTION

Play is an important medium for children for several reasons. As stated by VanFleet (2010), for children, toys are their words, and play is their conversation. It is a natural language from which children express themselves and communicate their thoughts, interests, and feelings more naturally than they do through verbal communication (Landreth, 2002). Developmentally, play helps most children to learn and practice many basic individual and social skills. One reason play therapy has proven to be a particularly useful approach with children is that they have not yet developed the abstract reasoning abilities and verbal skills needed to adequately articulate their feelings, thoughts, and behaviors (Fall, 1997). The pioneering developmental psychologist Lev

Vygotsky thought that, especially in the preschool years, play is the leading source of physical, cognitive, psychosocial, and moral development (Hall, 2002). Likewise, Piaget's (1962, cited in VanFleet, 2010) theory of cognitive development recognizes the differences between the way that children understand and process information and the way that adults function. According to him, most children at the elementary level function at two stages: the "Preoperational Stage" (2-7 years) and the "Concrete Operations Stage" (8-11 years) (Johnson et al, 1997). Therefore, through play, the therapist uses an understanding of cognitive development and of the different stages of emotional development as well as the conflicts common to these stages when treating the child. It helps them to develop both individual gross and fine muscle strength and overall integration of muscles, nerves, and brain functions. Play is also an imperative means to learn moral reasoning and social rules such as give and take, reciprocity, cooperation, negotiating, obeying, sharing and a sense of values (Mario, 1994). Beside these, play allows children to experiment with objects, language and emotions, develop a sense of self; learn to interact with other children, how to make friends, how to role-play, and progress from an egocentric view of the world to an understanding of the importance of social contracts (Landreth, 2002).

Above all these facts, play has invaluable clinical/remedial importance for children and adolescents with behavioral and psychosocial maladjustment, though it has been overlooked for decades (Fall, 1997). Especially, play group counseling, is shown as an important method in working with early primary grade children, especially those who present behavioral problems in the classroom (Duff, 1996). Play therapy is also the most appropriate therapeutic method for post-disaster sites (Scott, et al. 2004). In a meta-analysis of play therapy outcome research, Scott et al. (2004) found that play therapy was an effective treatment for children's problems. They reported that treatment groups receiving play therapy performed 0.80 standard deviations better than non-treatment groups. Similarly, Fall et al (1999) compared 31 children, who received six play therapy sessions facilitated by school counselors, to 31 children in a control group not receiving services. They found that self-efficacy was significantly increased for those children participating in play therapy. Moreover, Johnson, McLeod, and Fall (1997) and McLeod (2000) investigated the effectiveness of play therapy in schools. Both studies found that play therapy has a positive impact on student classroom participation as compared to non-participants. Play therapy is also equally effective when we are dealing with children who have experienced domestic violence, sexual or physical abuse, and neglect or have difficulty of forming and maintaining relationships with others (Landreth, 2002).

Legally, play is explicitly recognized in Article 31 of The Convention on the Rights of the Child (adopted by the General Assembly of the United Nations, November 29, 1989); which states that parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts. From the classic writings of Piaget (1962) to the more recent, widely cited work of VanFleet et al. (2010), children's play activities are seen as developmentally, therapeutically, legally, and economically appropriate and more effective than other strategies. Thus, play has tremendous role for social workers, counselors, forensic psychologists, and for other mental health professionals who have been working with children; to understand their feeling, thought, and behaviors, and to intervene problems that are interfering with children's normal development.

However, especially, in most of developing countries the issue of play as remedial and rehabilitative aspect may not be well conceived, though they have ample forms of play depending on their culture and natural phenomena. Even some may not heard of play therapy. Many would not be convinced of its value. So far, there are only handful studies conducted on the use and practice of play therapy by practitioners such as counselors, social workers, clinical psychologists, psychiatrists, forensic psychologists, and other mental health professionals. Especially, when we come to the case of Ethiopia, as to the knowledge of the researcher; there is only one single article talking about this issue which was conducted very recently by Brhanu (2010) who emphasized on the therapeutic role of play, specifically, to improve the self-concept and academic performance of children. Play therapy is also more economical in terms resources than other traditional therapeutic techniques. Nevertheless, most practitioners (counselors, social workers, and teachers) are employing and spending much of their time on traditional talk-therapy which is relatively less economical in terms of human recourse, time, and energy. When responsive services are required in most developing countries where there is great shortage of well trained practitioners, play appears to be one of the most efficient and appropriate method of child intervention. Thus, the present study has conducted a comprehensive survey of practitioners' patterns of practices of play with children. To this end, the following research questions were raised:

1. To what extent do practitioners have awareness about the use of therapy with children?
2. To what level do practitioners employ play while they work with children?
3. What perceived barriers prevent practitioners to use play with children?

## **Methodology**

The study is descriptive and comparative survey in its nature. Primarily, it is descriptive because it portrays the extent/level of awareness, perception, and practices of practitioners to employ play while they are working with children. Since another major objective of the study was to compare the relative degree importance among the perceived barriers that block practitioners from using play in children, the study is also comparative. Based on this, different methods of sampling, instrumentation, and analyses were employed.

### **Area Sampling**

Six different area of the country, namely, Jimma, Addis Ababa, Adama, Bahirdar, Hawsa, and Dredawa towns were covered under this particular study. They were purposefully selected because of two major reasons. First, most organizations and institutions working with children were concentrated in these big cities. Secondly, researcher believed that they can better represent at least the five regional states (namely, Oromia, Addis Ababa, Amhara, South Nations and Nationalities, and Dredawa) of the country.

### **Respondents' Sampling**

The phenomenon of play has been of interest to child development experts, counselors, child mental health clinicians, biologists, social workers, psychologists, anthropologists, elementary school teachers, and even animal trainers (Brown & Vaughan, 2009; Burghardt, 2005; Chudacoff, 2007; Elkind, 2007; London & McConnell, 2008; Miller, 2008; cited in VanFleet R., et al, 2010). However, practitioners, specifically, counselors, social workers, and kindergarten

and elementary school teachers were believed to be more concerned and potentially providing developmental and psychosocial supports for children, especially, in Ethiopia. Therefore, a total of 120 practitioners (counselors, social workers, psychologists, and elementary school teachers) that were working with children at various settings (i.e. remedial centers, kindergartens, elementary schools, hospitals, courts, and etc) were participated in the study. Specifically, 20 practitioners (10 from governmental organizations and the rest 10 from NGOs working with children) were selected from each of the six study sites using purposive sampling technique.

### **Instrument**

Relevant information was gathered using structured questionnaire. The survey included demographic questions including gender, specialization, highest degree earned, work position, location of the organization (region and town), their level of training in play therapy, and number of workshops taken in play therapy. Moreover, participants then responded to some statements addressing level of awareness and beliefs regarding the effectiveness of play via the 5-point scale: 5 = very highly effective, 4 = highly effective, 3 = moderately effective, 2 = Less effective, 1 = very less effective. Finally, using similar Likert scale format, respondents were also asked to rate the possible barriers to use play in children. Generally, the questionnaire incorporated both open-ended and close-ended items. In the process of developing the questionnaire, all the necessary procedures were followed. Initially, items were prepared based on the purpose of the study. Then, to check the content validity of the instrument, all items have been evaluated by experts, at the same time, some editorial and language problems were also corrected. Ultimately, the questionnaire has been administered and filled by the selected 120 sample population. During the whole process of data collection all ethical issues were explained and implemented.

### **Data Analysis and Interpretation**

The analysis and interpretation of the data were made using both descriptive (i.e. percentage and central tendency) and inferential statistical procedures, specifically, one-way repeated measures of ANOVA and Factor-analysis. Finally, results were critically discussed and the possible solutions and measures that need to be taken were recommended.

### **Results**

The study investigated the practitioners' patterns of practice of play among practitioners working with children. Likewise, the perceived barriers that limit them from using play in children were recognized. Therefore, under this section of the study, the collected data have been organized and interpreted. Accordingly, participants' awareness, their training in play therapy, their use of play in children, their belief system regarding the therapeutic and developmental importance of play for children, and perceived barriers to the use of play therapy were critically analyzed.

#### **Practitioners' Level of Training about Play in Children**

To assess participants' previous experience regarding play, initially, they were asked whether they have ever informed about play therapy and the developmental importance of play. As shown in Table 1, significant number [N=38(31.66%)] of respondents had not any information about the developmental and therapeutic advantages of play for children. Whereas, the remaining [N=82(68.34%)] of respondents had general information about play and play therapy.

**Table 1: Practitioners' General Information about Play in Children**

Information about play in children	Yes		No		Total	
	Fr	%	Fr	%	Fr	%
Practitioners from NGOs	47	39.16	13	10.83	60	50
Practitioners from Governmental organizations	35	29.17	25	20.83	60	50
<b>Total</b>	82	68.33	38	31.66	120	100

Furthermore, the study assessed their sources of information. And the result shows that none of them had taken special courses in play therapy at college and university level, while 19(23.17%) of them have attended short-term trainings and workshops in play therapy, 46(56.3%) of them have got information about the issue from books, and the rest 17(20.73%) have been informed from internet. Table 2 summarizes respondents' sources of information as follows:

**Table 2: Respondents Sources of Information about the Use of play**

Sources of information	Practitioners from NGOs		Practitioners from Governmental organizations		Total	
	Fr	%	Fr	%	Fr	%
From university-level courses	---	---	---	---	---	---
From short-term trainings and workshops in play therapy	14	17.07	5	6.10	19	23.17
From Books	22	26.83	24	29.27	46	56.3
From Internet	11	13.42	6	7.31	17	20.73
<b>Total</b>	47	57.3	35	42.7	82	100

As indicated above in Table 2, there was disparity between practitioners who were working in governmental organizations and those working in NGOs; both in their exposure and sources of information regarding the use of play with children. For instance, of those respondents who had information about play, 47(57.3%) of them were working in NGOs; while the rest 35(42.7) were serving children in governmental organizations. Likewise, even though books were their common sources of information, practitioners from NGOs had exposure to short-term trainings

and workshops in play therapy than their counterparts. The same is true for internet as their source of information. This implies that practitioners working in NGOs had better opportunities for formal trainings and workshops on play therapy and ease of access to new information, despite the fact that very huge proportions of children have been supported by governmental organizations.

### The Developmental and Therapeutic Role of Play in Children

To address this comprehensive objective, as depicted in Table 3 below, about 46 specific issues were raised using the 5-point scale. Accordingly, respondents were requested to indicate their level of agreement concerning the use of play on children's psychomotor development, cognitive development, moral development, social interaction, and self-awareness. Moreover, additional items assessing respondents' understanding about the remedial role of play in children and their knowledge about children's right to engage in play and recreational activities were incorporated.

**Table 3: Respondents' Level of Awareness**

Dimensions	Specific uses of play to children	Mean (X)	Rank
Psychomotor development	Play has importance for muscular strength of children	4.53	2
	Play can make children active		
	Play has importance for improvement for fine motor skills of children		
	Play can improve children's nervous system function		
	Play can improve the functions of brain		
Cognitive Development	play can increase attention span of children	4.41	3
	Play can broaden the thinking capacity of children		
	Play can increase the reasoning capacity of children		
	Play helps children to express their thought easily		
	Play can improve the academic performance of children		
	Play helps children to communicate their idea clearly to others		
Moral Development	Game/play increases the moral reasoning of children	3.84	5
	Through play children can learn norms of the society		
	Through play children can learn values of the society		
	Through play children master social contracts		
	Through play children learn rules		
	Through play children learn obedience		
Recreational Role	Play has recreational role for children	4.91	1
	Play can help children to feel relaxed		
	Children enjoy with play		
	Play can improve bad feelings of children		
Social Interaction	Play is a means of social interaction for children	4.30	4
	Play increases the level of intimacy among children		
	Play helps children to establish friendship		
	Play helps children to learn how to maintain friendship		

	Play increases social interaction of children		
<b>Self aware ness</b>	Play can help children to know themselves	3.60	6
	Through play children can evaluate themselves		
	Play helps children to compare themselves with their peers		
	By using play we can minimize maladjustments of children		
<b>Therapeutic</b>	Through play one can modify distressing feelings of children	3.07	7
	Through play can alleviate post-traumatic problems		
	Play helps children to communicate their feelings		
	Through play one can resolve mood disorders		
	Through play one can alleviate personality disorders		
	Play can improve relationship problems		
	Using play, one can improves social interaction of children		
	Play helps to identify the real problem of children		
	Play helps children to communicate their need/interest		
	Play can tell us the psychosocial condition of children		
	Play can help us to distinguish children with psychosocial maladjustment		
<b>Child right</b>	Children have the right to engage in play and recreational activities appropriate to their age	3.43	8
<i>Aggregate Mean (X)</i>		<b>4.01</b>	

As illustrated above in Table 3, initially, the mean score of respondents about the developmental and counseling effect of play in children was computed. The obtained result shows that respondents aggregate mean score of (X=4.01). Generally, they support the therapeutic and developmental importance of play for children. This implies that practitioners had good knowhow and positive perception regarding the general developmental and counseling advantages of play in children. Nevertheless, the result further indicates the incongruence among mean scores of respondents' level of awareness regarding the effectiveness of play for specific components/aspects of child development. To verify the presence of substantial differences among the mean scores, one way repeated measures of ANOVA was conducted. Table 4 summarizes the result as follows:

**Table 4: ANOVA Results for Repeated-Measures Analysis**

Source of variation	Sum of Squares	df	Mean Square	f	Sig.
Between subjects	7893.92	112	18.53		
Between dimensions	389.173	7	3.24	8.71*	.01
Error	4285.91				
Total	12,569		21.77		

\* Statistically significant at p<0.05 level

The analysis gives  $F = 8.71$ , with  $df = 112$  and  $7$ , at  $p = .01$ . Because of the low  $p$ -value for the  $F$ -test; and since the obtained value ( $F=8.71$ ) is great than the table value ( $F=2.10$ ) at  $P=.05$ , we reject the null hypothesis and we conclude that there is a substantial difference among mean values of respondents' awareness concerning to the use of play to various dimensions of children.

Therefore, on the basis of their degree of strength, respondents perceived that play has relatively paramount role for recreational ( $x=4.91$ ) and psychomotor ( $x=4.53$ ) development in children. Likewise, the effectiveness of play for cognitive ( $x=4.41$ ), social ( $x=4.30$ ), and moral ( $3.84$ ) development of children were also rated higher. Whereas, its importance on self-awareness ( $x=3.60$ ), and their awareness regarding rights of children to engage in play and recreational activities appropriate to their age ( $x=3.43$ ) have got lesser level of agreement among respondents.

$\bar{x}$	1	2	3	4	5	6	7	8
1								
2	0.12							
3	0.69	0.60						
4	-0.38	-0.50	- 1.07*					
5	0.23	0.11	-0.46	0.61				
6	0.93*	0.81	0.24	1.31*	-0.30			
7	1.46*	1.34*	0.77	1.84*	1.23*	0.53		
8	1.1*	0.98*	0.41	1.48*	0.87	0.17	-0.36	-

Above all, the result indicates that respondents were relatively least informed about the therapeutic role of play on children ( $x=3.07$ ). At last, Turkey's HSD (Honestly Significant Difference) test was operated for pair-wise comparisons. The following table shows the pair wise results.

**Table 5: A matrix showing Pair-wise difference among means**

The above pair-wise comparisons among means depicted the presence of a significant difference among respondents in their level of awareness and perception regarding the developmental and counseling effects of play for various developmental aspects of children.

**Practitioner’s Practices of Play in Children**

To address the magnitude of participants’ use plays while they work with children, they were asked to indicate for how long they exposed children to play.



**Table 6: Extent of practitioner's use of play in children**

Extent	Fr	%
Always	--	--
More than once in a day	13	10.83
Once in a day	28	23.33
Once in a week	56	46.67
Not present in our schedule	23	19.17
<b>Total</b>	120	100

Accordingly, as shown above in Table 6, more than 65 % ( N=79) of respondents did not allow children to engage with play at least once in a day. Of these, 23(19.17%) of practitioners were never used pay in children; or it was not part of their regular schedule for children. However, 41(34.16%) respondents reported that they had specified time for children to play at least once in a day. But only 4(3.33%) of them were purposefully employing play as their supplementary therapeutic approach for children with psychosocial maladjustments. From this one can easily understand the gap between practitioners' awareness and practices of play in children.

### Analysis of Perceived Barriers to Use Play in Children

In parallel line of search, respondents were made to rate the several possible obstructions that might avert practitioners from using play as a therapeutic method to children with psychosocial traumas. First, 25 possible constraining factors were presented for respondents. Then, to explore the dominant barriers, Factor Analysis statistical device was employed using SPSS statistical package. Finally, three major groups of barriers that account 44.14% of the total variations of the factors were obtained. The following table summarizes the result including the relative connection of each of the variables (barriers) to a factor (i.e. variable's loading on that factor), the part of a variable that is common to other variables (communality,  $h^2_j$ ), and the percentage of each barriers contribution to the variance of all other variables (% total variance).

**Table 7: A matrix showing rotated factors of play therapy**

No.	Individual Barriers	Major Barriers			$h^2_j$
		I	II	III	
1	Misconception about the importance of play	.411	.192	.109	.712
2	My employer/organization situation	.051	.241	-.041	.251
3	Absence of special trainings about the practice of play therapy	.419	.061	.128	.608
4	Lack of knowledge about its importance	.286	.225	.259	.770
5	Lack of supervision of the concerned bodies	-.169	.095	.303	.229
6	Its absence under the curriculum of undergraduate/graduate programs	.490	-.127	.201	.564

7	Practitioner's misunderstanding about the relevance of play for children	.377	.064	.230	.671
8	Our culture	.173	.141	.093	.407
9	Counselor's personal willingness/interest to practice it	.210	.066	.403	.679
10	Lack of play materials	.231	.466	.120	.817
11	Practitioner's theoretical orientation	.060	.134	.542	.736
12	The practitioner's personal philosophy	.281	.124	.350	.755
13	Absence of concerned body for child rights	.302	.108	.068	.478
14	Absence of experience	.384	.165	.271	.820
15	Absence of professional network among practitioners	.276	.307	.231	.814
16	Cultural diversity among children	.201	.207	.060	.468
17	Lack of scientific researches regarding play in the country	.137	.479	.037	.653
18	Absence of scientific communication among practitioners working with children	.190	.361	.186	.737
19	One's previous training	.571	.125	.109	.805
20	Unavailability of play therapy education	.047	.465	.274	.786
21	Reluctance of the practitioners	.101	.204	.261	.566
22	Misunderstanding of the society about the importance of play	.264	.235	.107	.606
23	The absence of well identified/efficient forms of play	.213	.255	.127	.595
24	Absence of play-ground	.139	.360	.253	.752
25	Something unknown	.203	.134	.004	.341
	% of variance	19.60	13.83	10.71	44.14

As illustrated in table 4, based on their degree of contribution for the common variance, the major specific constraining factors that hinder practitioners from using play therapy while they work with children were identified. Particularly, those barriers whose variance is accountable more than 50% of the common factors (see the last column,  $h^2_j$ ). Therefore, these individual variables could be taken as barriers that have relatively more contribution for the three extracted major barriers. Among these three extracted factors, the first factor accounted almost 19.60% of the common variance of the variables. Particularly, to this factor, the following variables loaded high (i.e. those variables 25% and more of their variation involved in a factor) in their respective order (see the first column of the above table).

- ⇒ Absence of special trainings about the practice of play therapy
- ⇒ Misconception about the importance of play
- ⇒ Absence of experience
- ⇒ Practitioner's misunderstanding about the relevance of play for children
- ⇒ Its absence under the curriculum of undergraduate/graduate programs
- ⇒ Lack of knowledge about its importance
- ⇒ One's previous training
- ⇒ Misunderstanding of the society about the importance of play
- ⇒ Absence of professional network among practitioners

These and other variables with a moderate factor loading are taken into account to label this factor. Based on the common characteristics of these variables, this factor could be named ***Lack of Awareness /Training.***

To the second factor, the following individual variables have contributed high respectively:

- ⇒ Lack of play materials
- ⇒ Unavailability of play therapy education
- ⇒ Absence of scientific communication among practitioners working with children
- ⇒ Absence of play-ground
- ⇒ Lack of scientific researches regarding play in the country
- ⇒ The absence of well identified/efficient forms of play

These variables are important components of this factor and all of them are characterized by something that is beyond the resistance of the victims. This factor, therefore, could be known as Absence of facilities.

The third factor that emerged in this study, include variables like:

- ⇒ The practitioner's personal philosophy
- ⇒ Practitioner's theoretical orientation
- ⇒ Counselor's personal willingness/interest to practice it
- ⇒ Reluctance of the practitioners

As a result of their common feature of these variables, naming them as *Practitioners personal problem* seems appropriate.

## Discussion

Despite the presence of empirical evidences that proven play to be a practically useful approach with children (Hall, Kaduson, & Schaefer, 2002; Dvarionas, 2000; Mochi & VanFleet, 2009, Landreth, 2002), its implementation by practitioners working with children has not yet well studied. Especially, in the third world countries like Ethiopia, the problem is more overt. Thus, the present study investigated practitioners' awareness, beliefs, and practices of play as a treatment and developmental need of children. The study also further explored the barriers that hindered practitioners from employing play in children.

At the very beginning, the present study verified participants' previous exposures regarding the use of play for counseling and other developmental needs of children. Accordingly, the obtained result demonstrated that the majority 82(68.34%) of respondents have some information regarding the importance and effectiveness of play in children; of these, almost half 46(56.3%) of them have read from books and the rest 17(20.73%) of them have been heard from internet and other friends. Only 15% of them had taken formal trainings and attended workshops in play therapy; while none of respondents had taken special courses at college and university level about play. Overall, a substantial proportion 38(31.66%) of practitioners had no enough information about play in children. And almost 85% of respondents had never received formal trainings in play. In this regard, the result of the present study is consistent with Dee, Stephen, and Richard (2005) findings who investigated that more than 73% of elementary school counselors believed the effectiveness of play for children, though most participants were not trained in play therapy in.

This study further explored respondents' awareness regarding the use and effectiveness of play for various aspects of children's development and other associated issues. Results of the present study indicated that even though the surveyed participants maintained a positive impression regarding the general utility of play for children, ANOVA result ( $F=8.71$ , with  $df = 7$  and 112, at  $p<0.05$ ) shows statistically significant difference among the mean values of practitioners'

awareness of for specific aspects of children. For instance, they have relatively better awareness regarding the recreational and psychomotor role of play in children which were rated  $X=4.9$  and  $X=4.53$  respectively, out of a 5-point Likert scale. Similarly, respondents had good awareness about effectiveness of play for cognitive, psychosocial, and moral development of children (see the mean values of each developmental aspect in Table 3). However, its therapeutic value ( $x=3.07$ ) and its importance for children's self awareness ( $x=3.60$ ) were relatively rated lower. Thus, the result implies that practitioners were not well informed about the counseling role of play and its advantage for children's self-awareness. At the same time, respondents' level of awareness regarding the right of children to engage in play activities was assessed. Despite the fact that play is explicitly recognized as one of the universal rights of children to engage in play and recreational activities (GAUN, 1989), practitioners had relatively lower level ( $X=3.43$ ) of awareness regarding this issue.

Likewise, participants' level of practices of plays while they work with children was also examined in the study. Results of the study indicate that most 65 % (N=79) of respondents had very poor habit of practicing play in children. Of these, 23(19.17%) of practitioners were totally never used play in children. However, 41(34.16%) respondents reported that they had regular schedule of play to children, at least once in a day; whereas, only 4(3.33%) of practitioners were purposefully employing play as their supplementary therapeutic approach for children with psychosocial maladjustments.

On the final question of the study, practitioners identified perceived factors that limited their use of play in children. They recognized and reported abundant personal, environmental, and perceptual specific barriers. To synchronize all these specific factors into manageable groups, Factor Analysis statistical procedure was conducted. The obtained result indicates three major groups of barriers that have been dominantly hindering practitioners from using play while they work with children. The first group of barriers is named as "*Lack of Awareness /Training*" which contributed 19.6% of the total variance. Under this particular group, practitioners' lack of special training about the practice of play, their misconception about the importance of play, inability to take courses in their undergraduate/graduate study programs, and absence of experience were some of the preventing barriers. Likewise, some of individual barriers to the second factor include lack of play materials, unavailability of play therapy education, absence of scientific communication among practitioners, absence of play-ground, and absence of scientific studies regarding play. Based on their commonality, this group of barriers named as "*absence of facilities*". The third group of barriers called "*practitioners' personal problems*". For this group, personal factors such as practitioners' personal philosophical/ theoretical orientation, their lack of interest towards play, and their reluctance to practice play in children had relatively special contribution for the common variance (*you can see in Table 7*).

One surprising finding regarding the specific limitations to play in children was that employer/organizations' situations like lack of supervision of the concerned bodies and other administrative issues were not largely identified as a problem. Similarly, cultural factors such as cultural diversity among children and the culture of practitioners had also insignificant role in limiting practitioners from using play in children. This implies that if the practitioners could

concentrate on play duties and receive training, our cultural diversity and administration would be good assets of using play in children.

### **Conclusion**

It is not enough for a child merely to express his developmental needs emotions through play; he must also know that his emotions are understood and accepted and that it is well and good for him to have these emotions. In this area lies the role of the play and play therapists, especially, with children. Ironically, most practitioners participated in this study were never trained in play therapy, even though they were working with children in various clinical, school, and rehabilitation settings. However, one surprising finding of the study was that the majority of practitioners have good awareness regarding the effectiveness of play for the psychomotor, cognitive, self-esteem, psychosocial, and moral development of children. Whereas, regarding the counseling/therapeutic role of play in children, they have inadequate awareness. This in turn, adversely impacted their practice and implementation of play in children. Generally, results of the study show the existence of discrepancy between the practitioner's awareness and their practices of play in children.

In addition, the study has also investigated major barriers that block practitioners from employing play as a means of enhancing the psychological development of children. Three groups of barriers, namely, lack of proper awareness and trainings, absence of facilities, and practitioners' personal factors, were identified as the foremost restraining factors that hinder practitioners to use play with children. They were considered as the major hampering factors that prevented them from providing any responsive and practical play activities while working with children. Since there were no advanced and practice-based courses, even, in the curriculums of most helping professions; it is not surprising that practitioners identified their lack knowledge and training as their primary barrier to use play in children.

Thus, the researcher believes that the mere awareness of practitioners about the importance and effectiveness of play in children may not guarantee their practices. Rather, the presence of practice-oriented trainings, availability of basic facilities of play, and encouraging practitioners to implement play in children might be equally important.

### **Recommendations**

On the basis of the results of the study, the following practical solution strategies have been proposed.

- Most practitioners emphasized on the recreational and psychomotor values of play for children and they have relatively overlooked its importance for the therapeutic and development of other crucial aspects (like cognitive, psychosocial, moral, self-awareness) of children. Consequently, immediate and integrated play therapy trainings need to be delivered for all practitioners working with children via trained play therapists. Especially, priority and special emphasis need to be given for those practitioners who are working in governmental organization. To this end, formal and collaborative links should be established with play therapy associations so as to get ease access to both paid and volunteer play therapy trainers. Moreover, it is also possible to facilitate

opportunities for trained play therapists so as to encourage them to share their practical experiences in the form of short-term trainings, panel discussions, and workshops.

- Another sustainable solution for the problem is incorporating play therapy courses under the formal curriculum of helping professions like psychology, social work, sociology, psychiatry, nursing, and other disciplines concerned with development and treatment of children.
- Results of the present study also proved that the mere awareness about the developmental and therapeutic role of play is not enough to implement play into practice with children. As a result, practitioners need be equipped with practice based trainings and exposures. To this purpose, governmental and nongovernmental organizations should facilitate practice based trainings for practitioner. Moreover, college and university level courses that are related with play therapy need to be designed in a practice-based approach.
- All concerned organizations, especially, those working with children such as child rehabilitation centers, orphanages, kindergartens, elementary schools, and hospitals need to prepare play materials and play-grounds for their children.
- Continuous enhancement of the professional ethics of practitioners is indispensable so as to maximize their commitment and responsibilities through workshops, regular professional associations' conferences, and establishing monitoring and evaluation system.
- Child right representatives/activists should advocate the right of children to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and arts. To this purpose, the role of mass-medias is very useful.

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