

**A framework for social workers using drama in play
therapy to assist youth at risk who has been exposed to
violence**

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DECLARATION BY THE RESEARCHER

I, Leandi Erasmus, hereby declare that the manuscript titled “A framework for social workers using drama in play therapy to assist youth at risk who has been exposed to violence” is my own work. All references used or quoted were acknowledged by citing in-text as well as referencing in the lists of references. I further declare, that I have not previously, in its entirety or in part, submitted the mentioned manuscript at any other tertiary institution to obtain a degree.

L. Erasmus

15/12/2017

DECLARATION BY THE SUPERVISOR

The candidate, Leandi Erasmus, opted to write an article, with the support of her supervisor. I, the supervisor, hereby declare that the input and the effort of said student in writing this article, reflects the research she undertook on this topic. I hereby grant permission that she may submit this article for examination in fulfilment of the requirements for the Degree Magister in Social Work (Play Therapy).

The dissertation is presented in article format as indicated in Rule A.5.4.2.7 of the North-West University of Potchefstroom Campus's Yearbook. The content comprises: Section A, Part 1: Background to the study; Part 2: Literature study. Section B consists of the article.

The article is intended to be submitted to the journal: *The South African Journal of Social Work and Social Development*. The researcher followed the Harvard referencing style and guidelines for authors of the journal.

Section C consists of the summary, conclusion, recommendations and limitations. Sections A and C have been referenced according to the Harvard style, following the guidelines of the North-West University's manual for post-graduates.

Prof. C. H. M. Bloem

15/12/2017

DECLARATION BY LANGUAGE PRACTITIONER

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TO WHOM IT MAY CONCERN:

I hereby confirm that the MA dissertation "*A framework for social workers using drama in play therapy to assist youth at risk who has been exposed to violence*" by Ms L Erasmus (student no: 11735813) was edited and groomed to the best of my ability. This included recommendations to improve the language and logical structure, guide the line of argument as well as to enhance the presentation.

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ABSTRACT

Key terms: Youth at risk, adolescents, violence, play therapy, drama as therapy, intervention

Statistics by the PAN African Research Company (2016) reflect that 70% of South African youth are subjected daily to high-risk situations either by being involved with, or exposed to crime and violence in society. Exposure to violence is recognised as an important cause that triggers high-risk behaviour in youth. Such detrimental behaviour among young people predisposes them to potential negative life outcomes. Thus, social workers require new and innovative ways to prevent these negative outcomes in the lives of high-risk youth. Drama as a technique in play therapy is well suited to work with adolescents and can be used as a mode of intervention during therapy.

The aim of the present study was to explore how youth at risk exposed to violence, can be assisted by incorporating drama in play therapy. Three focus groups with social workers working with youth at risk and five semi-structured interviews with practitioners using drama in play therapy were conducted in order to gather experiential and qualitative descriptive data.

The findings are presented and discussed in Section B of the present study. In this section, a framework is created to guide social workers in implementing drama techniques within the play therapy context when helping youth at risk exposed to violence. The framework provides a unique combination of tested practical guidelines for drama-based play therapeutic interventions that focus on at-risk young people who have been exposed to violence.

OPSOMMING

Sleutelwoorde: Hoë risiko jeug, adolessente, geweld, speltherapie, drama as terapie, intervensie

Statistiek deur die PAN African Research Company (2016) toon dat 70% Suid-Afrikaanse jongmense daaglik met hoë risiko-omstandighede te kampe het: óf deur hulle betrokkenheid by óf blootstelling aan misdaad en geweld in die samelewing. Sodanige blootstelling aan geweld word as belangrike oorsaak beskou wat hoë risiko-gedrag in die jeug na vore bring. Hierdie skadelike gedrag onder jongmense maak hulle vatbaar vir moontlike negatiewe lewensgevolge. Gevolglik benodig maatskaplike werkers nuwe en innoverende maniere om die genoemde negatiewe uitkomst in die lewens van hoë risiko jeug te voorkom. Drama as tegniek in speltherapie is deeglik geskik vir werk met adolessente en kan as intervensiemodus tydens terapie ingespan word.

Die doel van die huidige studie was om te ondersoek hoe hoë risiko jeug wat aan geweld blootgestel is, bygestaan kan word deur drama in speltherapie te inkorporeer. Die navorser het drie fokusgroepe gebruik en vyf semigestruktureerde onderhoude gevoer. Sodoende is data versamel van maatskaplike werkers wat binne die veld van risikogedrewe jongmense werk asook terapeute wat drama binne speltherapie benut.

Die bevindings word in Afdeling B van die huidige studie aangebied en bespreek. In daardie afdeling word 'n raamwerk geskep om maatskaplike werkers te begelei waar hulle drama implementeer binne 'n speltherapie-konteks waar risiko-jongmense wat aan geweld blootgestel is, gehelp kan word. Die raamwerk voorsien 'n unieke samestelling van getoetste, praktiese riglyne vir spelterapeutiese intervensies wat op drama gebaseer is en fokus op risiko-jongmense wat aan geweld blootgestel is.

DEFINITION OF KEY TERMS

The following terms are clarified for the purpose of the present study:

Youth at risk: Although a broad classification, Wiseley *et al.*; (2017) define this social group typically as youth who, due to socioeconomic disadvantages, are more susceptible to negative life outcomes.

Risk-taking behaviour: Reniers *et al.*(2016) describe these patterns in young people's conduct, as adolescent behaviour, which implies simultaneously a beneficial outcome as well as possible negative or harmful consequences. Phaswana-Mafuya and Davids (2011) identify typical risk-taking behaviour among South African students as substance abuse, sexual risk taking, crime, violence, delinquency, as well as reckless drinking and driving.

Violence: Ward *et al.*(2012:55), define this phenomenon as: "The intentional use of physical force or power, threatened or actual, against oneself, another person, a group of community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." In this regard, Galindo *et al.* (2017:1423-1424) describe the main types of violence which the youth suffer in terms of physical, sexual, psychological abuse as well as negligence and deprivation.

Play therapy: According to Schafer (2011:1) this entails the systematic use of a theoretical model to establish an interpersonal process in which trained play therapists apply the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development. Furthermore, Gallo-Lopez and Schaefer (2010:96), point out that play therapy can be an effective and robust method of working with children over the age of 12.

Drama as therapy: dramatic enactments are used in therapy to facilitate psychological and emotional change by helping clients work through difficulties in their lives (Armstrong *et al.*, 2016). In the context of the present study, drama therapy was used together with adolescent play therapy. Using drama in play therapy, according to O'Connor-(2016:292), is a therapeutic method in which the therapist and client participate mutually in a process of dramatic improvisation.

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SECTION A: BACKGROUND TO THE STUDY

PART 1: ORIENTATION TO THE RESEARCH

1. INTRODUCTION AND PROBLEM STATEMENT

1.1 Introduction

Youth, as defined by the American Psychiatric Association (2002:1-2) are individuals between the ages of 11 and 18 years old. Curtis (2015:1-2) describes adolescence in terms of three phases between 11 and 25 years of age. Both these definitions include individuals between 11 and 18 years old. Therefore, it stands to reason that youth at risk will also be adolescents between the ages of 11 and 18. The United Nations Educational, Scientific and Cultural Organisation (UNESCO) uses the United Nations' (UN) universal definition for youth-related activities at international or regional level, for example, the African Youth Forum. The UN, for statistical consistency across regions, defines "youth", as those persons between the ages of 15 and 24 years, without prejudice to other definitions by member states (UNESCO: 2016).

The developmental phase of adolescence, according to Bezuidenhout (2012:71), is characterised by the youth exploring their social context. Negative exploration means the process leads to unhealthy behaviour with potentially negative consequences such as drug use, criminal involvement and violence. Youth, who explore their world by engaging in dangerous and unhealthy activities, can be termed as "youth at risk". In the South African context, the Department of Social Development (SASSA, 2013:29) points out these youths as children who have drug- or alcohol-related problems, or are in trouble with the law.

As many as 41% of the South African prison population are younger than 25 years old (SASSA, 2012). This implies that a large number of youth are involved in criminal risk-taking behaviour and has been found guilty of committing a crime. This fact is confirmed by findings of the Pan African Research Company (2016), that 70% of South Africa's 20 million youth in that year were more likely than adults to fall victim or be perpetrators of assault, robbery and property theft. These statistics reflect that 70% of South African youth are subjected to high-risk situations either by being involved with, or exposed to crime.

Contributing factors to occurrences of high-risk behaviour in youth is explained by McWhirter *et al.* (2016:7), who describe it broadly as: "a set of presumed cause-effect dynamics that place an individual child or adolescent in danger of developing high-risk behaviour which may place the at risk of future negative outcomes". Oudshoorn explores these contributing factors to high-risk behaviour in an attempt to answer the question, "Why do youth commit crime?" and concludes by answering himself: "because they've experienced trauma". He adds, "Young people hurt others because they are hurting" (Oudshoorn 2015:65). This finding is confirmed by Berkowitz *et al.* (2011:671-678), namely that risk-taking behaviour and trauma are inter-

related. According to these studies it is highly probable that negative risk-taking behaviour follows experiences of traumatic events.

McWhirter *et al.* (2016: 39-53) investigate the factors that steer family and societal dynamics and contribute to individual youth becoming at risk. When exploring family dynamics as contributor, McWhirter *et al.* (2016:39-53) identify the following contributing factors: divorce, erosion of family networks, detachment, enmeshment, substance abuse, violence, child abuse and parental psychopathology. These scholars identify societal contributing factors as poverty, rural family life, young families, single mothers, and homelessness. The reality in South African communities seemingly present a similar pattern as confirmed by SASSA (2013:29). According to SASSA, the factors which cause South African youth to fall at risk are the following: family disintegration, crime, violence, poverty, inadequate housing, deficient health conditions, poor school performance, negative peer pressure, and a low self-esteem.

Statistics from the Western Cape Provincial Government Department of Social Development (DSD, 2014:1-3) indicate that young men, who live in high-risk areas and are exposed to high levels of crime and violence from a very young age, are more vulnerable to be involved in crime. When discussing the nature of crime and violence affecting the youth, Rutherford *et al.* (2007:676) cite the World Report on Violence and Health, which defines violence as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation of the victim.

1.2 Problem formulation

Youth at risk exposed to violence

In South African communities, children are often exposed to violence. In 2014 the South African Medical Research Council reported to Parliament that 1 018 children (i.e. three per day) were murdered. Nearly half (45%) of these children had been murdered through child abuse and child neglect; 74% were under five years old; 10% were the result of rape. Between 40% and 50% of all rape cases reported to the South African Police Services (SAPS) involved children under the age of 18 (Kapa 2014).

The Department of Social Development (2012:9) reports that most reported crimes against youth are perpetrated against children from 15 to 17 years. This include: 55% murders; 60% attempted murders; 71% assault with grievous bodily harm; 63% common assault; and 40% sexual offences. Of the children who were found to be victims of sexual offences, 61% were under the age of 15 years old and 29% were younger than 1 up to 10 years old. In 2010/11 a total of 28 128 sexual offences of children under 18 years were reported to the SAPS. However, these numbers are estimated to represent only approximately a ninth of actual cases (DSD, 2012:15).

From the statistics above, it is evident that violence against children are a prevalent problem in South Africa. These statistics provide an overview of the conditions the youth must endure when living in South African communities. This condition highlights the importance and urgency for social services to intervene, and social workers to deal with these social pathologies. Furthermore, this raises the question about the psychosocial consequences for the youth who are exposed to these circumstances daily.

When investigating the psychosocial implication of exposure to violence on young people, Davis *et al.* (2015:9) found that when youth are exposed to higher levels of violence, they suffer the increased risk of developing callous-unemotional traits. These refer to aspects of a child's personality and behaviour, which include lack of empathy, guilt, and the so-called "flat affect". Such traits make it difficult to process emotional stimuli (Davis *et al.*, 2015:9-10). In this regard, Carlson *et al.* (2015) describe callous-unemotional traits as emotional organisation linked to inadequate behavioural inhibitions. Their studies support findings by Davis *et al.* (2015:9-10) that link adverse parenting, childhood adversity and child maltreatment with the development of the mentioned callous-unemotional traits.

Schlack *et al.* (2013:598) further found that violence-affected youth score higher on Goodman's Strengths and Difficulties Questionnaire (SDQ) for internalising emotional and peer problems of (1997:586). Applying the same scale, it was also found that multiple-victimised youth (exposure to multiple forms of violence, crime, and abuse) present significantly more problems than unaffected youth. Shlack *et al.* (2013:598) also note that all youth with a history of perpetrating violence scored significantly higher on the SDQ's subscale, which measures conduct problems (1997:586). Lamping and Ploubidis (2010:1179) describe the SDQ as a widely-used brief behavioural screening questionnaire, which are used in low-, middle- and high-income settings around the world.

Youth who are perpetrators seem to score significantly higher on the hyperactivity/inattention scale of the SDQ than their unaffected peers. Shlack *et al.* (2013:596) conclude that youth who are exposed to violence lead a lower physical, emotional, family and peer-related quality of life than non-involved youth. According to Shlack *et al.* (2013:596), the above-mentioned symptoms reflect deficiencies in quality of life and psychosocial adjustment. The present research, based on statistics about South African youth, highlights the vulnerability of this group. They have the propensity to develop a lack of empathy, or guilt, and show a stronger tendency for problem behaviour and callous-unemotional traits. These behavioural patterns may predispose them to high-risk activities with destructive outcomes.

The exposure to violence may also impact the developmental milestones of youth. Skosana (2004:3-6) applies Erikson's psychosocial theory of human development – (Ericson, 1959) within the South African context to examine the developmental implications that exposure to violence have for South African youth. Skosana (2004:3-6) explains that exposure to violent crimes such as war, civil conflicts, and violence, impedes youth from reaching these mentioned milestones. Skosana (2004:3-6) highlights developing a sense of identity as an important milestone in adolescence. He suggests that exposure to violence may hamper this sense of

identity in this life stage. This finding is confirmed by Hutchinson (2012:40), who points out that witnessing violence may precipitate premature identity formation in youth during the developmental phase of adolescence.

Often youth must cope with living in a threatening environment in which violence is prevalent. Pomeroy and Browning (2010:197-198) found that in these circumstances, the youth cope by restricting their internal processing. This entails affective responses that dysregulate an individuals' emotions (Pomeroy & Bronwing, 2010:198). Emotional dysregulation is described by Richard-Lepouriel *et al.* (2016:231) as "marked essentially by emotional hyper-responsiveness, poor recognition and acceptance of emotions and difficulties in adapting behaviors to experienced emotions". According to Pomeroy and Browning (2010:198), emotional dysregulation means that high-risk youth function on highly charged emotions, which are likely to trigger an extremely strong reaction to defend against a perceived hostile environment. The consequences of such dysregulation can be a predisposition to explosions of violence, which may lead to tragic outcomes for the youth. Butcher *et. Al.* (2015:305) indicates that if the symptoms of trauma are not addressed in these youth that has been exposed to violence they may find it difficult to engage in and maintain social relationships in general.

In light of the above-mentioned issues, the question emerges: How can social workers deal with the youth who are impacted by these factors? The importance cannot be underestimated of intervention strategies and therapeutic frameworks to assist these young people. There is a high possibility that youth may be exposed to violence, according to Pomeroy and Browning (2010:197-198). Their finding correlates with that of Butcher *et al.* (2015:304) indicating that if the symptoms of trauma are not addressed in the youth exposed to violence, they may find it difficult to engage in and maintain social relationships in general.

Drama in play therapy

The scope of practice for social workers in South Africa (SACSSP, 2016), includes work with traumatised and abused youth, together with the responsibility to explore the most effective techniques to intervene and assist the mentioned youth. Drama in play therapy may be an effective way to address this need but must be investigated further. Social workers must understand the nature and function of drama, and how it can assist in intervention strategies with youth at risk. The need to prevent developmental delays and emotional dysregulation, highlights the urgency of intervention in the lives of these young people.

Play therapy entails a non-threatening method of intervention worth exploring when assisting high-risk youth. It offers a structured approach to intervention for the youth's problems (Short 2015:1-2). Play therapeutic intervention is described by Landreth (2012:11) as a special mode of intervention which involves a dynamic interpersonal relationship between a client of any age and a therapist trained in procedures of play therapy. The therapist facilitates the full expression and exploration of emotional, thoughts, feelings and behavioural patterns through play techniques. Oaklander (2007:10) explains that play therapy techniques are used to help clients uncover unexpressed emotions, which they may have repressed. According to this

understanding, play therapy provides an environment for healing and development based on the needs of youth.

Drama as a technique is relevant for play therapy. Barton (2016) points out that drama and plays form a crucial part of healthy human development. Therefore, drama in play therapy can be assumed to be an effective intervention that assists troubled children and youth. Various authors (Barton, 2016; Landreth, 2012; Jennings, 2006) explain that when children and young people are faced with dire circumstances, they may find it difficult to express their feelings verbally. Through the creative mediums of drama in the context of play therapy, a therapeutic environment can be established in which interventions can be utilised to help restore these young people's wellbeing.

A possible solution can be to utilise drama in play therapy as intervention to assist youth at risk who are exposed to violence. Drama in play therapy is practiced where the therapist and client participate mutually in dramatic improvisation. This may involve role playing and thereafter, enactment of imagined characters (O'Connor *et al.*, 2016:292). According to O'Connor, *et al.* (2016:296), drama as an approach in play therapy is also well suited to the life-stage of adolescents. Drama allows adolescents the opportunity to experiment with a range of roles outside the restriction of peer groups. O'Connor *et al.* (2016:93, 296) explains:

Drama in play therapy enables clients to achieve their highest possible levels of expression, also facilitating heightened communication in which the player's inner emotional experiences are shared in an accepting environment. This allows creative regulation and rearranging of inner worlds.

In this regard, drama in play therapy is a technique appropriate for the targeted age-group, namely youth at risk.

Nyburg (2007:2-3) explains: By pretending to be someone else for a drama during play therapy, the client gets the opportunity to practice the performing of meaning-filled roles. It also teaches clients to negotiate through play, hand over control, share control and act fair. Clients learn about social consequences and gain self-confidence during social interaction. Role-play enhances relationships and give clients the opportunity to discover how social relationships function. The clients can use the newfound skills to appropriately solve their own problems and express feelings (Nyburg 2007:2-3). Drama in play therapy provides a natural stage where the youth can discover ways to negotiate their emotional experiences and responses. During enactments clients will learn to transform their emotional responses creatively and to generalise it in their lives (O'Connor *et al.*, 2016:289).

Furthermore, drama in play therapy gives children the opportunity to explore themes related to intimacy, emotional security, safety and other emotional experiences they may find overwhelming. (O'Connor *et al.*, 2015:292). Using drama, according to O'Connor *et al.* (2016:296), means incorporating drama elements in play therapy. The drama creates a therapeutic stage on which clients can play out their private emotional worlds within the theatrical structures of characters and storytelling.

Boyd Webb (2015:147) concludes that there is a neurologically-based need for the use of expressive arts, play and drama as well as body movement within therapy. Webb adds that these drama elements in play activities have been found to provide important assistance to traumatised and abused youth. Oaklander (2007) indicates that professionals who use drama in play therapy can provide the youth with a safe experimental environment in which they can explore and gain a deeper understanding of their world and themselves. This means that drama as an intervention technique in play therapy can answer the need of youth to explore their world without exposing them to danger.

Literature review on interventions

Capuzzi and Stauffer (2016:73-445) outline several theoretical perspectives on intervention in the lives of youth at risk. These theoretical perspectives, however, lack the specific social and environmental influences particular to the context of South African communities. Jenson (2013:165) postulates that theories informing youth programmes must consider individual, social and environmental influences on behaviour. He also recommends that interventional elements should be linked to etiological factors, in other words, aspects influencing the lives of youth. Frameworks that underpin intervention in the lives of South African youth at risk should thus keep the unique South African context in mind.

Literature searches have revealed that, to date, limited research has been undertaken on the uniqueness of the South African context and specific interventions applied to the lives of youth at risk exposed to violence – especially in the field of drama in play therapy. Jennings (2011:69) explains that in play therapy dramatization, clients recreate and reflect their own social context. This should make it easier to generalise drama in play therapy to diverse cultures and the unique circumstances of each client (i.e. apply it to the South African context). Clients in South Africa represent various cultures, and recognise unique circumstances and therefore social workers should recognize and incorporate the unique circumstances of each individual in therapy. The nature of drama therapy a favourable option when choosing therapeutic modalities for a diverse population of clients.

Besides the lack of applicable interventions and a gap in intervention strategies, especially for social workers, there is the continual problem of crime and criminal problems in South Africa. These issues are affecting families (including those with youth) on a daily basis (White paper on Families, 2013:26). Furthermore, according to the South African Government News Agency (2016), the mean ratio of social workers to population in South Africa is currently 1:5 000. This includes social workers rendering services to the whole of society, not merely to the youth. Social workers with such a strenuous workload require effective ways, including intervention strategies, to assist youth at risk.

Considering the discussion above, the problem statement can be stated briefly as follows:

South African youth lives in an environment that might predispose them to a variety of at risk behaviours. Young people exposed to high-risk circumstances and violence needs more effective intervention into their lives in order to help limit the possible negative life outlook that these circumstances might predispose them to. Can drama as technique in play therapy contribute to the prevention and treatment of at-risk behaviour?

2. RESEARCH QUESTION AND AIM

Considering the problem statement above, the present study formulated the main research question as well as its main aim, which are expounded below.

2.1 Research question

Based on the mentioned problem statement, the main research question was formulated:

How can youth at risk who has been exposed to violence be helped through drama as technique in play therapy?

This main question flowed into the following specific research questions:

- Which theories, designs and strategies inform the therapeutic interventions to assist youth at risk, according to the literature?
- What aspects can enhance the therapeutically intervention in the lives of youth at risk who are exposed to violence?
- In what ways can drama-based play techniques be incorporated in therapy with youth?
- Which aspects should be included in a framework that help social workers apply drama successfully as therapeutic technique to within the context of play therapy?
- Which conclusions can be drawn from findings of main themes extracted during the research corroborated with the literature?
- Which recommendations can be made for successful therapeutic interventions in particular, and for the field of play therapy in general, based on the findings?

2.2 Research aim

From the research question above, the primary aim of the present study could be inferred:

Create a framework for using drama in play therapy, thereby assisting youth at risk who has been exposed to violence.

This aim or general objective of the present study were unpacked into specific objectives:

- Through a literature study, explore the theories, designs and strategies that which entails youth at risk, violence and drama as play technique.

- By holding focus group discussions, determine which aspects can enhance therapeutic work with youth at risk.
- By conducting individual semi-structured interviews, ascertain how drama-based play techniques are optimally used to help youth.
- Determine which aspects from the findings of the focus group discussions and individual interviews, corroborated with the literature, should be included in a framework to assist social workers using drama as technique to intervene successfully in the lives of youth at risk living in South Africa.
- Draw conclusions based on the basic themes captured from the focus group discussions and individual interviews, corroborated with the literature.
- Make recommendations on the use of drama as a play therapeutic technique in assisting South African youth at risk.

2.3 Research focus

In light of the context explained above, the focus for the present research was to create a framework that guide social workers in employing drama in play therapy as an intervention strategy to assist south african youth at risk that has been exposed to violence. This framework reflects the theoretical perspectives explicated below.

Systems theory: The collected information was examined based on the ecological systems theory of Bronfenbrenner (1994; 2006). This theory emphasises the reciprocal relationships between the elements that constitute a whole. It focuses on the relationships among individuals, groups, organisations, or communities, and the mutually influencing factors in this environment. The present study, therefore, focused on the reciprocal relationship between the youth and the social environment.

2.4 Contribution of the study

The present study contributes to the profession of social work by providing structured information to empower social workers who wish to assist youth at risk exposed to violence. Boyd Webb (2015:251) calls for more research on expressive therapies for adolescents. This research aimed to answer this call. Social workers carry extensive caseloads, therefore, training in more effective interventions could strengthen the support they provide. This research also contributes to the specialisation of play therapy in social work by adding rich practical information on drama in play as intervention technique.

The study aims to contribute by addressing the scientific gap regarding using drama in play therapy to intervene in the lives of the youth who are exposed to violence and are at risk. This will be done by empowering professionals to support the youth through an expressive style that is naturally attuned to adolescents. This study offers research into a new direction within the

framework of social work. As was mentioned, no known research was undertaken previously in South Africa that combine the youth at risk as target group with drama in play therapy.

3. RESEARCH METHODOLOGY

The research methodology for the present study consisted of a literature review, the specific research design, and the selected participants.

3.1 Literature review

A literature review investigated relevant sources to provide a clear understanding of the various key concepts investigated in the present study. The review focused on existing theoretical and empirical work on the matter under investigation, namely best practice in intervening in the lives of youth at risk, and best practice in using drama as technique in play when working with youth. The researcher consulted monographs, academic articles, online sites, journals, and other relevant academic resources in this undertaking. They made extensive use of electronic search engines through NWU's Ferdinand Postma Library, Google Scholar, Google Books, Ebsco Host and SocIndex. The themes that were used to search for relevant literature were:

- South African youth;
- youth at risk;
- at-risk behaviour in youth;
- violence in South Africa;
- play therapy; and
- drama as play therapeutic technique.

3.2 Research design

The researcher followed a qualitative research approach. According to Marlow (2010:7), the qualitative design is most appropriate for gaining insight and understanding into a phenomenon. This approach, as explained by Marlow (2010:7), is based on the premise that science depends on a synthesis of observations. Merriam and Tisdell (2015:136-138) explain that interviews are observations as well.

Research method

The present study used an explorative descriptive design. The qualitative approach produced rich descriptions of phenomenon and provided important fundamental information to establish and develop social programmes Marlow (2010:32). This design complied with the goals of the present research, which required rich information about working with youth at risk who are exposed to violence, and the use of drama as intervention in play therapy. The aim was combining the gathered information to create a framework that assists social workers. Drama in play therapy can be a method to intervene in the lives of these youths describe above.

Sandelowski (2000) explains that the goal of explorative descriptive studies is to provide a comprehensive summary of events. Thus, qualitative descriptive design clearly is the method of choice when researcher seek descriptions of social phenomenon (Sandelowski, 2000). According to Lambert and Lambert (2012), data collection in an explorative descriptive study focuses on understanding the nature of a specific event.

The researcher explored and described two phenomenon: social-work interventions for youth at risk exposed to violence; and drama used as technique in play therapy. This helped the researcher gain a better understanding of both these phenomenon and how to apply this information to create a framework for intervention. It also confirms that the qualitative design was the correct choice.

Edwards (2016:391) explains that a theoretical framework seeks to ground research on established themes. In the present study, these themes were derived from the collected qualitative data, which included clinical practice experiences from various professionals. Edwards (2016:391) depicts a cycle in professional practice where theory informs practice, practice informs research, and research outcomes thus yield evidence-based knowledge. In this study, practical experiences of professionals were explored to identify themes which could be divided into subthemes.

3.3 Research context and participants

For the purpose of the present study, two unique groups of participants were used. Group A consisted of social workers working with youth at risk, and group B consisted of practitioners who use drama as a method of intervention in play therapy. Each group provided a different form of information necessary to build the framework for the use of drama in play therapy aimed to assist youth at risk who are exposed to violence.

The population for Group A was social workers who operate with NGOs in the field of youth at risk exposed to violence. These social workers currently are or previously were employed by NGOs who render services to these mentioned youth. The participants were selected social workers from the Gauteng Province of South Africa. This population included both male and female social workers with more than five years' experience in dealing with youth at risk. The number of social workers targeted to participate in the focus group discussions was determined by guidelines provided by Marlow (2010:150) and Guest *et al.* (2006:67) who found that 12 participants from a homogenous group are sufficient to reach data saturation. Kreger and Casey (2015:210) recommend in turn that at least three focus group discussions must be held.

In accordance with the guidelines mentioned above, the researcher targeted 16 social workers, who were divided into three focus groups to participate in Group A. The population for Group B was registered professionals (social workers or psychologists) who use drama as intervention in play therapy. These professionals practice drama as technique in play therapy within South Africa. The practitioners used in the present study all had more than five years' experience of using drama as technique in play therapy and were registered professionally.

The researcher made use of purposive sampling to identify participants. According to Marlow (2010:138), this sampling method allows researcher to handpick the sample and gather as much information on a phenomenon as possible. They add that it is the sampling of choice in qualitative research approach. Merriam and Tisdell (2016:96) explain that purposive sampling is used when the researcher want to discover, understand, and gain insight. For this aim, the selected participants are those from whom researcher can learn the most. This also applies to the present study. The aim was to learn as much as possible about the practice of the two selected groups of participants. In the context of this study, more experienced and better qualified participants were sought to provide the richest and most valuable data on either work with youth at risk exposed to violence, or drama in play therapy. The following inclusive criteria were applied:

Social workers:

- Working full-time with youth at risk exposed to violence for at least five years.
- Available and willing to participate in the focus group discussions.
- Registered as social workers at the South African Council of Social Service Professions (SACSSP).
- Willing to participate voluntary in the research study and sign the consent form.

Practitioners of drama in play therapy:

- Registered as social worker at the SACSSP, or psychologist registered at the HPCSA.
- Willing and available to participate in the research study and to sign the consent form.
- Have two years' experience in using drama as a technique in play therapy.
- Undergone additional post-graduate training in play therapy by an accredited trainer.

3.4 Research procedure

21 participants were involved to provide the researcher with two sets of data. The research procedure involved two groups, which were involved in two methods of research: focus groups and semi-structured interviews.

3.4.1 Focus groups: Group A

Group A comprised social workers dealing with youth at risk who has been exposed to violence. For these focus groups, the process was followed as explicated below:

- The researcher identified gate keepers in three non-governmental children`s homes who work daily with youth at risk. Thereby permission was obtained to contact social workers in their employ and invite them to participate in this study (*see: Appendix A*).
- The gate keepers were provided with a list of social workers at these organisations who may be potential participants.

- Ethical clearance was obtained from the Health Research Ethical Council of the North-West University. Reference for ethical clearance were given as NWU-00037-17-A1 (*see*: Appendix B).
- A literature study was undertaken to form a clear understanding of the themes addressed in this research.
- The gate keeper contacted the individual candidates and invited them to partake in the study.
- Before the focus groups commenced, the researcher explained the informed-consent form (Appendix C) to all participants and their managers.
- Participants were given the opportunity to pose questions. Thereafter, the informed-consent forms were signed and witnessed in the presence of the researcher and the manager.
- Three focus groups comprising six participants each, were assembled in a boardroom located geographically close to all participants.
- Before starting off the focus group discussion, the researcher tested the recording equipment to ensure it was working and the sound recorded at an acceptable level.

Once the informed-consent forms were signed, the researcher began the focus group discussion according to the interview schedule (*see*: Appendix D). The researcher read out the statement of confidentiality and made sure participants did not object to the use of the audio recorder.

The focus group discussions ranged from 60 to 90 minutes. The researcher prepared techniques for communication and facilitation as acquired by intensive pre-graduate and post-graduate group work training. In addition, the researcher studied the process, procedure and techniques of conducting focus groups in recent literature as prescribed by Steward and Shamdasani (2014:1-224).

For the focus groups, the researcher applied techniques as described by Brandler and Roman (2015:7-10). These techniques entail the following activities: clarifying, rephrasing, framing, focusing, reflecting, reality testing, confronting, redirecting, interpreting, and setting limits. It also included exploring the facts, requesting feedback, seeking commonality, recognising differences, involving the group, establishing structure, as well as determining the purpose and goals of the discussions. Furthermore, the researcher defined the roles in the group setup and worked toward consensus.

For the research, the researcher themselves fulfilled various roles. During the focus groups, the researcher took on the role of observer as described by Merriam and Tisdell (2015:144). This implies that the researcher' presence and information gathering was known to the group and the role of participant is secondary to the further role of information gatherer.

For the research procedures outlined above, the researcher followed guidelines from Steward and Shamdasani (2014:17-38) to facilitate the group dynamics in the focus groups. The underlying dynamics entailed: impact of intrapersonal factors and individual differences,

interpersonal influences, environmental considerations, and group dynamics in cross-cultural focus groups.

The final phase of the focus group sessions followed the steps explicated below:

- After the data gathering was completed, the information was transcribed and compiled onto an Excel spreadsheet.
- Thereafter the gathered data were analysed (*see*: Appendix E).
- The findings inferred from the data were interpreted and presented in a written report comprising Section B of the present study. In addition, current literature was used to confirm the findings and conclusions derived from the data.
- These findings were sent to participating organisations and social workers.

3.4.2 Semi-structured interviews: Group B

The researcher conducted individual interviews with professionals who practice drama as technique in play therapy. For the research procedure, the steps mentioned below were followed:

- The researcher electronically contacted candidates, who were sourced from various databases of professionals from the Internet.
- Ethical clearance was obtained from the Health Research Ethical Council of the North-West University.
- A literature study was done to understand the key themes that were explored in this research.
- The researcher sent emails to confirm a date and time with candidates who showed interest to participating in the study. Thereafter, the informed-consent document was emailed to them (*see*: Appendices C).
- The researcher remained available to answer questions through email, telephonically, or by visiting the practitioners on appointment.
- Before the semi-structured interviews commenced, the researcher reviewed the content of the informed-consent forms together with participants, who were allowed to ask questions.
- Thereafter, participants signed the informed-consent forms in the presence of the researcher and witnesses.
- The researcher ensured they arrived in time for each interview. They took some time to elaborate on the purpose and motivation for the present study.
- One interviews were conducted with each of the five participants. This was done by following the interview schedule for group B (*see*: Appendix D).

The interviews as such ranged from 45 to 60 minutes each. During the interviews, the researcher utilised guidelines by Galetta (2013:24). This was done to ensure the interviews were sufficiently structured to address topics related to the study, whilst leaving space for

participants to add new meaning to the topic. The researcher introduced the key themes, but allowed participants to elaborate and add personal experience and expertise to the qualitative data.

The researcher also followed the guidelines as described by Wadsworth (2016:70-76), namely: good questioning, good listening, good hearing and good notes. The researcher also applied her interviewing techniques as taught in pre-and post-graduate social work and psychology training. In the final phase, the data from the semi-structured interviews could be processed:

- After gathering the data, participants' responses were transcribed, compiled on an Excel spreadsheet, and analysed thoroughly.
- The findings derived from the interviews were interpreted and presented in a written report, which entails Section B of the present study. Current literature was used to determine congruency between the findings and theory.
- Findings were sent to participating practitioners.

3.5 Data collection

The data for the present study were collected by using two methods: focus groups with Group A, and semi-structured interviews with Group B.

3.5.1 Focus groups

Boswell and Connon (2015:318-319) view focus groups as a coordinated interview involving six to twelve homogenous individuals. Participants are given the opportunity to express their opinion, explain, discuss, agree, disagree, and share experiences on the topic of research.

In following the guideline above, the researcher selected 16 individuals with common characteristics who could provide qualitative data and partake in discussions. Such a group entails a focused discussion that helps the researcher/s understand a topic of interest. According to Krueger and Casey (2015:81), the homogeneity of such a group depends on following these mentioned guidelines. In this regard, the present study made sure the group discussions elicited rich qualitative data on the research topic. The data collection followed the stages as outlined below.

Pre-planned questions: Beforehand, the researcher did extensive pre-planning for the focus groups. When compiling the interview schedule (Appendix D) she ensured participants did fully understand the questions that were posed. This was done by formulating the questions brief and to the point, worded unambiguously, open-ended and non-threatening.

Consulted literature: According to Lambert and Lambert (2012), data collection in an explorative descriptive study focuses on understanding the nature of a specific event. The present study explored the phenomenon of social work interventions with youth at risk who

have been exposed to violence. Existing literature was consulted to guide the researcher in selecting questions for the interview schedule.

Interview schedule: This was used to help the researcher structure and guide the focus group, without restricting the flexibility of the discussions. The interview schedule was formulated by following instructions by Steward and Shamdasani (2014:69). In writing the interview schedule the researcher integrated the guidelines as described by Wadsworth (2016: 69-70) for the so-called “circle of enquiry”.

The researcher especially applied the technique described as “Whole cycle questioning”. This entails asking the strategically most powerful questions for the research purposes. Such questions explore more than an answer. It queries why people think the way they do about an issue and what is necessary for the implementation of new therapeutic techniques. This cycle of questioning has the following phases: inductive observation, inductive theorising and deductive questioning. According to Wadsworth (2016:70), this whole cycle of questioning is aimed at resolving the initial question, not only in theory but also in observed practice.

The interview schedule (*see*: Appendix D) was used to pose questions, follow up on the responses, and clarify answers by active participation. In this regard, the participants’ responses provided experiential data. The researcher used the data to develop a practice-based framework for professionals working with youth at risk exposed to violence. Each focus group discussion was videotaped (permission obtained from each participant). This was done to enrich the gathered data by observing interaction, body language, and non-verbal cues during transcript and analysis. During the focus group sessions, the main focus was eliciting the knowledge, skills, and expertise of these respective groups.

An appropriate time, venue, and date were arranged for each focus group to make participation as convenient as possible. This was also done to support the relationship with the NGO as well as participants. Moreover, it indicated professional respect for these practitioners who has a very busy schedule.

3.5.2 Semi-structured interviews

As mentioned previously, the other research method was semi-structured interviews, which researcher typically employ to explore a lived experience (Galletta, 2013:9). Galletta (2013:24) explains that a semi-structured interview is structured sufficiently to investigate topics related to the study while leaving space for participants to add new meanings. The researcher followed these guidelines during interviews: introducing the themes, but simultaneously allowing participants to elaborate and add personal experience and expertise to the qualitative data that were gathered.

The interviews were guided by the established interview schedule, but in a way that did not restrict participants’ involvement. The researcher planned stimulating questions as part of the interview schedule (*see*: Appendix D). This is in accordance with guidelines for semi-

structured interviews by Willig (2013:29), namely, that questions which the researcher pose, must trigger a response. Willig (2013:30) emphasises that the focus of semi-structured interviews is to provide meaning rather than comparability. In this regard, the researcher sought to elicit meanings from each participant instead of merely comparing participants.

By following the qualitative research approach to interviews, the researcher extracted rich experiential data. It enabled them to develop a practice-based framework for professionals using drama as a technique in play therapy. Each interview was audio recorded (permission obtained from each participant), to deliver an accurate version of responses by participants that could be transcribed. During the interviews, the researcher focused mainly on the knowledge, skills and expertise these respective groups had to offer.

3.6 Data analysis

The collected data were processed through thematic analysis, as described by Braun and Clarke (2013:178-218). This process entails six phases as expounded below:

- **Phase 1:** The researcher familiarised herself beforehand with the data by transcribing the video and audio recordings. (*see*: Appendix F). During the analysis the researcher immersed herself in the data, by reading and re-reading the transcripts.
- **Phase 2:** The researcher read through the transcripts and highlighted features relevant to the research questions. During the reading, the researcher identified common patterns and themes among the data. Thereafter, the data were grouped, and codes provided for each group. The researcher then searched for themes from meaningful patterns (by linking codes) that emerged from the data and are also relevant to the research question.
- **Phase 3:** The researcher combined codes to identify themes that occur frequently in the data.
- **Phase 4:** The themes were named by writing a detailed analysis of each. The researcher ensured every theme fitted into the larger frame and form part of the whole picture which the data reflect.
- **Phase 5:** The researcher continued to write up the process as a narrative by adding context to the data and linking it to existing literature. The themes were used to typify the two phenomenon under investigation: youth at risk and drama used in play therapy.

By carefully following the five recommended steps above of Braun and Clarke (2006:16-23), the researcher added to the trustworthiness of the study – which is discussed subsequently.

3.7 Trustworthiness

The researcher pursued trustworthiness as described by Holloway and Galvin (2016:309) as credible, dependable, confirmable research. This is reached through a process that is systematic, rigorous and trustworthy. Holloway and Wheeler (2013:302) also identify the criteria mentioned below as relevant to achieve trustworthiness.

3.7.1 Credibility

The researcher strived to obtain a clear representation of the various participants' views, following Holloway and Wheeler (2013:303). This means the researcher's findings should be compatible to that of the two mentioned groups of participants. For the present study to be credible, the steps described by Shenton (2004) were followed carefully. These steps are presented by the researcher's own structure markers:

- **Familiarity:** The researcher employed well-established research methods that are used widely in qualitative investigation. She familiarised herself at an early stage with the culture of the participating NGOs, as well as the nature and application of drama as technique in play therapy.
- **Honesty:** The researcher applied various interview skills, and used clear communication with participants to ensure honesty in the interactions. The researcher particularly aimed to provide individuals the opportunity to refuse participation; frankness was encouraged throughout.
- **Reflective commentaries:** After concluding the study, the researcher added reflective commentary that helped evaluate the project as it developed. These commentaries enhanced the techniques that were used.
- **Peer review:** After finalising the project, the researcher submitted the study for peer scrutiny.
- **Institutional scrutiny:** Finally, the project was subjected to the scrutiny of a senior researcher, colleagues, and peers, before writing the report.
- **Data review:** Credibility was ensured further by scrutinising the data intensively in both audio and written format. Data was transcribed by the researcher herself who paid attention to detail in all the data that were collected.
- **Written feedback:** After the data analysis, written feedback was given to participants involved in the research. They had the opportunity to indicate whether the findings made by the researcher were a reliable and true reflection of the discussions during the focus group and semi-structured interviews.

3.7.2 Dependability

Holloway and Wheeler (2013:303) define dependability as the ability to provide an audit trail that helps readers find the path leading to the conclusions drawn by the researcher. According to Shenton (2004), dependability implies that if the work were to be duplicated exactly in the same context with the same method, similar results would be attained.

Shenton (2004) discusses ways that allow researcher to ascertain the extent to which their planned research practices have been followed. The researcher ensured dependability for the present study by implementing these recommendations, for example, carefully describing the research design and the way it was planned and executed. The operational aspects of the data

collection were noted in detail as well as what exactly was done before, during, and after the data collection. Finally, the researcher wrote a reflective appraisal of the project in which they evaluated the effectiveness of the process.

3.7.3 Transferability

Holloway and Wheeler (2013:303) describe transferability as ensuring the findings in one context can be applicable to similar participants if duplicated. To establish transferability, the researcher obtained dense (data-rich) descriptions about the experiences, opinions and expertise of the participants. Findings were supported by direct quotes from participants. A full description of the contextual factors infringing on the data were recorded and made available. The participants were selected purposefully in order to maximise the collected data, which also ensured transferability.

As recommended by Shenton (2004), the researcher ensured the written study report delimited the boundaries of the study, thereby highlighting the limits of transferability of the findings. Shenton (2004) identifies these boundaries and recommendations which the present study followed by using the guidelines below:

- Maximise and carefully note the number of organisations and professionals who took part in the study.
- Note and point out the restrictions of the demographics, experience, as well as client pools of the participants.
- Maximise the number of participants for the study – within researcher' financial and time constraints.
- Carefully write down the data collection methods and its shortcomings, as well as the number and length of the settings for data collection.

4. ETHICAL CONSIDERATIONS

The ethical considerations, to which the present study adhered, had implications for the researcher as well as the participants in the interviews. These considerations are expounded below.

4.1 Approval from the Ethical Committee

The researcher applied for the prescribed approval from the relevant body before undertaking the study. This approval was obtained from the Health Research Ethical Committee of the North-West University. The research ethical number is NWU-00037-17-S1.

4.2 Informed consent and voluntary participation

Selected candidates of organisations (and their employers where applicable) had to give consent to participate in the present study. The researcher followed steps to ensure that informed consent was obtained from each participant to partake in the focus groups and semi-structured interviews.

Informed consent for focus groups:

- Where necessary, the researcher collaborated with social service providers (NGOs) and gatekeepers within these NGOs.
- The researcher contacted the managers of NGOs were asked permission to access staff who fit the selection criteria.
- Once managers provided a list of names for the staff members, the researcher contacted the members telephonically to determine whether they are interested to participate in the study.
- Those candidates who indicated they were willing to participate, were emailed a consent letter and additional information about the study (*see: Appendices D, C*).
- Thereafter the researcher visited the offices of the potential participants in order to answer any questions relevant to the study. Only after answering their questions, participants were requested to sign the informed-consent form.
- The form was signed by the participants and their professional supervisors at the NGO where they render services. Thereafter the researcher collected the letters at the participants' offices.
- After the researcher received the written consent letters, she contacted the prospective participants to arrange a date, time and venue for the focus groups.
- Five days before arranging the focus groups, the researcher once again contacted the prospective participants to confirm attendance.

Informed consent for the semi-structured interviews:

- The researcher consulted Internet databases for contact details of professionals who use drama in play as intervention. Lists were compiled of possible participants and candidates were contacted by email.
- The email contained the informed-consent form and summary of the study for the perusal of the practitioners before agreeing to participate.
- The researcher made herself available to answer questions about the study, either telephonically, in writing, or by visiting the professional.
- During this contact, the researcher confirmed an appropriate date and venue with the participants.
- Five days before the appointment, the researcher reminded participants in writing or by emailing them.
- Informed consent was explained before the interview commenced and informed-consent forms (Appendix D) signed in the presence of the researcher. Thereafter the semi-structured interviews were conducted.

4.3 Privacy, anonymity, and confidentiality

Liamputtong (2011:27) explains that researcher at times may compromise confidentiality about participants' identity. In a professional community such as the social workers selected for the focus group, the participants may recognise each other. However, in handling the data, the researcher guaranteed confidentiality.

As recommended by Barker *et al.* (2015:193), in the consent form the researcher clearly identified the parties who have access to the collected data. They define confidentiality as the right of a participant to withhold information from third parties. By following the mentioned recommendations for confidentiality, a note was included about the responsibility of the researcher to report possible forms of malpractice that may emerge.

Possible limitations of confidentiality were stated clearly in the informed-consent form, and discussed verbally with the participants.

During data cleaning, the researcher removed identifiers to create a "clean" data set. Kaiser (2009:143) points out that a clean data set does not contain information which identifies respondents, for example a name or address. Such information was stored in a different file set in another location. Respondents' names were replaced with pseudonyms. Addresses were deleted from the file once they were no longer needed.

Digital and voice recordings of interviews and focus groups are stored securely in the safe of the Centre for Child Youth and Family Studies, to be deleted after five years.

4.4 No harm to participants

Although focus groups and semi-structured interviews were used, the nature of the present study did not require individuals to self-disclose sensitive and personal information. The questions only focused on content of participants' professional experience. This, however, does not suggest that no assessment was required on the risk of possible harm. Wiles (2012:56) points out that such assessments are typical for qualitative studies. Hammersley and Traianou (2012:58) explain that an assessment of harm should be weighed against the potential benefits of the research in all studies.

To comply with the requirement mentioned above, the researcher applied the Risk Assessment Checklist from the University of Bristol. In the latter assessment, none of the potential risks exceeded the score of five points. Therefore, it was found to be a low-risk study. To reduce the risk of harm further, the researcher took the following steps:

- Available to provide information and answer questions throughout the study.
- Inform the participants about possible risks and detrimental experiences during the study before informed consent was signed.

- Available after the focus groups and interviews, should participants need to answer questions or be in distress.

5. CONCLUSION

Section A Part 1 provided a summary of the research problem, aim, and research methodology for the present study. Section A Part 2, to follow, consists of a thorough literature review on the themes applicable to solve the research question. It also provides a theoretical guidance to the study.

PART 2: LITERATURE REVIEW

1. INTRODUCTION

Section A part 1 contains an overview of the problem statement, rationale and methodology used to conduct the present study. Section A part 2 entails a literature review of theoretical frameworks, existing research, and applicable statistics.

The researcher utilised a multitude of scientific resources for a detailed understanding of the identified problem. The mentioned literature review helped contextualise the study and provided insight into the phenomenon of youth at risk, violence, and drama as technique in play therapy.

2. YOUTH AT RISK IN SOUTH AFRICA

Beforehand, an introductory overview of the social state of youth in South Africa is necessary to establish and confirm the need for research regarding psychosocial intervention into the lives of South African youth. The researcher examined statistics to obtain a broad picture on the state of youth in South Africa.

Statistics South Africa (StatsSA) found that in 2016, as many as 42% of the South African prison population consists of youth (StatsSA, 2016:8-14). Furthermore, 5.6% of households in South Africa is headed by youth (StatsSA, 2016:18). One out of every four South African youths live in such abject poverty that the average household income in 2014 was reported as less than R2 000 per month. A further 18.8% of the youth reside in households where the total income ranges between R2 000 and R4 000 per month (StatsSA, 2016:70). It has been found that the ratio of youth without jobs accounts for 70% of unemployment in South Africa. StatsSA (2016:38) reports that in 2013/2014, more than half (53.4%) the victims of assault were young people between the ages of 15 and 24. In the period 2014/2015, youth between the ages of 16-34 years were found to be perpetrators of 85.8% of all the assault, robbery and theft-related crimes that took place in South Africa.

2.1 Defining youth in South Africa

To discuss the plight of the youth, it is important to explore the definition of youth within the South African social and legislative context. The National Youth Policy of 2015-2020 defines youth as those falling within the age group of 14 to 35 years. The initial motivation for this age range, which was set at the advent of democracy, was to address historical imbalances in South Africa (National Youth Development Agency 2015:8). The National Youth Development Agency (2015:8), however, recognises that youth does not entail a homogenous group. Therefore, a differentiated approach should be followed to define “youth”.

Considering the discussion above, the definition of a child is recognised widely as stipulated in the Children’s Act (2005), as anyone below the age of 18. On the other hand, the South African criminal justice system refers to young offenders as “youth” between the age of 14 and 25 years old. The criminal justice system also distinguishes a child (under the age of 18) from an “adult youth” for individuals between the age of 18 and 25.

2.2 Presenting the phenomenon of “youth at risk”

To assist youth at risk who has been exposed to violence it is important for the researcher to understand the phenomenon of youth at risk in more detail.

In their definition, Cappuzi and Gross (2012:20-24) focus on the definition of “at risk”, which they identify as “a set of behavioural dynamics that have the potential to place the individual in danger of a future negative event” (Cappuzi & Gross, 2012:20).

In a broader classification, Wiseley *et al.* (2017) define “youth at risk” typically as young people who, due to socio-economic disadvantages, are more susceptible to negative life outcomes. These scholars circumscribe the lives of “youth at risk” to include poverty, violence, social exclusion, limited social capital, limited education and inequality. They elaborate that the psychological concept of “strain” conceptualises conditions and events typical of the lives of youth at risk. This strain has been linked with various patterns of problem behaviour and delinquency in youth (Wiseley *et al.*, 2017). In their study, they describe strain as removal of positive stimuli, introduction of negative stimuli, and failure to achieve positively valued goals. They explain that youth turn to problem behaviour in an attempt to manage with the stress of such strain. The cumulative effect of this increased negative emotions and aggressive behaviour places youth at risk for destructive life outcomes (Wiseley *et al.*, 2017).

Factors that predispose youth at risk for such adverse outcomes are outlined by Miller, *et al.* (2017) as academic failure, antisocial attitudes, difficulty with interpersonal relationships, and a range of harmful health behaviours. The study by Miller *et al.* (2017) links the negative affect in youth at risk to the patterns of results found in post-partum depressive women and war veterans suffering from post-traumatic stress disorder (PTSD). The Department of Social Development (DSD, 2013:29) describes youth at risk as children who have drug- or alcohol-

related problems, or are in trouble with the law. 41% of the South African prison population are younger than 25 years old (Department of Social Development SA; 2012).

The literature refers to the mentioned harmful behaviour patterns as “risk-taking” conduct. For the researcher to understand the phenomenon of youth at risk it was also important to investigate how risk-taking behaviour is presented in the lives of youth.

2.2.1 Risk-taking behaviour in youth

2.2.1.1 *Defining risk-taking behaviour*

Risk-taking behaviour in youth is defined by Reniers *et al.* (2016) as adolescent behaviour, which simultaneously involves the chance of a beneficial outcome as well as possible negative or harmful consequences. In South African communities, researcher have identified typical patterns of conduct which can be regarded as markers for high-risk behaviour in youth.

2.2.1.2 *Behavioural markers for high-risk behaviour*

Behavioural markers are useful indicators that predict change across the trajectory of the client’s life (Auerbach *et al.*, 2016). At-risk behaviour identifies conduct that predict when youth are in danger of developing destructive outcomes. Morojele *et al.* (2013) undertook a study in cooperation with The South African Medical Research Council. They applied the following behavioural markers to predict the specified negative outcomes in the lives of participants:

- substance use and abuse: alcohol, tobacco, cannabis, cocaine, mandrax, ecstasy, heroin, methamphetamine, and other injectable drugs;
- aggressive behavioural patterns;
- sexual risk-taking behaviour: unprotected sex, teenage pregnancy, substance abuse, and multiple sexual partners;
- delinquent tendencies: theft, vandalism, bullying, and physical fighting; and
- crime: gang involvement, buying and selling of drugs, and sexual coercion.

Phaswana-Mafuya and Davids (2011) concurs with the findings above by identifying typical risk-taking behavioural patterns in South African students as: substance abuse, sexual risk-taking, crime, violence, delinquency, as well as reckless drinking and driving.

2.2.1.3 *Factors contributing to increased risk-taking behaviour in youth*

For the purpose of the present study the researcher focused on factors that contribute to risk-taking behaviour. Internal and external factors impact youths’ psychosocial functioning. These factors were also reviewed in context of the ecosystemic model of Bronfenbrenner (1979) as described by Ward *et al.* (2012).

Internal factors

Existing literature confirms several overlapping findings on the internal psychosocial factors which predisposes youth to negative risk-taking behaviour

- heightened reactivity;
- immature ability to self-regulate;
- sensation seeking; and
- need for immediate gratification.

The youth are particularly vulnerable to the adverse consequences of risk-taking. This is because they are spurred on by emotions and immaturity lack the ability to regulate themselves (Reiners *et. al.*, 2016). Young people engage in risk-taking behaviour to satisfy the need for immediate gratification. The reason is that they often have weak avoidance tendencies, high-arousal stimuli, and reduced control of their inhibitions (Reiners *et. Al.*:2016).

The presence of peers seems to exacerbate risk-taking behaviour by heightening the immediate response to the reward for such conduct (Reniers *et al.*, 2017). Wallace and Neilands (2017) found that youth who engaged in risk-taking behaviour presented high levels of hopelessness, low self-efficacy, and a negative outlook on their future. A South African study by James *et al.* (2017) notes a significant correlation between high-risk behaviour and feelings of sadness or hopelessness, and even harbouring suicidal ideas.

External factors

External social factors leading to risk-taking behaviour in youth are listed by Case (2017) as poverty, unemployment and exposure to violence.

From a different angle, Bronfenbrenner (1979) structures these external factors and its impact on individuals in terms of the ecological systems model. This design entails a multi-level of social contexts, which overlap by shaping the lives of individuals (Ward *et al.*, 2012:2). According to this model, young people grow up as part of an ecology of systems. These range from microsystems such as family, and school; mesosystems such as the neighbourhood, to macrosystems such as community as well as the social, political, and economic context. All these systems influence the development and functioning of the youth within that environment (Ward, *et al.*, 2012:2-3).

Microsystems

Family: Ward *et al.* (2012:69) identify this unit as the first influential microsystem. The microsystemic risk factors within the family environment predisposes young people to violent and anti-social behaviour. The mentioned factors are: family conflict and violence, caregiver criminality, and antisocial siblings. Furthermore, it entails: large family size, low maternal education, low maternal age, and poor family management. Certain factors are opposite poles:

harsh and inconsistent disciplinary practices against poor supervision of children and permissive parenting. It may even entail long-term poverty and insufficient family bonding (Ward *et al.*, 2012:69-70).

Regarding poverty as example: In response to this condition, young people may get involved in crime to support themselves and their families. Poverty as such does not cause violence directly, but may increase the ecological risk factors which predisposes the youth to violent behaviour (Ward *et al.*, 2012:53).

The influence of the family in young people's tendency to high-risk behaviour is highlighted by Wheeler *et al.* (2017) who found that weak or absent family values can make the youth prone to such behaviour. More family-related factors contributing to high-risk behaviour are:

- family financial stress (Crandall *et al.*, 2017);
- parents divorcing (Hamid & Nawi, 2013);
- conflict among family members (Hamid & Nawi, 2013);
- large families (Hamid & Nawi, 2013);
- diminishing warmth and support in the family (Murray *et al.*, 2013);
- parental anxiety and depression (Wheeler *et al.*, 2017);
- harsh and inconsistent parenting (Wheeler *et al.*, 2017);
- absence of positive role-models (Murray *et al.*, 2013);
- lack of control and supervision over young family members (Murry *et al.*, 2013).

School: This environment is identified by Ward *et al.* (2012:72) as another microsystem that impacts the lives of youth. According to them, schools are important contexts in which children socialise and develop. These researcher explain that youth are more likely to engage in violent behaviour when they have a poor attachment to school. This deficiency manifests as poor academic achievement, dropping out of school, low educational aspirations, and changing schools regularly. The extent to which a child values education and schooling are influenced by the features of the school (Ward *et al.*, 2012:72). These features include: successfully promoting academic competence, high-quality instruction, monitoring of students' progression, emphasising staff development as well as modelling and rewarding pro-social behaviour and norms (Ward *et al.*, 2012:72).

Olsson and Fritzell (2017) support the view about the school as micro-factor leading to risk-taking behaviour among the youth. They point out that the school environment influences such behaviour by emphasising the detrimental effect that poor parent-child relationships have on youths' conduct and life choices. These findings confirm those by Ward *et al.* (2012:72), namely that the school's features may moderate and influence the impact of individual risk factors.

Peers: The third relevant microsystem that Ward *et al.* (2012:73) identify are the peer group. They note that peers are a key socialising influence in young people's lives and play the same

socialisation roles as schools and families. Similar to families and schools, peers also model and reward behaviour. Furthermore, peers set norms and standards for behaviour. Ward *et al.* (2012:73) found that affiliation with delinquent peer groups, reliably predicts violent risk-taking behaviour in youth. This may be explained as these youths seeking peer approval (Ward *et al.*, 2012:73).

Peers as a factor contributing to high-risk behaviour among youth was also found by Barnie *et al.* (2017). According to their study, 98.6% of youths admitted that the influence of peers predisposes them to violent conduct, and strengthens the tendency to perpetuate such behaviour. However, they found that peer influence does not cause violent behaviour directly among youths, but contributes to it. In other words, no direct causal relationship could be pointed out between peer groups and violent behaviour, but peers tend to maintain and exacerbate violent behaviour in each other (Barnie *et al.*, 2017).

Finally, the hypothesis of peer influences contributing to at-risk behaviour in youth is also confirmed by Loke *et al.* (2016). He found further evidence of a significant connection between the behaviour of youth at risk and that of their peers. Loke *et al.* (2016) provide the following statistics:

- 79.4% of secondary school learners who smoked tobacco were found to have peers who also smoke;
- 67.7% of high school students who abused alcohol had friends who do it as well;
- 50% of these youths who used drugs has peers who do it; and
- 50% of youth who practise risky sexual were found to have peers who engage in this behaviour as well.

In the same vein, Choi *et al.* (2012) recommend intervention as strategy to deal with at-risk behaviour among multi-racial youth. They point out that identifying and targeting peer factors are crucial in the intervention and prevention of at-risk behaviour in youth.

Mesosystems

The next level in the ecological systems model is the mesosystem, which describes a larger context than the intimate systems discussed above (Bronfenbrenner, 1979; Ward *et al.*, 2012:75).

Neighbourhood: An excellent example of a mesosystem is the surrounding neighbourhood. In neighbourhoods where communities are socially disorganised the members are unable to identify and realise pro-social norms and values. As a result, community institutions are unable to maintain effective social control (Ward *et al.*, 2012:75). This means that even if children's households encourage pro-social norms they may encounter different norms, rules and controls in their neighbourhood. Therefore, the values instilled at home are less likely to uphold in

neighbourhood venues. (Ward *et al.*, 2012:75). This also implies that children living in these neighbourhoods have fewer socialising agents in their lives. Such agents usually instil and strengthen pro-social norms and behaviour in community members (Ward *et al.*, 2012:75).

The disadvantages of a specific neighbourhood correlates directly with factors such as teen parenting, delinquency, low birthweight, and child maltreatment (Ward *et al.*, 2012:76). This tendency is confirmed by Russell *et al.* (2016). They investigated environmental risk factors that help cause risk-taking behaviour among the youth. Their findings emphasise the need for improved neighbourhood environments where the youth can engage in safe, constructive activities while developing independence and responsibility.

Macrosystems

Ward *et al.* (2012:77) identify macrosystemic factors as socio economic and cultural issues. Regarding socio economic factors, the most prevalent ones are expounded below.

Poverty: Ward *et al.* (2012:77) point out that socio-economic conditions as such as well as perceptions about the gap between rich and poor, play a role in the rate of youth violence in neighbourhoods. These scholars trace this macro-aspect to the above-mentioned mesosystems of neighbourhoods and microsystems of families. It is found that poor socio-economic conditions within neighbourhoods and families as well as wide-spread poverty, can make youth prone to at-risk behaviour. This situation is exacerbated by perceived inequality between rich and poor where the youth feel justified in getting involved in crime, to acquire livelihoods (Ward *et al.*, 2012:77-78). Edwards and Neal (2017) affirm that the eradication of poverty is an important milestone in preventing high-risk behaviour among youth. This notion is confirmed by Choi, He *et al.* (2012) namely, that across a multiracial spectrum, higher levels of socio-economic disadvantage explains the higher rates of at-risk behaviour in youth.

Culture: Ideologies, and attitudes of the culture that frame these neighbourhoods and communities set the pace in pro-social or anti-social norms. These norms regulate whether certain behavioural patterns can be considered as legitimate conduct (Ward *et al.*, 2012:78). Often interventions targeted at limiting violent behaviour in youth focus on the individual cases. Chan *et al.* (2016), however, investigated culture as agent for change in violent communities, schools, and families. They argue (similar to Ward *et al.*, 2012) for an exosystemic model where collective systems, especially culture, should be changed. The impact of culture as macrosystem on the behaviour of youth was found to be extremely important. They recommend that violent behaviour in youth should be prevented by a community-driven, participatory approach. This implies transformation led by community members who emphasise changes in the culture of a community as mechanism to limit violent behaviour (Chan *et al.*, 2016).

McWhirter *et al.* (2016:7) support the ecological systems model by explaining that youth becomes at risk when “exposed to a set of presumed cause-effect dynamics that place an individual child or adolescent in danger of future negative outcomes”. McWhirter *et al.*

(2016:39-53) further identify societal factors leading to individual youth becoming at-risk. These factors are outlined as: poverty, rural family life, young families, single mothers, and homeless families. When focusing on family life, detrimental aspects that contribute to high-risk behaviour in youth are found to be: divorce, erosion of family networks, detachment, enmeshment, substance-abuse, violence, child-abuse and psychopathology of the parents (McWhirter *et al.*, 2016:39-53).

For the South African context, the literature above by multiple authors structured within the ecological systems theory can summarised by citing the Department of Social Development (DSD, 2013:29). This state entity identifies factors that place youth at risk as: family disintegration, crime, violence, poverty, inadequate housing and health conditions, poor school performance, negative peer pressure, and a low self-esteem.

2.2.2 Protective competencies

Case (2017) identifies competencies that are likely to prevent youths from involving themselves in risk-taking behaviour. The internal competencies are unique to the individual and may be accompanied by external social factors that prevent engagement in high-risk behaviour. These aspects can be explained as follows:

- **Internal** protective competencies: confidence, connection, character, caring, compassion, and contribution.
- **External** social factors: supportive environments, empowerment, boundaries and expectations, and the constructive use of time.

Wheeler *et al.* (2017) studied the role of familyist values as an external factor influencing high-risk behaviour in youth. They describe such values as a combination of the following qualities: attachment bonds in the family; parent's perception of providing guidance and instilling authority; and social and emotional support within the family. If these values are presented strongly, this is considered as protective factors that prevent at-risk behaviour and improve impulse control (Wheeler *et al.*, 2017).

The discussing above focused specifically on youth at risk who have been exposed to violence. To understand the nature of this violent tendencies, the following section examines the phenomenon of violence in South Africa.

3. THE PHENOMENON OF VIOLENCE IN SOUTH AFRICA

The researcher did a literature study on violence in South Africa. This entailed the definition, history, and the particular presentation and prevalence of violent incidences in South African communities. In general, Ward *et al.* (2012:55) define violence as:

The intentional use of physical force or power, threatened or actual against oneself, another person, a group of community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

It is important to understand the nature of violence in South Africa and how the youth are exposed to it daily. Therefore, it is crucial to consider the socio-political history of the country. South Africa has had a history permeated with violence from pre-colonial times, the era of colonisation, slavery, the apartheid dispensation, and finally the struggle of violent resistance. The latter violence eventually exerted sufficient force to challenge white domination and led to negotiations for regime change. Thus, exposure to violence is not a novel experience for many South African youths (Ward *et al.*, 2012).

Throughout South African history, the children or youth were the most likely victims as well as perpetrators of violence. Although the constant presence of violence is not unique to South Africa, the levels of violence in this country is extraordinarily high (Ward *et al.*, 2012:5). The Child Justice Act 75 of 2008 changed the regulation for incarceration of persons under the age of 18. The prison population prior to the enactment of this Act, shows that large numbers of youth were involved in criminal activities. In 2007, it was indicated that 41% of convicted prisoners in South Africa were under the age of 18 (Ward *et al.*, 2012:5-6).

In South Africa violence is prevalent, particularly in poor communities. People living in these communities typically have to cope with poverty, unemployment, poor schooling, and a lack of recreational and other facilities (Cooper and Lannoy, 2015). Ward *et al.* (2012:1) express their concern about this violent environment in which an overly high number of South African children have to develop. Cooper and De Lannoy (2015) point out that most young people in South Africa are exposed to homicides, intimate partner violence, and rape, among other forms of violence. They also note that a disproportionate number of young South African males are both victims and perpetrators of violence.

In this regard, the Youth Behaviour Risk Survey reports that a third of learners have the experience of being bullied at school, while 13% of learners report that they carry weapons to school. Furthermore, 11% of learners have been assaulted by their romantic partners and 10% have experienced forced sexual encounters (Cooper and Lannoy:2015). Statistics of violent crimes were published by Africa Check for the year 2015/2016. According to these statistics the prevalent violent crimes reported daily in South Africa were: 51 murders, 50 attempted murders, 94 sexual offences, 452 incidents of assault, 148 common robberies, 363 robberies with aggravating circumstances, and 40 hijackings (Africa Check, 2016).

Considering the high prevalence of violence in South Africa and the levels in which it emerges, it is relevant to enquire about the effect this exposure to violence has on the lives of youth.

3.1 Psychosocial effect of exposure to violence on youth

3.1.1 Mental health problems

The effect of exposure to violence are linked to an increased vulnerability of young people to develop mental health problems (Cooper & De Lannoy, 2015). Ward *et al.* (2012:55) highlight the case of young people falling victim to violent acts as an important predictor of future violent behaviour in these youths. The notion that exposure to violence leads to mental health problems is confirmed by findings that physical abuse of boys during early childhood, is a direct cause of emotional dysregulation and aggression in these males (Ward *et al.*, 2012:57).

In this regard, Richard-Lepouriel *et al.* (2016:231) describe emotional dysregulation as: “marked essentially by emotional hyper-responsiveness, poor recognition and acceptance of emotions and difficulties in adapting behaviours to experienced emotions”. According to Pomeroy and Browning (2010:198), emotional dysregulation means that youth exposed to violence rely on highly-charged emotions, which are likely to trigger an extremely strong reaction as defence toward a perceived hostile environment.

3.1.2 High-risk behaviour

Wallance and Neilands (2017) point out that direct exposure to violence and witnessing of such actions can develop a negative outlook on the future, which can lead to risk-taking behaviour among the youth. Youth who fall victim to violence in their communities are more likely to engage in sexual-risk behaviours than non-victims (Voisin *et al.*, 2014). Cooper and De Lannoy (2015) confirm that exposure to violence and deviant peer behaviour, increases the likelihood of high-risk and violent conduct among young people. This may occur since these youths seek stronger connections with peers who are involved in high-risk behaviour.

4. PSYCHOSOCIAL APPROACHES TO ASSIST THE YOUTH AT RISK

The present research identified six important approaches that guide current intervention techniques into the lives of youth at risk. These approaches are expounded below.

4.1 Structured social learning

A well-used approach is structured social learning, which consists of seven intervention techniques focusing on youth at risk (Lipsey, 2009). These techniques are:

- close monitoring of youth;
- observing consequences of problem behaviours;
- learning discipline through structured behaviours;
- repairing harm caused by offending behaviours;
- counselling relationship with a responsible adult;

- improved capacity to control behaviour and skills to take part successfully in prosocial normative conduct; and
- being provided with an individualised and targeted set of services and support.

Case (2017), however, points out that these programmes do not explicitly address social structural factors, which increases the risk of delinquent risk-taking behaviour among youth. Case (2017) criticises this approach by maintaining that there are scant empirical support to affirm that these interventions are effective. To the contrary, such interventions were even found to worsen high-risk behaviour. As a result, this approach as such cannot be accepted as an effective way to deal with the problems of youth at risk. Therefore, a second approach is investigated below.

4.2 Strength-based approach

The present study focused on a second approach, namely positive youth development. This approach emphasises strengths and the need to foster these strengths and assets to help young people develop into responsible adults (Case, 2017). A strength-based, developmental approach targeting the lives of youth at risk may be a promising intervention. Such an approach also asserts that all young people have the potential to thrive. The aim is to identify and enhance key assets in youths in order to reduce at-risk behaviour while encouraging healthy development (Case, 2017).

A positive youth-development approach is also proposed by Ciocanel *et al.* (2016) as potentially essential to mitigate high-risk behaviour in youth. Interventions from this approach seek to intervene and influence the trajectory of an individual's cognitive, social, emotional, and cultural development (Ciocanel *et al.*, 2016). These scholars suggest that interventions should take a broad approach by addressing multiple problems and its common determinants simultaneously.

This model does not work from the premise of a deficit. It takes the approach that all young people have strengths that can be nurtured. The aim is supporting adolescents to acquire a sense of competence, self-efficacy, belonging, and empowerment. In the process, positive behaviour is promoted, and high-risk conduct in youth is reduced (Ciocanel *et al.*, 2016). Ciocanel *et al.* (2016) tested the effectivity of these positive intervention programmes for youth-development. The researcher found that this approach significantly impacted academic achievement and psychological adjustment in youth. However, their findings indicate no significant effect for sexual high-risk or problem behaviours. It was also determined that these positive interventions offered more benefit to low-risk young people than to high-risk youth (Ciocanel, et al., 2016).

4.3 Relationships and modelling

Programmes are necessary to build warm, caring relationships and communication between caregivers and adolescents. The implementation of such programmes can be an important protective factor to reduce risk-taking behaviour among youth (Cooper and De Lannoy, 2015).

Cooper and De Lannoy (2015) also found that initiatives that promote equality in romantic relationships, rather than male dominance, function as another protective factor against high-risk behaviour. They highlight the modelling of positive intimate relationships during the youth phase. This can be an important intervention to protect the health of both young men and women.

4.4 Personal and emotional growth and the circle of courage

The mentioned intervention programme for positive youth development is based on the methodology of “the circle of courage” (Brendtro & Brokenleg, 2002:43-60). According to Robberts *et al.* (2016), this circle-of-courage approach is reported to be especially relevant to adolescents who experience emotional and behavioural problems. This approach comprises four elements i) a sense of belonging; ii) skills and mastery; iii) independence; and iv) generosity. The aims of this programme are to foster growth in personal, social, and emotional dimensions. The purpose is to intervene in the lives of youth at risk by achieving the following outcomes:

- Break down the physical and emotional barriers that hamper social competence.
- Improve self-esteem, self-confidence, emotional regulation, communication and problem-solving abilities.
- Instil a sense of accountability to self and others.
- Build trust and team work skills.
- Educate the youth about positive life choices (Robberts *et al.*, 2016).

Robberts *et al.* (2016) postulate that a lack of strength in any of these areas can lead to emotional and behavioural difficulties.

4.5 Parent-centred programmes

“Familias Unidas” is a parent-centred programme to prevent risky behaviour among the youth. This programme was evaluated by Estrada *et al.* (2017). It entails a multilevel family-based intervention that involves parents in an empowering process. They focus on building a parent support network, which is used to increase knowledge of parenting skills that are culturally relevant. Thereafter, parents are encouraged to test these skills on a range of activities designed to reduce high-risk behaviour. The essence of this programme is to reduce risk-taking behaviour in youth by improving family functioning.

This study concluded that these parent-centred interventions helped families function better and allowed parents to monitor their children’s peers. The interventions had a significant effect on the risk-taking behaviour of the youth involved. For example, it proved to diminish drug use and risky sexual conduct in young people of participating families.

5. DRAMA AS TECHNIQUE IN PLAY THERAPY

5.1 Integrating drama and play therapy

Jones (2007:94-100) describes the central processes that brings about change when using drama in therapy. These processes are related strongly with the curative factors of play therapy as described by Schaefer (2011:10-16). He conceptualises key overlapping aspects between drama and play. These aspects are: sensory motor play, imitative play, pretend play, dramatic play and drama (Malchiodi & Crenshaw, 2015:100-102). Malchiodi and Crenshaw (2015:100-102) point out that it is difficult to separate play from drama therapy or drama from play therapy. They argue that play and drama is a natural, easily formed and maintained therapeutic partnership. According to Malchiodi and Crenshaw (2015:101-102), the two concepts, “drama” and “play”, have several factors in common. These are, playing, dramatic projection, distancing, empathy building, embodiment, role-play, pretend play, and using creative imagination. Both also elicit physical, emotional, sensory, spiritual, and cognitive engagement (Malchiodi & Crenshaw, 2015:101).

Play meets drama and becomes therapy through the creation of a play space, which is a “set” apart from the everyday world, much like the play room in traditional play therapy. The client develops a playful relationship with reality. By combining play and drama. the client enters a state, which has a unique relationship with time, space, and every-day boundaries. Such a state encourages spontaneity and creativity as is the case with other forms of play (Jones, 2007:165-166). By using drama as a therapeutic technique, therapists create improvised material that help clients explore and express their experiences in ways that would not be possible outside the play space. Playing is an essential part of using drama as a therapeutic technique. This allows the client to rework experiences by enacting them.

5.2 Nature, aim and goals of drama as play therapeutic technique

Using drama as a technique in therapy applies drama as an experiential medium. This technique facilitates psychological and emotional change by helping clients work through difficulties in their lives. The use of drama provides clients with the necessary emotional distance and the tools such as alternative forms of expression and communication (Armstrong *et al.*, 2016). Langley (2006:22) identifies the essential aims of using drama as a technique. These are: improving the quality of life; providing stimulation; assisting mobility; and remedying behaviour. Furthermore, it provides social skills training, working on the inner self; exploring cognitive, emotional and spiritual conflicts; and helps the client come to terms with life situations.

5.3 Use of play therapeutic techniques and the youth

Gallo-Lopez and Schaefer (2010:3) argue that play techniques as interventions with youth is underutilised. This is because it is generally assumed that adolescents are not young enough to engage in play therapy. These researcher found, however, that even in adulthood, people

continue to play, albeit in different ways. Thus, play remains a social impulse that forms part of everyone's culture. Play techniques used in therapy with adolescents allow these young people to explore their social world, learn social skills, be empowered, deal with control issues, and build self-esteem and relationships. This occurs in the safety of a therapeutic relationship with a non-punitive, no abusive adult (Gallo-Lopez & Schaefer, 2010:3-4).

Regarding the rationale for play as therapeutic modality in youth work, Gallo-Lopez and Schaefer (2010:4-5) explain that play is a joyful experience that can maximise positive interactions with adults. Therefore, this technique is especially relevant for youth with behavioural concerns. These researcher point out that play is not "cool" for the youth unless it takes place according to their terms. Therefore, when the idea of participating in therapy is overwhelming to youth, they recommend that therapists initially meet these young people on their own turf. The therapists should deal respectfully with reactions to being in therapy. Furthermore, it is important to let the youth choose the activities, materials, and manner of engagement. Young people may feel self-conscious and embarrassed in the initial phases of building a therapeutic relationship (Gallo-Lopez & Schaefer, 2010:7-8). When working with youth it is important that therapists seek a close, trusting relationship with the young client. This is done by consistently reflecting and responding to thoughts and feelings during sessions (Gallo-Lopez & Schaefer, 2010:98).

The unique developmental stage of the youth requires special consideration when employing play-therapeutic techniques. Gallo-Lopez and Schaefer (2010:8-11) lists these considerations, which are discussed in more detail in the following subsections.

5.3.1 Directive vs. non-directive approach

Certain young people entering therapy where specific structured goals are set may feel safer. As a result, they may welcome the therapist's ideas helping them achieve these goals. However, individuals may also be referred for therapy involuntarily and thus resist the process. In this regard, they may refuse to engage, especially in ideas initiated by the therapist. It may be important to some young clients that they remain independent during therapy. Therefore, it is important to tailor the therapeutic approach to the needs of the specific client (Gallo-Lopez & Schaefer, 2010:8-9). When the client finds it difficult to engage, a non-directive approach is recommended, especially in the initial stages of the therapeutic process. When trust is gained and the therapeutic relationship established more, it may be possible to move gradually towards a more directive approach (Gallo-Lopez & Schaefer, 2010:8-9).

5.3.2 Confidentiality

Youth are sensitive to potential ridicule and insensitivity by others. Therefore, they must be reassured that the therapist will not be disclosing the contents of their play sessions with others. The youth must also be given permission to ensure the door is locked, and that there are no two-way mirrors or video equipment that may infringe on their privacy (Gallo-Lopez & Schaefer, 2010:10).

5.3.3 Caregiver response

Caregivers do not always understand the needs of youth in their care. It is, however, important for the success of the therapy to include caregivers in the therapeutic process. Therefore, caregivers must be educated on how to respond effectively to the needs that may emerge during the therapeutic process (Gallo-Lopez & Schafer, 2020:10).

5.3.4 Interpreting metaphors

The essence of play therapy is to deal with issues through play techniques. By interpreting the projections and metaphors in these techniques the clients also gain insight into their own experiences. Regarding youth, it is recommended that they be allowed to interpret their own metaphors since they understand the significance of metaphors. At times, interpreting these metaphors may make young people feel overwhelmed and vulnerable. In such a case, the client should refrain from interpreting therapeutic metaphors (Gallo-Lopez & Schafer, 2020:11).

5.3.5 Developmental issues

Play techniques allow the youth to choose activities that meet needs which were unmet in previous developmental stages. The therapist as a non-judgmental, nurturing adult may play the role of repairing unmet developmental needs in these young people. Regressive play may thus emerge to compensate for these developmental voids. In terms of possible sexual behaviour in young clients, therapists must make certain they establish clear limits (Gallo-Lopez & Schafer, 2010:12).

5.3.6 Adolescent culture

Understanding contemporary youth culture is imperative to build the therapeutic relationship with this social group. Therapists should have knowledge of the youths' taste of music, as well as movies and television programmes relevant to the youth (Gallo-Lopez & Schafer, 2010:12).

5.4 Basic principles of drama as a play therapeutic technique

Langley (2006:5-12) outlines basic principles of drama as a technique of therapeutic intervention as explicated below.

Play: This is a way of discovering roles, social learning, and coming to terms with unpleasant situations. It also builds self-awareness, teaches problem-solving, and forges understanding of the client's social world. Projection in play allows the client safe distancing from reality (Langley, 2006:5-6).

Movement: Drama as therapeutic technique encourages personal expression by using movement. This helps release tension and enables the client to express experiences without words (Langley, 2006:6).

Ritual: This aspect initially developed as a form of adult play. It entails the repeating of sounds, movements and words. Rituals assists clients in the process of meeting, parting and change (Langley, 2006:6).

Action: Unlike talking therapy, drama as a technique approaches problems and conflicts through metaphors and representations. It helps the clients experience new ways of being when they enact a new role, or discover novel perspectives when acting out a familiar role (Langley 2006:7).

Metaphor: Drama in therapy allows the client to express strong emotions metaphorically, in other words, through applied symbols (Langley 2006:7).

Distance: The clients identify with a character whose situation and feelings resonate with their own. This allows the clients a safe detachment which real life does not provide (Langley 2006:7).

Catharsis: Drama as a technique allows for expression and the release of feelings in a breakthrough moment (Langley 2006:7).

Exploration: Drama allows clients to explore and wrestle with their own enquiries and form independent opinions.

5.5 Processes in using drama as a play-therapeutic technique

Gallo-Lopez and Schaefer (2010:85-90) describe the process of using drama as a technique in play therapy. A drama during play therapy session begins when the therapist prepares for the work that will be the main focus of the session. The aim at the beginning is to help the client focus, identify issues, and become familiar with the play space. The use of drama in a play-therapeutic context, follows successive phases, according to Gallo-Lopez and Schaefer (2010), as elaborated below.

Warm up: This phase is meant to energise the body, stimulate the imagination, and inspire creativity. It also helps reinforce a sense of safety in the therapeutic play space (Gallo-Lopez & Schaefer, 2010:85). Recommended activities identified for this phase is theatre games, movement exercises, and role-playing activities (Gallo-Lopez & Schaefer, 2010:85-86).

Action: The following phase identified by Gallo-Lopez and Schaefer (2010:86-87), can be termed the “action phase”. This entails the development of characters, environment and conflict. These elements may already be projective or psychodramatic. Projection techniques during the action phase include role-playing, improvisation, enactment, and storytelling.

Therapists can also utilise various aids such as masks or make-up. These projections allow young people to explore significant issues while varying the intensity of involvement and distance. Whereas projection can be metaphorical, psychodramatic enactment involves direct scenes and situations from a client's life (Gallo-Lopez & Schaefer, 2010:86). During the action phase, the youth will deepen levels of enactment, and become immersed in self-discovery.

Closure: After the action phase follows the closure. During this phase there is a transition from the therapeutic work in the session, back to reality. This involves de-roling, which means leaving the enacted role behind and creating time for calming, reflection, and feedback (Gallo-Lopez & Schaefer, 2010:88-89).

Armstrong *et al.* (2016) identify eight basic processes in drama used as a technique in play therapy. These processes are expounded below.

5.5.1 Dramatic projection

Dramatic projection is defined in Vettraino and Linds (2015:11) as a process where clients project aspects of themselves into drama and enactment. In this way, they externalise inner conflicts. Dramatic projection is a process in which someone's internal experience enters the dramatic reality and is thus made external. When these internal aspects are externalised, it becomes open for reflection and exploration. Each role played, and each story told, thus contains projections of the client (Vettraino & Linds 2015:11).

In play therapy, therapists use projections to help children own and explore their internal reality, strengthening their sense of awareness (Blom, 2010:34). Dramatic projection, similar to other projective techniques in play therapy are used as a forum to help clients express their emotions. The client's creations in play therapy through dramatic projections disclose something inside this individual (Blom, 2010:34; Vettraino & Linds, 2015:111). Dramatic projection in play therapy involves clients in a material way, but the distance it creates prevents these individuals from being overcome by emotion (Vettraino & Linds, 2015:111).

5.5.2 Embodiment

Embodiment is the physical expression and realisation of the self by using the body during drama enactments (Armstrong *et al.*, 2016). Physical participation in dramatic activities during therapy engages the body and mind together in discovery. Externalised issues are encountered by embodying it physically through drama. The physical embodiment that is acted out means that the client's body is experiencing the content in the present. This is a physical encounter of the drama material by enacting the content (Jones, 2007:114). This activity expresses the client's imagination and helps actors discover and express ideas. The body becomes the main channel of communication through which the clients express roles, ideas, and relationships.

5.5.3 Personification

Through personification a client represents a feature or a characteristic of someone by using objects in a dramatical way. Personification entails the process where a client uses objects to represent the dramatic material. This technique enables clients to play themselves in a dramatic representation of an aspect of their lives. Thus, personification creates the opportunity for clients to transform and explore the issue in a new way (Jones, 2007:95-96).

5.5.4 Interactive audience and witnessing

Witnessing means being audience to others or to oneself during therapy. The audience (or witness) has an interactive function. During a session, the client can have the dual experience of being both the audience and performer. This opens up the session to new possible interactions. These interactions may entail witnessing other group members, being witnessed by the therapist or other group members, or witnessing oneself. This flexible audience role plays an important part in projection and the creation of internal perspective and support in groups. (Jones, 2007:95-98).

5.5.5 The life-drama connection

The connection between life and drama relates this technique to the concept of therapy and personal change. This implies direct re-enactment of life events or even spontaneous real-life content used in improvisations. The life-drama connection is the way in which drama as a technique affects the client's life and enables exploration (Jones, 2007:117-125)

5.5.6 Therapeutic performance

At the heart of the process is drama performance used as a technique in play therapy. Within a therapeutic framework this process follows four successive stages:

- **Need identification:** The process commences when clients identify a need to deal with a particular issue in their lives.
- **Internalised rehearsing:** In the following stage, clients seek ways for dramatic expressions that satisfy their needs. These expressions are rehearsed internally.
- **Showing:** After the rehearsing, the therapeutic process moves on to showing, which means enacting or expressing the content in dramatic form. This dramatic display can be towards the therapist, or the group members in group therapy.
- **Disengagement:** This is the final stage where the client moves away from direct and dramatic involvement with the enacted material.

All the stages above enable the client to explore and re-explore internal content (Jones, 2007:102-104).

5.5.7 Empathy and distancing

Empathy in drama as a therapeutic technique entails a bond between the client (actor) and the audience (therapist or group members). This bond relies on the audience's ability to identify with and engage the clients' emotions in their enactments. From the clients' side this refers to the level of connectedness towards the character they are portraying. Empathy also implies the way in which the clients identify and resonate with the experience of others.

Distancing occurs when clients do not allow themselves to become immersed completely in the character they are playing. Thus, instead of developing empathy and identifying with the character, they create distance. Therefore, they reflect on or judge the character, rather than experience emotional resonance. These two processes are considered central to the effective application of drama as a therapeutic technique (Jones, 2007:106-107).

5.5.8 Transformation

The aim of drama in play therapy is to transform the clients from their real identity to players in dramatic enactment. Two types of drama-therapeutic transformation have been identified by Jones, 2007:102-104).

Firstly, the process work towards displacement of antisocial behaviour through rituals, gestures, and plays. Secondly, real-life events are turned into fictional representations, which characters act out.

5.6 Techniques for drama as therapy in play

Sanjnani (2013) investigates the psychological, social, political, and health benefits of using performance in therapy. She concludes that the performance of lived experience allows clients to inhabit contradictions and challenge deeply held internal ideas. She adds that drama as a technique in therapy are well placed to give silenced realities form through gesture, sound, image, and role playing. Hereby the therapist can help clients explore identity and community without social interaction that may constrain this experience.

To achieve change and transformation by using drama, therapists employ various sub-techniques. Langley (2006:21-22) lists such techniques, which are explained briefly below:

- **Games:** Children's games, team games and games specifically designed to assist the use of drama to achieve change.
- **Exercises:** Structured exercises created with a specific aim such as developing skills and creating confidence.
- **Improvisation:** The spontaneous enactment of a scene or a story without prior rehearsal.

- **Rehearsed scenes or stories:** Pre-rehearsed and written scenes or story material handed to the clients for enactment.
- **Storytelling:** The clients create or recount stories, or sometimes construct a story followed by its enactment.

These above-mentioned techniques provide the play therapist with the competence to professionally intervene in the lives of clients using play therapy.

6. CONCLUSION

The literature study has provided the researcher with an overview of youth, youth at risk, and risk-taking behaviour in young people. The researcher also studied violence in South African youths and the psychosocial effect it exerts on them. The chapter further examined the existing interventions and services provided to youth at risk internationally. Thereafter, the focus was on play therapy and employing drama as therapeutic technique and possible intervention to assist the youth. An extensive review of existing literature provided a detailed background on these mentioned topics.

Based on the literature study, it is evident that risk-taking behaviour in youth is an acute social problem. Such behaviour patterns hold far reaching consequences for the future of young people in South African society. Nevertheless, it also became clear that play therapy, particularly drama, can contribute significantly to existing intervention techniques targeting the lives of youth at risk and helping them deal with these psychosocial issues.

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SECTION B: ARTICLE

CREATING A FRAMEWORK FOR SOCIAL WORKERS USING DRAMA IN PLAY THERAPY TO ASSIST YOUTH AT RISK WHO HAS BEEN EXPOSED TO VIOLENCE

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CREATING A FRAMEWORK FOR SOCIAL WORKERS USING DRAMA IN PLAY THERAPY TO ASSIST YOUTH AT RISK WHO HAS BEEN EXPOSED TO VIOLENCE

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INTRODUCTION AND BACKGROUND

According to Statistics South Africa (StatsSA), 36.5% of the South African population consists of youth. Of these, 3.4 million young people between ages of 15 and 34 are unemployed. This comprises a 71% share of unemployment in South Africa. Only 39.3% of South African youth have a grade 12 qualification. In South Africa, young people constitute the majority of both victims and perpetrators of crime (StatsSA). Between the ages of 16 and 24 years old, 53.4% of South African youth has been the victims of assault crimes (StatsSA, 2016). This social profile reflects external factors that are placing youth at risk.

These mentioned external factors are identified as: poverty, exposure to violence, unemployment, and a lack of education (Case, 2017). Young people grow up within an ecology of systems, which influence the individuals' development and functioning in society (Ward *et al.*, 2012:69). These systems are identified as: the family, school, peer group, neighbourhood, as well as community and culture (Ward *et al.*, 2012:69). Youths can be regarded at risk when their socio-economic circumstances are likely to result in negative outcomes (Wiseley *et al.*, 2017).

These young people may display behavioural dynamics that place the individual in danger of future negative outcomes Cappuzi & Gross, 2012:20). The lives of youth at risk are typically characterised by factors such as poverty, violence, social exclusion, limited social capital, poor education, and inequality (Wiseley *et al.*, 2017). These young people typically engage in high-risk behaviours such as substance abuse, sexual risk taking, crime, violence, and delinquency (Pashwana-Mafuya & Davids, 2011). The youth who engage in risk-taking behaviour show high levels of hopelessness, low self-efficacy, and a negative outlook on their future (Wallace & Neilands, 2017).

Exposure to violence can be seen as both a cause and effect of the mentioned risk-taking behaviour in youth. Young people in South Africa live in the constant presence of violence, of which the levels are extraordinarily high (Ward *et al.*, 2012:5). Violence is particularly prevalent in poor communities where people live daily with poverty, unemployment, and poor schooling (Cooper & Lannoy, 2015). Exposure to violence has been linked directly to the development of emotional dysregulation in these youths (Ward *et al.*, 2012:57). Many young people in South Africa demonstrate high-risk behaviour due to limited psychosocial assistance.

Several existing psychosocial intervention approaches deal with the lives of youth at risk who have been exposed to violence. Among these approaches are structured social learning (Lipsey, 2009); positive youth development; strength-based approach (Case, 2017); and critical theory (Case, 2017). There is also a focus on relationships and modelling (Cooper & De Lannoy,

2015) and personal and emotional growth (Cooper & De Lannoy, 2015). This occurs through the “circle of courage”, which entails: a focus on belonging, mastery, generosity and independence (Brendtro *et al.*, 2009:43-60); and parent-centred approaches (Estrada *et al.*, 2017). The aim of the present study was to create a framework based on an approach that uses drama in play therapy to intervene in the lives of youth at risk.

Malchiodi and Crenshaw (2015:100-102) explain that drama and play therapy are two inseparable concepts. These two concepts have several factors and core processes in common and both elicit physical, emotional, sensory, spiritual, and cognitive engagement (Jones 2007:94-100). By combining play and drama, the client enters a state which is unique and facilitates spontaneity and creativity (Jones, 2007:165-166). The purpose of using drama as technique in play is to help bring about psychological change while maintaining the necessary emotional distance (Armstrong *et al.*, 2016).

The use of play therapeutic techniques to assist youth is underutilised, due to the assumption that youth are too old for “play”. Using these techniques with adolescents, however, creates a non-punitive relationship with a non-abusive adult, and maximises positive experiences for these clients during therapy (Gallo-Lopez & Schafer, 2010:3-4). By using drama, the performance of a lived experience allows clients to inhabit contradictions and challenge deeply-held ideas. In this regard, drama gives silent realities form through gesture, sound, image and role-playing (Sanani, 2013).

High-risk behaviour places too many South African youth at risk for possible negative life outcomes. It is crucial that social workers are empowered to apply the most effective intervention techniques that could assist these youths. An objective of the present study was adding to the intervention techniques and unlock new unexplored possibilities for effective intervention in the lives of young people. A further objective was to create a framework for best practice derived from experienced professionals.

The mentioned theoretical framework is discussed subsequently. This is followed by focusing on the aim and objectives, the questions, and methodology of the research and conclude by discussing the results of the present study.

THEORETICAL FRAMEWORK

The guiding theory that informed the present study is the bio-ecological systems theory presented by Bronfenbrenner (1979). This approach is used to understand the micro-, meso-, and macrosystems which play a role in the psychosocial development and wellbeing of South African youth. When designing interventions for youth it is important to consider the impact the context has on these individuals, for example, the family, school, neighbourhood, community and the cultural environment (Duerden & Witt, 2010). The ecological systems theory proposes that all clients exist within a variety of contexts. Thus, development of these clients is contextualised as the result of interaction across boundaries of these contexts (Duerden & Witt, 2010).

Bronfenbrenner (1979) categorises the mentioned contexts into four systems, namely micro-, meso-, exo-, and macrosystems. The microsystem represents the client's immediate context. The mesosystem entails the other system in which the clients function and their interrelationships. Bronfenbrenner (1979) argues that individual clients are also influenced by external contexts, which entails the world external to the client.

In the context of the present study, the impact of these systems have been taken into account to interpret data on youth at risk and formulate guidelines to intervene in the lives of these youth. The use of drama as technique enables the youth to create, recreate, and confront the realities of their context in a safe space (Jones, 2007:165-166). The causal factors that have been identified as triggers of risky behaviour are viewed within the framework of the ecological systems theory (Bronfenbrenner, 1979).

RESEARCH QUESTION AND AIM

The main aim of the present study was to create a framework for social workers by using drama in play therapy to assist youth at risk who have been exposed to violence. The researcher attempted to answer the main research question which is: *What effective frameworks can be prescribed for social workers using drama in play therapy to help youth at risk who has been exposed to violence?*

The study focused on a specific research question, "What elements should form part of a framework for the use of drama in play therapy by social workers to assist youth at risk exposed to violence?"

RESEARCH METHODOLOGY AND ETHICAL CONSIDERATIONS

The researcher followed a qualitative research approach by using semi-structured interviews and focus group discussions to collect observations. The information was used to develop a framework that could guide social workers in assisting youth at risk exposed to violence (Marlow 2010:32). A qualitative research approach also helped the researcher gain insight into and understand the methodology the participants employed for interventions (Marlow 2010:7). The researcher collected observations through semi-structured interviews and focus group discussions (cf. Marlow (2010:7).

Two groups of participants were identified by purposive sampling. This method allowed the researcher to handpick the samples and gain as much information as possible from the two groups (Marlow 2010:138). The first group of participants were social workers who deal daily with youth at risk who have been exposed to violence. Social workers for this group were selected from several child and youth care centres (CYCCs), namely Girls and Boys Town, Abraham Kriel, Jakaranda, and Louis Botha. Permission to conduct research was obtained from the management of all the CYCCs involved. The following inclusion criteria for this group were set:

- Working full-time with youth at risk exposed to violence for at least five years.
- Available and willing to participate in the focus group.

- Registered as social workers at the South African Council of Social Service Professions (SACSSP).
- Willing to participate in the research study voluntarily and signed the consent form.

The second group of participants were registered professionals (social workers or psychologists) who employ drama as mode of intervention in play therapy. All participants partook in their personal capacity and signed the informed consent forms. Inclusion criteria set for the second group were:

- Registered as social worker at the SACSSP or psychologist at the Health Professions Council of South Africa (HPCSA).
- Willing and available to participate in the research study and to sign the consent form.
- Has two years' experience in using drama as a technique in play therapy.
- Has had additional post-graduate training in play therapy by an accredited trainer.

Clearance to conduct the research was received from the Ethics Committee of the North-West University (NWU000-37-17-S1). Informed consent forms were signed by all participants.

Focus groups were conducted with social workers who assist youth at risk who are exposed to violence. The focus groups were conducted to provide participants with structure without restricting flexibility of the discussions (Steward & Shamdasani, 2014:69). The interview schedule was designed to pose strategically powerful questions that should be resolved not only in theory but in observed practice as well (Wadsworth, 2016:69-70).

Semi-structured interviews were conducted with ten individuals who utilise drama in play therapy as an intervention technique. The interviews explored their lived experience of the mentioned phenomenon (Galetta, 2013:9). Interviews lasted from 45 minutes to two hours. The researcher used an interview schedule that contains a set of questions based on the literature. These questions were designed according to guidelines by Willig (2013:29-30).

To process the data, thematic analysis was used, as described by Braun & Clarke (2013:4). The researcher listened to and transcribed the data to familiarise herself with the content. After transcripts were completed, the scripts were read to identify codes of valuable content, which might help identify themes that could answer the research question. Thereafter, the identified data were sorted into categories, enabling the researcher to identify themes and its subthemes.

The researcher made sure that the findings were trustworthy by striving for credibility, dependability, and transferability. Credibility was pursued by reflecting on and confirming the views of participants. This helped the researcher form a clear idea of the content's meaning. It also made certain the researcher's understanding was a true reflection of participants' views. Dependability was achieved by ensuring that a careful trail was captured to ensure the study could be duplicated. Transferability was achieved by obtaining dense (data-rich) descriptions of the participants' experiences, opinions, and expertise regarding the phenomenon under investigation: youth at risk and exposed to violence.

DISCUSSION OF FINDINGS

When investigating the findings, the themes and subthemes are discussed individually. Direct quotes from participants are discussed in relation to current literature on the topic. The present research focused on two areas: youth at risk exposed to violence and using drama as technique in play therapy. After these two discussions an integrated framework is offered.

1. Working with youth at risk who have been exposed to violence

The first area of the research focus was the youth at risk who are exposed to violence. In this regard, Table 1 below outlines themes and subthemes that were captured during the first part of the study. The themes and subthemes identified through semi-structured interviews offers frameworks that guides the reader from building the therapeutic relationship through to termination of the therapeutic relationship. Subthemes identifies practical tips to use in practice to guide social workers. Themes and subthemes are discussed in finer detail below the table.

Table 1: Themes and subthemes for youth at risk exposed to violence

Theme	Subtheme
1. Initiate and build the therapeutic relationship, deal with resistance and establish rapport during sessions	1.1 Starting off in an unstructured physical setting 1.2 Casual, relaxed interaction and humour 1.3 Warmth 1.4 Respect 1.5 Authenticity 1.6 Active listening, being present and showing interest 1.7 Consistency and reliability 1.8 Contracting and boundaries 1.9 Recognizing strengths 1.10 Power and equality
2. Cope with anger and other extreme emotions when dealing with past trauma during sessions	2.1 Staying calm, tone of voice and body language 2.1 Acceptance 2.2 Validation of emotions 2.3 Control 2.4 Personal content and remaining an adult 2.5 Insight into the need behind behaviour

	2.6 Boundaries and contracting 2.7 Grounding and de-escalation 2.8 Staying in the moment
3. Provide insight into at-risk behaviour	3.1 Self-worth 3.2 Creative work 3.3 Non-judgmental 3.4 Insight into causality 3.5 Recreation 3.6 Therapeutic aids 3.7 Empathy 3.8 Role-modelling 3.9 Self-awareness
4. Identify and deal with psychosocial needs in therapy	4.1 Attachment 4.2 Belonging 4.3 Hope 4.4 Acceptance 4.5 Social identity and self-validation 4.6 Respect 4.7 Affection 4.8 Appropriate touch

From Table 1 above, the following main theme and subthemes emerged:

Theme 1: *Initiate and build the therapeutic relationship, deal with resistance and establish rapport during sessions.*

De Haan *et al.* (2013) conclude that reduced quality of the therapeutic relationship with young people may cause such individuals to drop out of therapy prematurely. This emphasises the importance of a quality therapeutic relationship between youths and their therapists. The Child Version of the Session Rating Scale by Miller and Duncan (2004) defines the therapeutic relationship in terms of three interacting elements: i) a relational bond between the therapist and the clients; ii) agreement on the goals of therapy; and iii) agreement on the tasks of therapy.

The relational bond is tested by measuring whether “the therapist listened to me”. This is confirmed by the results obtained from the participants in the following subthemes: active listening, being present, and showing interest. Participants typically shared experiences of initiating and maintaining the therapeutic relationship during the focus group sessions:

- Participant 5 explained: “You have to really listen what they are experiencing and where they come from.”

- Participant 7 confirmed this notion: “You must really want to know how that child is doing.”

Item 2 in Table 1 above, measured agreement on the goal of therapy or rather the client’s control during the session: “We talked about what I wanted to talk about” – quoted from The Child Version of the Session Rating Scale (Miller & Duncan, 2004). According to the findings, participants confirmed this goal of therapy:

- Participant 8 stated that she acts as a partner to the client during the therapeutic relationship to ensure the client feels in control.
- Participant 12 stressed: “If they see you up there on a pedestal you have too much power and they will not speak to you.”
- Participant 15 explained that she gives the clients control over the session within contracted boundaries, and that clients may decide what they want to discuss or do.
- Participant 10 asserted: “It helps when you acknowledge and identify what is important to the client.” The importance of prior agreement and contracting on the goals of therapy is another factor with which the participants concurred.
- Participant 12 confirmed: “At the start of the relationship, there are dual responsibilities, goals and boundaries.”

Participants repeatedly identified the subtheme of *respect* as an important building block of the therapeutic relationship. As Participant 9 explained: “Respect their opinion, they are the experts on their lives.” Respect as quality in the therapeutic relationship is also highlighted by Richardson (2013:33) who points out that effective professionals demonstrate respect to their young clients.

Another important building block of the therapeutic relationship with youth, was identified by participants as *consistency*. Richardson (2013:93) affirms that consistency is a desirable attribute for professionals and that young people need clear expectations. The participants explained this notion as follows:

- Participant 5: “You must be consistent. You must be the same and use the same approach. Other participants however highlighted that consistency must not be at the price of authenticity.”
- Participant 3: “it is unrealistic to be cheerful all the time, rather be honest and day you are not well, show you are human too”.
- Participant 6 concluded the debate by remarking: “Consistency means you should not change your attitude towards them, and staying the adult despite the behaviour of the client.”

Dion and Gray (2014) affirm the need for *authenticity*: The therapist’s authentic expression help expand the children’s windows of emotional tolerance in play therapy. Thus fundamentally, therapy implies that the therapist can remain authentic in interactions with the client. Authenticity, empathy, and warmth are identified by DuBois and Karcher (2005:120) as central components of a relationship with young people.

Participants also identified warmth as part of initiating and maintaining the therapeutic relationship with the youth:

- Participant 2 explained: “I’m like a grandma figure. I cuddle, I listen, and I build their trust.”
- Participant 4 added: “My approach is, ‘If you want to come and talk to me and come sit down with me ...’ I have a lot of empathy for where they come from. Giving the message that are safe here and will get the support and love they need from me.”

This highlights another subtheme which the participants identified, namely *empathy*. DuBois and Karcher (2005:103) confirm that empathy, trust, and respect are essential elements in developing relational closeness.

A majority of the participants emphasised that starting the therapeutic relationship and engaging in therapy outside the formal office space, significantly enhances openness and a relaxed atmosphere during therapy. According to Participant 2: “The biggest therapy we can ever do is outside the walls.” Rose (1998:29) confirms that therapists who involve clients in social recreational activities, clearly improve their relationship.

Several participants linked therapy in a more relaxed outdoor setting to having a casual, almost peer-like, interaction with their clients. This notion is also in line with Rose’s finding (1998:29), namely that using humour and finding pleasure in interaction with adolescents, help strengthen the therapeutic relationship. This is confirmed by the following excerpts:

- Participant 11: “I would just use humour when I talk to them, to say: ‘I know you don’t like being here, but don’t you think this is funny?’”
- Participant 3 elaborated: “I love the way of interacting in an informal way of talking and playing: ‘If you are mad, let us make mud balls and throw it.’ These are the things we do before we even touch on referral issues.”

However, when a therapeutic relationship has been established, the real work of therapy commences in the following phase. During this often volatile phase of therapy, therapists need the skillset to deal with youth clients.

Theme 2: *Coping with anger and other extreme emotions when dealing with past trauma during sessions*

According to Barth (2014:14), clinical practice in social work consists of an initial, middle, and end phase. The actual therapeutic work occurs during the middle phase. During this period triggers for behaviour can be examined; painful patterns and themes can also be addressed.

The participants identified tone of voice and non-verbal interaction as part of dealing effectively with emotional expression in this actualising phase of therapy. For Rose (1998:29), non-verbal skills such as eye contact, tone of voice, and body posture, demonstrate acceptance, warmth, and trust.

Furthermore, Rose (1998:29-30) cautions that in dealing with emotional responses from youths, the therapist must ensure there are limits to disruptive behaviour in the therapeutic setting. This message is supported strongly by the participants, among whom Participant 4 remarked: “Contain it by being there and letting them know, ‘What you are doing is fine, you are allowed to do this, especially in the therapeutic setting.’ I would acknowledge and validate their emotion, for example, anger, saying, ‘Let’s work through it.’ They need to understand that I am allowed to be angry, but I actually don’t have to be destructive while being angry.” Rose (1998:29) points out that the ability to contain extreme emotional expression during sessions is one of the most important skills a therapist can have when working with youth.

Acute stress may manifest as panic, flashbacks, terror, or rage during therapy. Such emotions can be frightening and destabilising to the youth, according to Briere & Lanktree (2011:72). These researcher suggest that at such times the client must to be refocused on the immediate therapeutic environment. In this regard, “grounding” can be used to induce a more relaxed state. Briere and Lanktree (2011:72-73) explains grounding as the strategy to focus the client’s attention away, to disengage from intrusive escalating internal experiences. The participants also suggested the strategy of grounding a client who is in a state of distress during therapy. Similar to Briere and Lanktree (2011:73), participants suggested that grounding and progressive relaxation techniques should be applied to help the client regain control and de-escalate emotions.

According to Bath (2017), de-escalating emotions of traumatised youth entails helping these individuals understand and identify their emotions verbally. Bath (2017) asserts that words are a priceless toll for managing the impact of trauma. Participant 6 stressed that the youth should learn to name the emotions before they can deal with it. Once emotions have been named, the therapist can use the opportunity to validate these emotions.

The participants emphasised the need to validate the extreme emotions which the client experience during the sessions. This will help the client deal with presented emotion and behaviour. In this regard, Participant 12 explained: “You must validate the emotion and say, ‘I can see you are angry, and I understand why,’” Leahy (2015:32) defines validation as acknowledging the element of truth in an individual’s thoughts and feelings. Leahy (2015:128) adds that in order to validate the feelings of clients effectively, the therapist needs a skillset. This skillset consist of the following elements: questioning, focusing, confrontation, and reflection. Several participants highlighted questioning and confrontation, which means that the therapist interrogate and understand the need behind the emotion or behaviour. Participants also highlighted *focusing* and *reflection* by stressing that the therapeutic relationship and accompanying skills should be used to promote awareness into the situation.

Theme 3: *Bringing about insight into at-risk behaviour*

Cid (2017) suggests that normal after-school activities should foster non-cognitive skills such as self-control, respect for others, and social integration. The study by Cid (2017) found that

youths involved in these after-school activities, showed more positive aspirations toward education, labour and family. These learners also demonstrated a higher level of social integration and lesser problems with physical aggression and a more positive attitude towards authority.

Cid (2017) further notes an improvement in positive self-perception. This notion was also highlighted by Participant 2 who viewed constructive activity as both a way of channelling energy and improving self-worth in at youth risk. This finding echoes that of Hooper and Iwasaki (2017), namely that *leisure* is an important tool in meaningful engagement of youth at risk. Being constructively involved in leisurely activities provides an avenue for the youth to connect positively with their peers and communities. This notion is confirmed by participants' responses:

- Participant 1 concurred: "They need to be kept busy, they need to feel that they are actually worthy of being in this world and able to accomplish something."
- Participant 3 depicted possible inner thoughts of youth at risk: "I am crap. There is no hope, I am nothing, I am worthless, it does not matter what I do."

All three above-mentioned participants concurred that it is necessary to keep young people busy and let them achieve in activities ranging from creative work to sport. Such constructive involvement is found to improve their functioning and, more importantly, their self-worth. The notion of improved self-worth is also highlighted by Hooper and Iwasaki (2017), who point out that involvement in after-school leisure activities promotes constructive creation of new meaning in the lives of youth at risk. According to participant 15: "Their talents make them feel worthy and provides positive reinforcement of their strengths."

The participants indicated another way of intervening in and facilitating insight into high-risk activity. This is done by applying various therapeutic aids.

- Participant 6 explained: "I use videos and visuals that re-enacts the situations like cartoons. I would also use drama and role-play."
- Participant 4 added: "We had a play here once about respect; the youth learned a lot."

Furthermore, Litvin *et al.* (2012) found that technology as intervention into the lives of youth with high-risk drug-related behaviour tend to improve, support, and supplement therapeutic and treatment needs. The use of drama and role-play to facilitate insight have been researched by Bundy (2017). He found that participatory drama programmes are a valuable and joyful intervention in the lives of young people. Brown (2012) also found that role-play presents a valuable opportunity for the youth to practice empathy. This is done by entering the world of the other person and responding to this world as that individual would. In the opinion of Participants 4 and 7, learning empathy is another factor that help provide insight into violent and bullying behaviour among youth at risk. Participants identified leading the youth to self-awareness as another intervention to provide insight into high-risk behaviour.

In this regard, Monat (2017) describes self-awareness as “having a clear perception of your personality, including strengths, weaknesses, thoughts, beliefs, motivation and emotions”. Thus, achieving self-awareness allows individuals to understand how other people perceive them and their attitude. This notion was confirmed by Participant 10: “They have to have self-awareness in terms of the reason they act the way they do.” Several participants indicated that once the youth understand the reasons behind their behaviour, they can gain insight into this behaviour. For example, Participant 4 elaborated: “I asked her when in her life did she also experience this type of anger, can you remember where you felt like this? Then it got to her that it was when her mom left.”

Another suggestion by the focus groups was that youth should be engaged with role-models. Bowers *et al.* (2016) found that role-models inspire youth to pursue opportunities actively and improve social and emotional growth. These researchers add that adults who act as role-models for young people, ensure more congruity between other adults’ expectations and youths’ knowledge, attitudes and behaviour.

Theme 4: *Psychosocial needs of youth at risk and addressing it in therapy*

Another theme that the focus groups identified is high-risk youths’ psychosocial needs. These needs were found to be: attachment, belonging, hope, acceptance, social identity, self-validation, respect, and affection. Cox and Sagor (2013:4-8) identify five central needs of youth at risk: feel competent, to belong, feel useful, feel potent, and feel optimistic.

Cox and Sagor (2013:5) describe *competence* as receiving positive feedback on one’s abilities. This is in line with the responses by participants of the present study:

- Participant 1 elaborated on acceptance and self-validation: “When they are condemned they have a sense of worthlessness. They know society has condemned them.”
- Participant 4 expressed the notion that competence also relates to social identity and self-validation: “This is me, and this is society, I will show society who I am.”
- Participant 5 added: “There are so little they can say they got done. They need to have stuff they can do and say: This is mine.”
- Participant 13 mentioned the youths’ need to be valued, which also links to competence: “Youth wants to feel respected, that their opinions count and that they are valued.”

The following need which Cox and Sagor (2013:4-8) describe is *belonging*. The participants also identified belonging as a need of youth at risk. Cox and Sagor (2013:5) link belonging to the feeling that others do not value an individual’s company and do not accept that person. The scholars’ definition of belonging thus also relates to the need for *acceptance* and *affection*, as identified by the focus groups of the present study. This is evident from the following excerpts:

- Participant 11: “They need acceptance, they experience such rejection and instability, something to say I am wanted and I belong here.”
- Participant 13: “... to belong, to feel safe, loved important and accepted”.

- Participant 4: "... to fit in somewhere".
- Participant 8 verbalised the need for affection and attachment as: "High-risk youth need to have someone who is there and available."
- Participant 5 asserted: "They need unconditional love, like that which comes from an animal. They need to be let be without condemning them."
- Participant 12 concurred and added: "They also want to be hugged and be close to someone."

Cox and Sagor (2013:7) identify *optimism* as a need and describe it as receiving positive feedback on competence, belonging, usefulness and potency. This need also becomes a positive predictor for the future. This is in accordance with the opinion of the present study's focus groups that high-risk youths seeks hope.

Participants were asked to indicate how they would attempt to meet these psychosocial needs within a therapeutic setting. Subthemes that emerged from the responses covered a wide range of interventions:

- Show the client that what is important to him, is also important to you.
- Engage in casual, warm interaction.
- Act consistent and be dependable.
- Allow client to control the session.
- Show appropriate physical affection.
- Create attachment.
- Be present and create I-Thou connections.
- Make the client feel important and worthy.
- Be as available as possible.
- Identify strengths and affirm it.
- Be authentic in interaction.

Using a therapeutic setting to address these needs, social workers require a wide-ranged professional skillset. Davies (2015:2-16) highlights the following skills for social workers: active listening; being able to use open- and closed-ended questions; clarify issues; reflect on them; as well as paraphrase and summarise these issues. This also requires cultural awareness; appropriate body language; and forming and maintaining relationships.

2. Using drama as a technique in play therapy

For the present study, the responses from the interviews were processed to provide themes and subthemes for the second part of the research focus: *using drama in play therapy*. Themes and subthemes were explored individually. In the discussion to follow, excerpts are quoted directly from participants responses and linked to current literature on the topic. Table 2 below outlines themes and subthemes that were captured during this part of the study. Themes and subthemes are discussed in finer detail below the table.

Table 2: Themes and subthemes for using drama as technique in play therapy

Theme	Subtheme
1. The therapeutic relationship	1.1 Self-disclosure 1.2 Informal approach 1.3 Connecting through popular media 1.4 Ice-breakers
2. Using drama as technique	2.1 Planning and structuring 2.2 Initiating the technique 2.3 Therapist as participant 2.4 Working with emotion 2.5 Trauma 2.6 Termination

Theme 1: *The therapeutic relationship*

From Theme 1 mentioned above, various subthemes were captured, which are expounded below.

1.1 Self-disclosure

The relationship with the therapist helps the client recapture a sense of emotional intimacy. Such intimacy consists of openness, closeness, and appropriate dependency. This sense of intimacy is enhanced by the therapist’s appropriate self-disclosure (Fisher & Shueman, 2013:3-4). The participants’ responses confirmed this subtheme:

- Participant 1 indicated that self-disclosure of the immediate experience is helpful to initiate drama as a technique: “I would pick up the sword and say, ‘Oh my gosh, this feels good.’”
- Participant 4 suggested self-disclosure as means to sell the technique to the youth: “Sharing about myself and how dramatic work has affected me.”

These excerpts open a window on the internal world of therapists, and perhaps even on their needs in therapy. This intervention initiates the sense of intimacy and openness as pointed out by Fisher & Shueman (2013:3-4). The responses from the participants also highlighted this subtheme:

- Participant 3 explained that she connects self-disclosure even closer to the drama technique: “I might take on a persona of my adolescent self too, inviting the youth to play together with my as their adolescent self.”
- Participant 1 emphasised that even sharing aspects such as preference in music is a form of self-disclosure that may benefit the therapeutic relationship. She indicated that she connects by music: “Sometimes they ask me then I will share appropriately how the music affects me.”

Farber (2006) points out that the function of self-disclosure is to connect better with others and thereby enhance intimacy in the therapeutic relationship. Self-disclosure is found to be crucial to the I-thou relationship (Farber, 2005:12-13). In this regard, Participant 1 mentioned the I-Thou relationship: “In those moments of sharing we are having a real I-Thou experience, making a connection.” [until here last]

1.2 Informal approach

Johnson and Emunah (2009:239) support an informal approach to using drama, seeing that it widens the opportunity for self-expression and exploration. Bernard (2013:135), however, stresses that it is for the therapist to decide whether a formal or informal approach to therapy would benefit the relationship with the client. According to Bernard (2013), an informal approach would typically entail the use of first names, sharing beverages, casual attire, and relaxed posture.

The participants’ responses confirmed that an informal approach would be the appropriate way to forge a therapeutic partnership with the youth. This is attested by die following responses:

- Participant 5 explained: “Break the conventional scary office setup, make it bright and friendly so youth as freedom to enjoy and contribute.”
- Participant 1 mentioned that she will allow young people to teach her to dance and then “laugh at me”. This illustrates an informal connection between the youth and the therapist.

1.3 Connecting through popular culture

There is a place for popular culture in the therapeutic triangle between the client, therapist and the objects and activities in their daily lives (Rubin, 2008:xxxiv). Movies, music, literature, television, and the Internet can serve as therapeutic resources. These resources can be used, among other functions, to create a sense of solidarity between the client and the therapist (Rubin, 2008:xxxiv). Rubin, (2008:xxxv) views connecting through popular culture as an ideal strategy when working with young people. He points out that 37% of youth between the ages of 12 to 15 years turn to popular culture on difficult topics (Rubin, (2008:xxxv). There is an established link between youth and popular culture. Therefore, according to Rubin (2008:xxxv), it makes sense to introduce this link into the counselling room as a third party, thereby forming a therapeutic triangle.

The participants also referred to the use of popular culture both as means to forge a relationship and as therapeutic aid. This is clear from the excerpts below:

- Participant 5 explained: “Include music they like and enjoy. Talk about movies, and characters in movies that are relevant to them, to find common ground.”
- Participant 4 mentioned that she asks clients to bring along music of their choice to therapy. Then she and the client together explore themes and feelings in the songs.
- This was also confirmed by participant 1: “I use characters in music, books and movies that go through similar emotions, so we can explore their thoughts and feelings.”

Nielsen *et al.* (2015:45) confirm this practice by pointing out that the analysis of lyrics and discussion of songs, involve clients in the narrative, feelings, or message of the song and underline its relevance to their own life and context.”

1.4 Ice-breakers

The purpose of an ice-breaker in therapy is to reduce anxiety and increase rapport between the therapist and client (Sweeney *et al.*, 2014:138). Participant 4 mentioned she uses ice-breakers to initiate rapport and reduce anxiety. She explained: “I will introduce an energising ice-breaker as a way of introducing ourselves in a different kind of way.” Redgrave (2009:54-55) supports the use of ice-breakers in relationship-building with new clients. According to him, therapists use ice-breakers to mark the start of a special event between the therapist and a new client.

Theme 2: Drama as technique

From Theme 2, various subthemes emerged, which are discussed below.

2.1 Planning and structuring

On the one hand, participants recognised the benefit of a casual relationship and informal therapy with the youth. However, on the other hand, participants emphasised that proper planning must take place and sessions must be structured. Participant 5 suggested: “Find out before what the youth are likely to enjoy and plan. Get all the tools and equipment ready and tailor-make the activity for the client.” Landy (1994:125-127) highlights the need for planning sessions to work with unique individuals. He adds that it is difficult to structure a session in which drama will be used as technique. Therefore, such a session should be tailor-made for diverse populations, time factors, and therapeutic goals. Besides adapting planning to individual clients, Landy (1994:125-127) stresses that therapists must also consider their own natural style, especially when choosing between directive and non-directive approaches to therapy. The participants’ responses confirm this approach:

- Participant 1 explains that she structures sessions to ensure clients know when the session will end and what to expect, especially when terminating the session. She believes that the client must be made aware that the session is almost over. This will help clients to begin de-roling, winding down from the projection, and interact more

casually. As part of structuring, Participant 1 mentioned that she adds certain rituals to the session, to signal phases and keep the client to a familiar pattern.

- Participant 4 agrees that sessions must be planned in broad terms to allow sufficient time for a child to be brought back to reality and leave opportunity to discuss the projection.

While not specifically mentioned by participants, Landy (1994:126) recommends that when planning the session, the therapist should consider the therapeutic goals as agreed with the client. However, participants did remark on agreeing to therapeutic goals in the form of *contracting* when initiating the therapeutic relationship. In this regard, Participant 4 explained: “I will use the first session to explain the kind of therapy and media we might use in the course of our sessions.” She added: “Before the session I will select a few items and allow the youth to choose one. They will know there will always be three options and they can choose.”

Selecting the three options which Participant 4 mentioned, obviously means planning the session and initially contracting the therapist to allow the client this amount of control over sessions. Participant 3 confirmed that she also plans her sessions, should she become aware of a particularly resistant client. In this regard, the drama becomes a third element in therapy. Therefore, prior to the session she plans objects to introduce into the play space, which would allow the session to flow. She explained: “I would put instruments lying around the room so the client will happen upon them. The intention is to introduce something other than myself that we can both interact with and explore together.” She mentioned the example of a particularly resistant client, where she labelled a box “therapy” and left it in the play space. This allowed Participant 3 and the client to interact with this box as a third entity. In that way she could work with feelings of resistance which the client may encounter during the session.

These individualised activities require careful planning, and preparation by the therapist before commencing the session. Participant 4, however, cautions that planning a session should not inhibit the client from exploring open-ended scenarios.

2.2 Therapeutic Work

2.2.1 Therapist as participant

Landy (1994:125-127) explains that when using drama as technique, not all therapists will be that willing to assume roles and be active players in enactments. However reluctant a therapist may be to participate, Landy (1994:126) urges that when role-play is called for, all therapists should be prepared to partake, even if only for a brief period. Participant 1 acknowledged: “I might even dress like a character. I try not to speak for them, but they will tell me what to say, so, I participate.” Therapists engaging in drama as therapy have a wide variety of roles to enact. In developmental transformations when using drama as technique the therapist can be an active co-player or even an object for the client.

During initial stages, the therapist may take on a complete role, but gradually shifts to being more of a director facilitating the intervention (Johnson & Emunah, 2009:28). Johnson and

Emunah (2009:28) encourage therapists to emerge themselves actively in the dramatic enactment. This notion of emergence is also supported by the participants in the present study:

- Participant 4 explained that she emerges herself by embodying someone in the life of the client during dramatic projections. In this way, she motivates clients to participate in the enactment.
- Participant 3 attested to going as far as enacting an aspect of herself. She gave an example where she changed into her adolescent self, in order to engage the adolescent self of the client.

2.2.2 Working with emotion

Drama in therapy implies viewing emotion as a physical reaction. The clients feel and express emotions through their body (Jennings & Holmwood, 2016:6). Participant 2 explained that she deals with emotional expression from youths as clients by validating and reflecting the content they expressed. She stated: “I deal with it by validating, reflecting and being fully present while they are exploring themselves.” Once feelings are expressed and validated, clients can proceed with the following step in therapy (Johnson & Emunah, 2009:299). Knatz *et al.* (2015) explain that validating the emotions of young people help them function emotionally healthy.

Participant 4 indicated that she uses music and stories as reflective technique to explore emotions. She added: “I help clients to embody emotion using movement warm-ups and music.” Johnson and Emunah (2009:217) refer to music as the universal language of the soul. They point out that sound and music create opportunities where clients can open themselves to deeper dimensions of their experiences. Their view also provides support for Participant 4 above, when they elaborate that clients are encouraged to move in relation with sound to embody emotional experiences. Furthermore, to translate emotion into sound, may trigger a strong release of a cathartic breakthrough.

During enactments, according to participant 4, she helps the client to “journey to the land and bring stuff and experience it in a safe way” and added: “They bring things to the world in order to experiment with it.” Participant 5 also viewed it as part of her role to help clients explore why they are experience intense feelings during enactments. As Johnson and Emunah (2009:191) explain, through dramatizing the internal aspects become externalized; what was private is witnessed. The therapist as witness then has to validate the externalised inner struggles and emotions of the client.

In drama as technique not only negative and distressing emotions matter. The presence of joy and interest is also important as well as amplifying emotions such as pride, excitement, curiosity, and even silliness (Jennings & Holmwood, 2016:224-225). These positive aspects were highlighted by several participants, as is evident from the responses:

- Participant 2 alluded to this notion by indicating that creating excitement and feeling enjoyment in activities are part of therapy.

- Participant 1 acknowledged that she laughed with her clients during dance and movement. In this regard, Jennings and Holmwood (2016:204) confirm that playfulness, humour, and fun is powerful tools to help clients view their problems as surmountable.
- Participant 5 added that the therapist should ensure the client does not get overwhelmed by feelings. This is countered by techniques such as leaving the room. or breathing and relaxation exercises.
- Participant 2 also highlighted the responsibility of the therapist to de-escalate the youth when the experience becomes overwhelming.
- Participant 4 supported channelling intense feelings by activities such as making music, stomping feet, beating drums, thus making the instruments or movement the channel.
- Participant 1 pointed out that the therapist should ground the client when the experience gets overwhelming.

Watts *et al.* (2013) explain the intention of grounding, namely to prepare clients physically and mentally to leave the enactment or projection through practical exercises.

2.2.3 Dealing with trauma

Drama in therapy is often selected specifically for the population of traumatised children (Read & Emunah, 2009:30). Sajnani and Johnson (2014:33-35) highlight principles for using drama when treating trauma. Many of these principles are also confirmed by the participants of the present study. These principles are discussed in the following subheadings.

a) Play as part of warming up

Play should be used as part of warming up during the initial phases of the work. This aspect also includes ice-breakers as discussed by the participants and discussed previously. Participants highlighted various ways to warm up a session:

- Participant 5 suggested that the session begins by an exciting play-based activity.
- Participant 3 stated that she begins a session through play activities and by telling the client that it may feel a little “silly”. She also states that initially she would use play as an ice-breaker to make the client feel at ease.
- Participant 4 explains that she would start sessions by “bright and friendly” activities which the youth enjoy.
- Participant 1 employs play activities such as clay and paint until the client is ready for more in-depth work.

b) Manage and control psychological distance

It is the therapist’s task to manage and control the degree of psychological distance taken from the dramatic material. In this technique, Cary (2006:58) describes distance as the point at which clients can have access to their feelings, yet also maintain a stance as an observer. This means managing the continuum between being an “over-distanced”, cognitive observer and “an under-distanced”, affective actor (Cary 2006:58). Participant 3 mentioned the use of

containment in therapy. She explained that before commencing the work, she and the client would agree on a neutral space in the room, which is devoid of emotion and where the client feels safe. When the trauma work becomes too strenuous and the emotions overwhelming for clients, they may move into the safe space. Participant 3 explains that this can be as simple as a plastic hoop on the floor marking this safe space. Sajnani and Johnson (2014:102) also recommend the creation of a safe base of containment when exploring and working through trauma.

It is important that the client feels in control of the session. This strategy helps keep the client at a safe distance, but still open enough to explore content. Cary (2006:67) emphasises the importance that survivors of trauma experience control over the session, seeing that they already had control “ripped from them”. Participants 1, 2 and 4 confirmed the need to ensure the client has control over the session. This applies to the levels of engagement or distance with the traumatic content of the session. Sajnani and Johnson (2014:100) explain that in real life these clients did not have control over the traumatic event, and felt victimised and disempowered. Thus, they must be allowed creative control during therapy sessions to counter these adverse feelings.

c) The client’s capacity to overcome the trauma

According to the third principle, the therapist assesses the client’s strengths and skills to overcome the trauma. Participant 3 mentioned that she applies the technique of resourcing to help clients access their strengths to deal with trauma. Cary (2006:13) defines “resourcing” as the process of helping clients connect with their inner sources of support and strength. In this regard, Participant 3 indicated that during enactments or imaginary journeys, clients are motivated to create and use strong characters that represent the strengths within themselves. She asks clients: “Who do we need to call for help?” and: “What part of your world would you draw most strength from?”

d) Open-ended process where the client may lead

An open-ended process is necessary where the therapist is led by the client while engaging in the creative work. In such an open-ended session, the client is allowed to make spontaneous comments and insert improvisations (Sajnani & Johnson, 2014:87-88). Such a process is also confirmed by the participants’ responses:

- Participant 4 suggested: “Tell the child that he or she could be whatever they like in the playroom.”
- Participant 3 mentioned that she uses stories, “... so they can create their own story”.
- Participant 1 explained that by enacting a certain character, the client takes part in the experience and “play out the consequences”.
- Participant 4 stated that she believes in open-projection “where the client has the freedom to take the projection where they want”.

2.5 Termination

It is crucial that the therapist is sensitive for the correct time to terminate the play therapy session.

Participant 2 shared that she has a clock and a tiny bell in her office. These items remind herself and the client that the session is almost over and that it is time to begin winding down. Landreth (2012:206) stresses that a sensitive play therapist will always help clients anticipate the ending of a session with at least a 5-minutes caution. This 5 minutes of caution helps the clients bring themselves under control and prepare to leave the session. Using this caution also shows respect to the client (Landreth, 2012:206).

When the enactment has ended, the therapeutic space often is filled with intense emotions and vibrant energies. Watts *et al.* (2013:64) recommend the use of a “bridge out” by helping the client develop distance from the character. At this point, the therapist can ask sensitive questions about the enactment to ensure the client is ready to cross-over (or bridge out) from the enactment. The use of this technique by participants is evident from the following responses:

- Participant 5 mentioned that she also utilises post-enactment questioning. She asserted: “There must be enough time left to chat about the experience.”
- Participant 3 indicated that this is part of her practice to pose questions in that stage: “Asking: ‘How was that? Have you experienced anything like that in your life?’” This is part of open-ended reflection after the technique has been applied.

Raw emotions in the form of catharsis, contains a reduced sense of rationality. However, drama as therapy and discussions that follow the enactments, help create empathy and distance after the catharsis. These discussions help the clients reach clearer emotions, thoughts, and discourse (Jennings & Holmwood, 2016:162).

The mentioned phase of winding down is followed by the process of de-roling the client. Watts *et al.* (2013:70) describe this process as flicking off all the feelings and discarding them. This final process was also mentioned by the participants:

- Participant 4 explained de-roling as a form of termination of the session. She describes it as: “We make sure we step out of character work or imaginary land. We say goodbye to the character and do physical grounding. De-roling is venturing back out of the land into this room, into this space in ritualised way.”
- Participant 5 cautioned that the projection or enactment must not be left until just before the session ends. She remarked: “There must be enough time to bring the client back to reality.”

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A framework for social workers using drama in play therapy to assist youth at risk exposed to violence

1. Using drama in play therapy with helping youth at risk who has been exposed to violence.

1.1. The Therapeutic relationship

Basic principle	Aim	Practical guideline
Build a strong relational bond between therapist and client	Make the client feel heard	<ul style="list-style-type: none"> • Active listening • Being present
	Make the client feel in control of the session	<ul style="list-style-type: none"> • Talk about what the client wants to talk about • Do activities the client wants to do
	Agree on goals of therapy	<ul style="list-style-type: none"> • Contracting the client
	Let the client feel respected	<ul style="list-style-type: none"> • Prepare for sessions • Be punctual • Recognise their opinion
	Be consistent	<ul style="list-style-type: none"> • Keep using the same approach • Do not change attitude • Be predictable
	Be authentic	<ul style="list-style-type: none"> • Be genuine in the approach to the client • Explain when you are not feeling well

		<ul style="list-style-type: none"> · Have empathy · Convey warmth
	Informal approach	<ul style="list-style-type: none"> · Use humour · Enjoy sessions · Use first names · Dress casually · Have a relaxed posture · Perform therapy outside the office in a relaxed setting
	Appropriate self-disclosure by therapist	<ul style="list-style-type: none"> · Share relevant and appropriate feelings and experiences with the client · Connect by common interests
	Make the client feel valued	<ul style="list-style-type: none"> · Foster a sense of being accepted and wanted during the session · Show appropriate affection · Be optimistic about the client · Create I-Thou connections

1.2 Therapeutic work

Basic principle	Aim	Practical guideline
Work constructively with emotions	Respond adequately to emotional expressions	<ul style="list-style-type: none"> · Validate the client's statements or expressions · Reflect on the content of expressions
	Appropriate non-verbal communication	<ul style="list-style-type: none"> · Make eye contact · Have a relaxed posture

		<ul style="list-style-type: none"> Practice appropriate touch Be aware of tone of voice
	Induce a relaxed state when needed	<ul style="list-style-type: none"> Use breathing exercises Use grounding exercises Apply progressive relaxation techniques
	Explore emotion	<ul style="list-style-type: none"> Use multimedia and stories as projections Use dramatic embodiment for non-verbal expression through dance and movement
	De-escalate intense emotion	<ul style="list-style-type: none"> Channel feelings through movement Use grounding techniques
	Trigger cathartic experience	<ul style="list-style-type: none"> Use music and dance Enact relevant literature Improvise enactment Enact stories Write their own story and enact it
	Use popular culture	<ul style="list-style-type: none"> Enact and embody characters from music, movies, and stories Analyse lyrics Enact lyrics Embody popular music
Intervene directly in high-risk behaviour	Build self-worth	<ul style="list-style-type: none"> Involve the client in the creative process and constructive activity Use client's talents

		<ul style="list-style-type: none"> • Give positive feedback on activities
	Achieve insight	<ul style="list-style-type: none"> • Use multimedia as projective techniques • Let the clients enact social situations, explore, improvise, experiment, and reflect • Take clients on an imaginative journey, let them experiment with situations, objects, and people. • Use role-play for the clients to experiment with interactions and achieve empathy
	Enhance self-awareness	<ul style="list-style-type: none"> • Help the client reflect on emotions, behaviour and experiences • Let the client tell and enact their own story
Deal effectively and sensitively with trauma	Start the session relaxed	<ul style="list-style-type: none"> • Use games, play, and Ice-breakers • Use humour • Employ sensory relaxation
	Manage psychological distance from content	<ul style="list-style-type: none"> • Provide physical containment by creating a safe neutral space outside of enactment
	Empower client	<ul style="list-style-type: none"> • Grant client control over levels of engagement, sharing of content, and the creative process

	Use client's own strength and skill	<ul style="list-style-type: none"> Use resourcing during enactment to summon the strong part of the actor Create strong characters which embody the strength of the client Have client identify and impersonate strong characters from movies and stories
	Use an open-ended process	<ul style="list-style-type: none"> Allow spontaneous improvisation, changes to enactments, and comments Allow clients to be whoever they need to be through enactment or role-play Allow clients to play out the consequences of situations

1.3 Terminating sessions

Basic principle	Aim	Practical guideline
Prepare client for steps leading to termination and termination	Manage time	<ul style="list-style-type: none"> Remind client that the session is almost over Make client aware that it is almost time to move into the reflective part of the session
	Create a bridge out of the imaginary world	<ul style="list-style-type: none"> Develop distance from the character De-role the client

		<ul style="list-style-type: none"> · Take off costumes · Take leave of characters · Flick off feelings from enactment and discard it · Use rituals
	Reflection session	<ul style="list-style-type: none"> · Discuss the therapeutic experience · Pose sensitive questions about the exploration · Summarise and conclude the session

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SECTION C: CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Through an extensive literature study, the researcher identified the dominant theoretical approaches underpinning therapeutic work with youth at risk. These approaches were as follows: the structured-social-learning model (Lipsey 2009); the ecological systems model (Bronfenbrenner 1979); the positive youth development and strength-based model (Ciocanel *et al.*, 2016); critical theory approach as described by Case (2017); relationships and modelling (Cooper & De Lannoy, 2015); a parent-centred approach (Estrada *et al.*, 2017); the circle-of-courage design (Brendtro & Brokenleg, 2002:43-60) as well as approaches by Robberts *et al.* (2016).

1.1 Conclusions

By using focus groups with social workers who deal daily with youth at risk, the present study outlined practical guidelines to assist therapeutic intervention into the lives of these young people. Certain themes were identified during the mentioned focus groups that contribute to approaches when working with youth at risk. These themes are: using contracting; building quality therapeutic relationships; taking an open-ended informal approach to therapy; relinquishing control over the session to the client; adequate response to emotional expression; appropriate non-verbal communication; using pop culture to assist the therapeutic process; building the self-worth of the client; and empowering the latter by adopting a strength-based approach.

Furthermore, semi-structured interviews were conducted with professionals who use drama-based techniques to assist the mentioned youth. Responses from these interviews helped the researcher identify different ways in which drama-based play techniques can be incorporated in therapy with youth. The following themes were identified through this process: using imaginary journeys; writing stories; improvisation; multimedia aids; dramatic embodiment; and resourcing to deal with emotions and achieve catharsis. The findings also highlighted the importance to keep the client at a safe distance from the content by employing strategies to contain. When terminating sessions, it was emphasised that de-rolling of clients should take place followed by engaging them in a reflective phase to discuss the content of the session.

Drama in play therapy represents techniques which offer solutions to resistance and safe spaces to explore. These techniques help achieve self-worth as well as awareness of the self and the social context. Drama as play-therapeutic technique, does not only offer clients the opportunity to explore their inner life, but opens a door to safe exploration of the social context and situations. In this regard, the ecological-systems model by Bronfenbrenner (1956), takes into account the various systems affecting the lives of the mentioned youth at risk.

The combined data obtained from the focus groups and semi-structured interviews provided elements that were used to create a comprehensive framework. The framework assists social workers who use drama in play therapy to intervene in lives of youth at risk who has been exposed to violence. Existing approaches identified through the literature study, can be

combined with the aspects included in the framework to enhance the quality of the therapeutic relationship, handle emotion, and deal with trauma.

1.2 Limitations

Despite new information obtained by the present study, certain limitations should also be factored in. Limitations emerging from the research study entail the following:

- **Sample size:** The number of therapists with whom semi-structured interviews were conducted was not sufficient; a larger sample may have provided more diverse data.
- **Diversity:** Social workers participating in focus groups were all related to children's homes. Thus, a more diversified population of social workers would have been more ideal for this study.
- **Ethical limitations:** Due to the sensitive nature of the case study, it was not viable to interview the at-risk children themselves, without incurring deep-set ethical issues.
- **Time limitation:** a once-off gathering of data within a limited period, contributed to the limited population size.

1.3 Recommendations

In light of the limitations highlighted above, certain recommendations can be made. The recommendations have two focal points: the therapeutic process and future study in this field.

It is recommended that the play-therapeutic process with youth at risk should be underpinned by a strong therapeutic relationship, building of trust, and relinquishing of control in an informal context in which the goals are contracted with clients, but remain open-ended. It is recommended further that social workers should be familiarised with the principles of using dramatic techniques that could be woven into projective work done in play therapy with youth.

Future research in the field of dramatic techniques incorporated in play therapy should ideally be done with a larger, more diversified population. Ethical limitations should be dealt with and the possibility investigated of interviewing youth at risk themselves who have been in therapy. Such a strategy may produce richer data on the subjective experience and of play therapy with these young people. Future studies should consider a longitudinal approach by gathering data from the same sample over an extended period, which may produce different data.

1.4 Contribution of the study

This study contributes to the body of knowledge in play therapy by indicating how drama can be incorporated as therapeutic intervention for youth at risk who have been exposed to violence.

1.5 In conclusion

To conclude, play therapy is often popularised as an intervention technique only suitable for young children. Incorporating the dramatic techniques discussed in the present study may help open up play therapy to older youth in need of therapeutic intervention. It might be helpful for social workers to use drama techniques in play therapy to reach youth at-risk who has been exposed to violence.

Appendix A: Informed consent forms

HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR SOCIAL WORKERS WORKING WITH YOUTH AT RISK
EXPOSED TO VIOLENCE.

TITLE OF THE RESEARCH STUDY:

A framework for Social work using drama in play therapy with youth at risk exposed to violence

ETHICS REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: Prof. C. H. M. Bloem

POST GRADUATE STUDENT: Ms. L. Erasmus

ADDRESS: Centre for Child Youth and Family Studies, Wellington

CONTACT NUMBER: 0748977587

You are being invited to take part in a research study that forms part of a master's degree in Social Work: Play Therapy. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is entirely voluntary and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU.....) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH,

2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- ☒ *This study will be conducted in Gauteng in 113A Second Street, Linden the month of June 2017 and will involve participation in a focus group with other social workers working with youth at risk exposed to violence. 6 Other participants will be included in this leg of the study.*
- ☒ *We plan to gather rich information from your experience, knowledge, skills and expertise of working with youth at risk who has been exposed to violence. We will use this information to create a framework to help more social workers assist youth at risk who has been exposed to violence.*

Why have you been invited to participate?

- ☒ *You have been invited to be part of this research because you have been working full time with youth at risk who has been exposed to violence for at least five years.*
- ☒ *You also fit the research because you are a registered social worker at the South African Council for Social Service Professionals.*
- ☒ *You will not be able to take part in this research if you have not been working with youth at risk for long enough to have an expert opinion.*

What will be expected of you?

- ☒ *You will be expected to participate in a focus group once with six other social workers for no more than 90 minutes. You will be presented with four subjects to discuss.*

Will you gain anything from taking part in this research?

- ☒ *Your participation in this focus group will give recognition to expertise and add to the individuals knowledge base by sharing with other experts.*
- ☒ *You will have the opportunity for professionals to talk and share about their work and methodology. This might give you some distance and help you gain new insight into your work with youth at risk. Participants thus have the opportunity to learn from one another and thus improve their own practice.*
- ☒ *Some good networking and forming of friendships might also happen during the execution of the focus groups.*
- ☒ *The participants will have an opportunity to voice their opinions concerning their experiences and expertise.*

Are there risks involved in you taking part in this research and what will be done to prevent them?

- ☒ *In this study however the information shared between participants and the researcher is not of a highly personal nature which requires self-disclosure. It is the describing of the subjective professional experience when working with youth at risk exposed to violence.*

- Ⓞ *Participants will be warned ahead of the focus group that information which exposes ethics violations in professional practice will have to be reported by the researcher. In the same way the participants will be made aware that sharing of information about criminal activity involving the safety and wellbeing of clients might will ethically force the researcher to report such matters.*
- Ⓞ *Experiences from social work practice will be discussed and it is possible that group members might say something that damages their reputation. The participants are all however strained professionals who are accountable for the things they might say. This risk will however be mentioned in the informed consent form. Any such experiences will also be discussed during the debriefing session after the focus group.*
- Ⓞ *All participants will be reminded of confidentiality before the commencement of the focus group.*
- Ⓞ *The group will be asked to reach consensus on the group etiquette where it relates to verbal attacks and the way differences of opinion are dealt with.*
- Ⓞ *The researcher is committed to stay very attentive in order to pick up immediately when a certain topic might upset a group member and steer the conversation away in order to protect the participant.*

How will we protect your confidentiality and who will see your findings?

- Ⓞ *Anonymity of our findings will be protected. Only the researcher will have access to the identifying particulars of participants. Your privacy will be respected by ensuring that the session will be conducted in a private room where no other people can disturb the process. All data transcribed from the session will be transcribed by the researcher herself. Nobody else than the researcher will have access to the collected data. Findings will be kept safe by locking hard copies in a walk in safe in an Annex of the centre for child youth and family studies. As soon as data has been transcribed video recordings of the session will be deleted. Transcriptions will not contain any identifying information on participants. Data will be stored for five years.*

What will happen with the findings or samples?

- Ⓞ *The findings of this study will only be used for this study and for no other research or purposes.*

How will you know about the results of this research?

- Ⓞ *We will give you the results of this research by sending you our finalised scientific article as soon as it is finalised. You will be informed of any new relevant finding in this research article.*

Will you be paid to take part in this study and are there any costs for you?

This study is funded by the researcher herself. Travel expenses will be paid for participants who have to travel to the site. Refreshments will be served before commencement of the focus group. There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- ☒ You can contact Leandi Erasmus at 0731629974 if you have any further questions or have any problems.
- ☒ You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- ☒ You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: Creating a framework for social workers using drama in play therapy to assist youth at risk who has been exposed to violence.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all our questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....

Signature of person obtaining consent

.....

Signature of witness

Declaration by researcher

I (*name*) Leandi Erasmus declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them and I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....

Signature of researcher

.....

Signature of witness

INFORMED CONSENT DOCUMENTATION FOR: PRACTITIONERS USING DRAMA IN PLAY THERAPY.

TITLE OF THE RESEARCH STUDY:

A framework for Social work using drama in play therapy with youth at risk exposed to violence

ETHICS REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: Prof. C. H. M. Bloem

POST GRADUATE STUDENT: Ms. L. Erasmus

ADDRESS: Centre for Child Youth and Family Studies, Wellington

CONTACT NUMBER: 0731629974

You are being invited to take part in a research study that forms part of a masters degree in Social Work Play Therapy. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is entirely voluntary and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00037-17-S1) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- ☐ *This study will be conducted at a place of your convenience month of July 2017 and will involve participation in a face to face semi structured interview with the researcher. The interview will be done with you individually. We will also be interviewing 11 other practitioners using drama as a technique in play therapy in this leg of the study.*
- ☐ *We plan to gather rich information from your experience, knowledge, skills and expertise in using drama as a technique in play therapy. We will use this information to create a*

framework to help social workers assist youth at risk who has been exposed to violence by using drama as a technique in play therapy.

Why have you been invited to participate?

- ☐ *You have been invited to be part of this research because you have experience in using drama as a play technique in play therapy.*
- ☐ *You also fit the research because you are either a registered social worker at the South African Council for Social Service Professionals or a registered psychologist at the HPCSA*
- ☐ *You will not be able to take part in this research if you have not been working using drama as a technique in play therapy for at least five years.*

What will be expected of you?

- ☐ *You will be expected to participate in a one, one on one semi structured face to face interview with the researcher. The interview will not take more than 60 minutes of your time.*

Will you gain anything from taking part in this research?

- ☐ *There might be therapeutic value to the interview and the sharing of your professional experiences.*
- ☐ *Talking and sharing about your work and methodology, might give you distance and help you gain new insight.*
- ☐ *You will be recognized as an expert in your field who has something to contribute to the profession.*
- ☐ *The study might serve as an inspiration for participants to explore deeper into their own professional persona and enrich their knowledge.*

Are there risks involved in you taking part in this research and what will be done to prevent them?

- ☐ *Interviews between the researcher and practitioners will be for the purpose collecting of collecting data and not criticizing, judging or making comments about professional practice of participants. Thus the possible risk for distress and erosion of self-confidence is very low.*
- ☐ *Information which exposes ethics violations in professional practice will have to be reported by the researcher.*
- ☐ *Sharing of information about criminal activity involving the safety and wellbeing of clients might will ethically force the researcher to report such matters.*

How will we protect your confidentiality and who will see your findings?

- ☒ *Anonymity of our findings will be protected. Only the researcher will have access to the identifying particulars of participants. Your privacy will be respected by ensuring that the session will be conducted in a private room where no other people can disturb the process. All data transcribed from the session will be transcribed by the researcher herself. Nobody else than the researcher will have access to the collected data. Findings will be kept safe by locking hard copies in a walk in safe in an Annex of the centre for child youth and family studies. As soon as data has been transcribed video recordings of the session will be deleted. Transcriptions will not contain any identifying information on participants. Data will be stored for five years.*

What will happen with the findings or samples?

- ☒ *The findings of this study will only be used for this study.*

How will you know about the results of this research?

- ☒ We will give you the results of this research by sending you our scientific article as soon as it is finalised. You will be informed of any new relevant finding in this scientific article.

Will you be paid to take part in this study and are there any costs for you?

This study is funded by the researcher herself. Travel expenses will be paid for participants who have to travel to the site. Refreshments will be served before commencement of the interview. There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- ☒ You can contact Leandi Erasmus at 0731629974 if you have any further questions or have any problems.
- ☒ You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- ☒ You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: Creating a framework for social workers using drama in play therapy to assist youth at risk who has been exposed to violence.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.

- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all our questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) Leandi Erasmus declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them and I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness

Appendix B: Interview Schedules

Attachment 5
HREC application: 30 May 2017
L Erasmus

Semi-structured Interview Schedule for study: Creating a framework for social workers using drama in play therapy to assist youth at risk who has been exposed to violence:

Opening

A. (Establish Rapport)

[*shake hands*] My name is Leandi Erasmus and I am a MSW student conducting research. (*name of person identified participant*) thought it would be a good idea to interview you, so that I can include your contribution in a framework for social workers using drama in play therapy

B. (Purpose)

C. (Motivation) I hope to use this information to help me develop a framework for social workers in practice when dealing with youth at risk who has been exposed to violence

D. (Time Line)

The interview should take about 60 minutes. Are you available to respond to some questions at this time?

Question 1: How do you initiate using drama as a technique in treatment of older children?

Question 2: How do you use drama in play as a technique to build a relationship with your client?

Question 2: How do you deal with hesitance to participate during these sessions?

Question 3: How do you deal with intense emotions experienced during the cathartic moments

When using drama as technique in play?

Question 4: How do you use drama as technique to explore past trauma in clients?

Question 5: How do you use drama as technique to make clients aware of their own risk taking behaviour?

Question 6: What are the most important tools you use when harnessing this technique?

E. (Topic) Experiences

Question 5: What do you think is the psychosocial needs of adolescent clients and how do you addressed this by using drama in play therapy?

Question 6: How do you terminate therapeutic sessions with adolescents to ensure that they are emotionally stable enough to leave?

Transition:

It has been a pleasure interviewing you. Let me briefly summarize the information that I have recorded during our interview.)

Closing:

(Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know so that I can successfully introduce this topic in my research?

(Action to be taken) I should have all the information I need.

Thanks again. I look forward to introducing the final data to you after completion of the research

Attachment 6: Draft Interview schedule for focus group interviews:

HREC application

L Erasmus: 20 March 2017

Group A: Focus Group

Focus group Interview schedule with Social Workers working with youth at risk that has been exposed to violence

Before the group assembles

Test the recording equipment to make sure it is working and that the sound is recording at an acceptable level.

Ensure I have any paperwork ready before the participants arrive, e.g. notes, name badges, and Participation Consent Forms (see below).

Have a biographical questionnaire for every available for every participant.

Preparing to start the session

As people assemble offer them some refreshments.

Once social workers are settled, check with the group whether they know each other. If not, start by going round the group and getting everyone to introduce themselves. For my own convenience I will draw a 'map' of where everyone is sitting.

Make sure that everyone is comfortable before you start and that everyone can see each other.

Read out the statement on confidentiality:

For ethical reasons participants should be asked to sign a Participation Consent Form, containing the following sections:

Check that there are no objections to the use of the audio recorder; then switch it on.

Introduction to the session

I will start off by reiterating the purpose of the meeting. I may use a statement such as:

I'm very grateful to you all for sparing time to talk about your experiences and work with youth at risk. The purpose of this focus group is to establish a base of evidence as to what important is in service delivery to youth at risk in social work, this will help to inform the future development of a

framework for intervention. I would like to concentrate on discussing first your experience in practice on youth at risk. There are no right or wrong opinions; I would like you to feel comfortable saying what you really think and how you really feel.

Back ground information for discussion on question 1: Status quo of youth in South Africa:

The developmental phase of adolescence according to Bezuidenhout (2012:71) is typically characterised by exploration of the adolescents social context. Negative exploration happens when this exploration leads to unhealthy behaviour with potentially negative consequences like drug use, criminal involvement and violence. Youth, who explore their world by engaging in dangerous and unhealthy activities, can be termed as “youth at risk”.

Youth at risk is described by The Department of Social Development (2013:29) as children who have drug- or alcohol-related problems or are in trouble with the law. 41% Of the South African prison population are younger than 25 years old (Department of Social Development SA; 2012). This means that a high number of youth engage in criminal risk taking behaviour and who has been found guilty of committing a crime. This is confirmed by the The Pan African Research Company (2016) who found that 70% of South Africa’s 20 million youth were more likely to be victims and perpetrators of assault, robbery and property theft than adults. These statistics reflect that 70% of South African youth are subjected to high-risk situations either by being involved with or exposed to crime. A) Establishment of the relationship, making contact and building rapport.

- 1) Q1 Discuss how you build a therapeutic relationship with youth at risk during the first sessions. Specifically refer to how you deal to resistance.
- 2) Q2 Discuss how you make contact and establish rapport with youth at risk during your sessions.
- 3) Q3 During sessions how do you deal with violent expression of emotion?
- 4) Q4 What methods do you use to bring about insight into risk taking behaviour?

Background information for discussion on question 2: Trauma and risk behaviour in youth

Oudshoorn (2015:65) asks the question “why do youth commit crimes?”. After exploring a variety of theories they conclude with the answer: “because they’ve experienced trauma”. Oudshoorn (2015:65) also writes “young people hurts others because they are hurting”. This explains that trauma is identified as an important cause triggering criminal and at risk behaviour in youth. The nature of this trauma can be better understood when considering factors contributing to this trauma which leads to at risk behavior. McWhirter, McWhirter and McWhirter (2016:7) explain that youth becomes youth at risk when young people are “exposed to a set of presumed cause-effect dynamics that place an individual child or adolescent in danger of future negative outcomes”. McWhirter et al. (2016: 39-53) identify societal factors contributing to individual youth becoming at-risk as poverty,

rural family life, young families, single mothers and homeless families. With regards to family life, negative aspects that contribute to high-risk behaviour in youth are divorce, erosion of family networks, detachment, enmeshment, substance-abuse, violence, child-abuse and parental psychopathology (McWhirter et al. 2016:39-53). Berkowitz, Stover and Marans (2011:671-678) writes that risk taking behaviour and trauma is inter-related and that negative risk taking behaviour follows experiences of traumatic events. In the South African context the Department of Social Development (2013:29) confirms that factors which cause youth falling at risk is family disintegration, crime, violence, poverty, inadequate housing and health conditions, poor school performance, negative peer pressure and a low self-esteem. Statistics from the Western Cape Provincial Government DSD(2014:1-3) indicate that young men, who live in high-risk areas and who are exposed to high levels of crime and violence from a very young age onwards are more vulnerable to become involved in crime.

Q2: Exploration of trauma and exposure to violence

a) How do you prompt a youth to discuss past traumatic experience without bringing about re-traumatisation?

Prompt: 2a How are different norms handled in cultural settings?

Prompt: 2b How does this differ between the two genders?

Background information for discussion on question 3: needs and development of youth:

The developmental implication of exposure to violent crimes on youth is the effect it has on their developmental milestones. In terms of developmental milestones youth in our definition falls within the category of adolescence. Skosana (2004:3-6) contextualises Erikson's psychosocial theory – (a theory of human development, 1959) in the lives of South African youth exposed to violence. Skosana (2004:3-6) explains that exposure to violent crimes like war, civil conflicts, and violence hinders youth from reaching developmental milestones. Skosana (2004:3-6) reminds that developing a sense of identity is an important milestone in adolescence (which is also youth). As we are talking about youth or exposed to violence it can be said that exposure to violence damages the development of sense of identity of youth. This is confirmed by Hutchinson (2012:40) who writes that being a witness of violence may precipitate premature identity formation in when in the developmental phase of adolescence. According to Pomeroy and Browning (2010:197-198) youth cope with a threatening environment, where violence is prevalent like violence by restricting their internal processing. "Internal processing" refers to their affective responses resulting in dysregulation of emotion" Pomeroy and Bronwing (2010:198). Emotional dysregulation is described by Richard-Lepouriel, Etain, Hasler, Bellivier, Gard, Kahn, Prada, Nicastro, Ardu, Dayer, Leboyer, Aubry, Perroud and Henry (2016:231) as "marked essentially by emotional hyper-responsiveness, poor recognition and acceptance of emotions and difficulties in adapting behaviours to experienced emotions". According to Pomeroy and Browning (2010:198) emotional dysregulation means that youth exposed to violence rely on highly charged emotions, which are likely to trigger a very strong

reaction as a means of defence towards the perceived hostile environment. Pomeroy and Browning (2010:198) warn that consequential explosions of violence can lead to tragic outcomes for some youth.

Q3 What are the dominant psychosocial needs of youth with behavioural problems in your opinion?

Background information on question 4: interventions specifically for youth

The importance of making use of intervention strategies for youth exposed to violence is highlighted by Pomeroy and Browning (2010:197-198). Their findings correlate with research from Butcher, Galanek, Krechmar Ham and Flannery (2015:304) indicating that without addressing symptoms of trauma in youth exposed to violence, youth can have difficulty engaging in and maintaining social relationships in general. Due to the fact that developmental delays and emotional dysregulation should be prevented the urgency for intervention into the lives of these youths is highlighted. Play Therapy offers a structured approach to intervention for children's problems (Short 2015:1-2). Play therapy is described by Landreth (2012:11) as special mode of intervention. Play therapy involves a dynamic interpersonal relationship between a client of any age and a therapist trained in play therapy procedures. Landreth writes that the therapist facilitates the full expression and exploration of emotional, thoughts, feelings and behaviours through play techniques. Oaklander (2007:10) explained that play therapy techniques are used to assist clients to uncover unexpressed emotions that they may have blocked. It is from this understanding that play therapy provides an environment for healing and development based upon how a child wishes to express him or herself and not what the therapist chooses to provide

Question 4: How do you respond to these needs in therapy?

Ending the session

Finally, summarize the discussions and thank participants for their time.

Remember to collect the Participation Consent Forms.

Appendix C: Transcription and Coded Documents

Appendix E1: Transcription and coding document focus groups

Question	Responses	Category
1. Discuss how you build a therapeutic relationship with youth at risk during the first sessions. Specifically refer to how you deal with resistance.	<p>I don't do it in a structured setting. Coming to and from work, they come up and ask a question I chat with them. Its not a come and sit down and ask a question and talk about where you are. A lot of it is more how are things going have you gone to school are you settled? Just general things, Are you ok, is anything wrong? Sometimes they want to phone, I will calm them down. When you see them it's just by asking questions showing interest that is where I start. from there where they come in and I want to sit down and talk to them, or they have got a major problem and it is a case of come in and sit down then the relationship is already there. Whatever they give you, you work with. To see where they are. Sometimes they are volatile and it's just a question of calm them down and then say ok talk to me. Also, being consistent with them that how I feel. I think knowing they can't storm into my office specific procedures have to be followed, so they remember that outside I will talk to you and I'm there for you, but even when I am outside you can't just come and barge in when I am talking to someone else. So, stop and wait I will listen to you but right now I am busy with somebody else. Even if I don't have time I will say, I can't see you now but I will see you. Normally somewhere along the line I actually see them.</p> <p>Firstly, when I start talking to a kid it is a question of a trust issue because they are broken kids coming in so they don't trust adults and they don't trust anybody and they are very angry and I would talk to them and sometimes just use humour to say ok I can understand that you are mad being here but don't you think this is funny? And then the whole trust thing to trust me I'm not so much about boundaries I have to focus a lot on not overstepping the boundaries that other staff set. If you want to come and talk to me and come and sit down with me its fine especially because I have got a lot of empathy where they come from, giving the message you are safe here you will get the support from me and then I love the way of interacting in group work I enjoy an informal way of talking and playing, let us play, if you are mad let us make mud balls and we throw it and you know those are the things before I will even touch on referral issues. I have seen in a structured area (yes, we need an area where we can do therapy) but I think the biggest therapy we can ever do is what we can do outside the walls, walk around talk</p>	<p>Unstructured physical setting.</p> <p>Casual relaxed interaction</p> <p>Showing interest</p> <p>Stay where the client is</p> <p>Consistency from Therapist</p> <p>Reliability</p> <p>Build trust</p> <p>Humour</p> <p>Casual relaxed interaction</p> <p>Casual relaxed interaction</p> <p>Casual relaxed Interaction</p> <p>Empathy</p> <p>Reassurance</p> <p>Casual relaxed interaction</p> <p>Unstructured physical setting</p>

	<p>sit I spend hours sitting down on the wall and they will come and really talk to me. Then they will come up with real issues and they don't want to impress because they feel safe they can talk. For me not being the social worker is good because I find it very difficult to set boundaries, I want to talk to them I want to play with them and that is also many times they will skip staff to come and slip into my office because they know I will allow them, and it's not a bad thing. Because I'm older they feel more like I'm the grandma figure I cuddle I listen, I can build their trust. You cannot underestimate that there must be some structure and there must be boundaries. If you cannot win their trust, they have no reason to trust adults, adults making promises to children, for a child they want those promises to be satisfied immediately. If a promise a child he wants it now that is also something we need to think with, promises are important. If we want to help these kids we need to look at the whole attachment thing, when new youth come in they have something to hold to, we have to build in attachment into any therapy situation.</p> <p>By understanding the child circumstances and know what he is going through. Don't even focus on why he is has come, you don't even mention that. Just to be able to talk to you about whatever even if it doesn't even relate to his therapy needs.</p> <p>When I started here last year I needed to quickly build relationships. I quickly needed to work on whatever the root issue was. In order to get there, I had to quickly establish a relationship. So, my approach was more at first on a peer basis so I wasn't the expert in this situation but rather a partner. So, I hope they didn't see me as a social worker, but rather this is Tannie Pele that I can talk to and laugh with we can talk about music, my interests so we were able to relate on some level, so we were able to connect. To get to a point where I can trust this person.</p> <p>You have to be approachable because if they see you up there on a pedestal you have too much power, they are then more hesitant to speak to you. If you just speak to them as any other child, if you have similarities you can use that to build for example I speak about music they see I'm just a normal person like any other person. Sometimes as social workers we just see that this child is in need. We don't see them as a normal child you see them as something different.</p>	<p>Equality in the relationship</p> <p>Casual interaction</p> <p>Warmth</p> <p>Building Trust</p> <p>Reliability</p> <p>Consistency</p> <p>Build Attachment</p> <p>Empathy</p> <p>Casual Interaction</p> <p>Equality in the relationship</p> <p>Casual interaction</p> <p>Use clients interests & Building Trust</p> <p>Equality in the relationship</p> <p>Casual Interaction</p> <p>Using clients Interests</p>
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<p>Just that they are the expert on their lives. You are not, because we can say in theory what people go through when they experience trauma, but every person is different. That is how it works when you work with people, you can't have a box for a person. You have to really listen where they are experiencing it and where they are coming from.</p> <p>You must be consistent. If you go there for the first time and you are cheerful and next time you go you must be the same and use the same approach.</p> <p>I was about to say as much as consistency is true I also beg to differ because it is unrealistic to be cheerful all the time but rather to be honest with them. Like saying: Listen my boy, my girl I am not feeling too well today but tannie is here and we can still carry on. So, if you don't see me as energetic and me being a bubbly person for example right now I am not well I can't pretend to be well so I'd rather say to the client tannie is not feeling very well today which is then honest and show that I am human too, we can then carry on with the session.</p> <p>You should not change without reason or a reason they don't understand.</p> <p>Because you don't know the kids very well from the beginning then you realize they lie to you and then not to change your attitude towards them, they should understand that you are the adult not to then be immature and in that sense, being consistent being the mature one, you haven't treated me fair but I'm not going to do the same that you are doing</p> <p>Om in die eerste plek te verstaan waar daardie resistance vandaan kom, dis nie altyd maklik of moontlik nie want hulle druk mos maar mense se knoppies. Dis belangrik om te verstaan dit gaan nie oor my nie dit gaan oor dit is die kind se baggage dit is waardeur hierdie kind is.</p> <p>As jy n afspraak maak met n kind wees betyds wees daar, hul hele lewe het gewys hul kan nie volwassenes vertrou nie. Wees eerlik ek het eendag n afspraak gehad met n kind, en ek het vir die kind gese ek vra omverskoning ek voel nie lekker vandag nie.</p> <p>Ek dink om vir hulle te wys jy weet wat in hulle lewe aangaan, praat met hulle oor dit is wat tannie gaan doen en dit is wat jy gaan doen. As hulle ouer is verstaan hulle meer sulke goed. So ek gaan n kontrak met hulle aan. Tannie is hier vir jou maar it goes both ways.</p>	<p>Respect their opinion / Showing interest Recognize uniqueness Recognize Uniqueness Active Listening & Empathy</p> <p>Consistency</p> <p>Authenticity and honesty of Therapist</p> <p>Authenticity and honesty of therapist</p> <p>Consistency & Authenticity</p> <p>Positive attitude toward client Consistency</p> <p>Empathy</p> <p>Insight into the clients point of view / Positive attitude toward Consistency, authenticity Building Trust</p> <p>Showing Interest Setting boundaries & Contracting / Consistency</p>
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<p>Ek dink soos belangstelling, om regtig te hoor hoe gaan dit met daai kind by die skool, by die kinderhuis.</p> <p>Om die kind deel te maak om vir hom te leer jy kan actually hierdie hanteer as is net hier om jou te bemagtig. As n kind resistance gee dan sit jy nou maar daar. Wees gemaklik tot die volgende sessie die kind moet deel wees.</p> <p>Wat baie keer vir my help is wanneer jy erkenning gee aan wat vir die kind belangrik is, identifiseer waarin die kind goed is en jy moet erkenning gee.</p> <p>Ek dink ook baie informeel sit op die mat as dit moet</p> <p>Die bietjie vir hulle die beheer in die sessie met n bietjie grense maar hulle kan besluit wat, waaroor hulle praat, wat wil hulle doen.</p> <p>Jy vat die kind se belangstellings omdat ons in die kinderhuise die kinders ken as jy met n terapeutiese proses begin weet jy wat die kind se belangstellings en sterkpunte is en om met dit te begin en dan teen die kind se pas te beweeg om vir hulle beheer te gee en te se goed wil wil jy doen, jy het in jou kop wat in die kind se baggage is maar as n kind kunstig is gaan jy nie net praat in n sessie nie, se ok se vir tannie hoe voel jy nie. Se nou die kind is regtig introvert en wil nie baie praat nie so net daai goed in ag te neem en die kind te probeer akkomodeer.</p> <p>Jy moet fokus op waarmee hy nou sukkel nie iets vat twee weke terug nie, jy kan dalk dink dis dit maar hy stoei dalk nou met n maatjie wat hom nou gepla het. Jy moet op dit fokus want anders gaan hy nie by jou wees nie.</p> <p>Ek dink as jy begin met n sessie laat hom ongelooflik belangrik voel jy moet eerlik wees, soo baie lyk vandag so mooi, ek het gehoor dit en dat het by die skool gebeur en dis positief nie daai reinforcement van bietjie belangrik voel</p> <p>Ek voel jy moet voorbereid wees jy moet reg wees om te wys hy is belangrik genoeg vir jou. jy moet die kind gemaklik laat voel. Ek het voorbereid vir jou en dis vir my belangrik om hierdie</p>	<p>Recognizing strengths Casual interaction</p> <p>Recognizing strengths</p> <p>Casual interaction/ Unstructured setting Equality / Boundaries / Consistency</p> <p>Using clients Interests Recognizing Strengths Stay where client is Equality and control Recognizing uniqueness</p> <p>Stay where the client is</p> <p>Make Client feel important Recognize strengths</p> <p>Make client feel important</p>
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	<p>pad met jou te stap. Belangstelling om mee te begin vrae te vra bv wat het jy vandag by die skool gedoen, wat het julle geheet gisteraand.</p> <p>Daai speletjie van die sensoriese. Ek dink aan die klein goed. Soos buite die sessies moet jy netsoveel moeite doen sodat die kind reeds n bestaande verhouding het as hulle kom sit by jou is daar klaar n verhouding gebou en dan is hulle gemaklik om met die tannie te praat.</p> <p>As jy oor n spesifieke insident met die kind moet praat dit op n manier te vra dat dit spesifiek is maar nie te spesifiek nie dat die kind reeds veilig voel dat jy bal aan sy kant is.</p> <p>Ek sal vir hulle se hulle moet n koffie beker saambring na my kantoor toe dan maak ons koffie en ons sien dit as na chat sessie, nie ons gaan nou werk.</p>	<p>Prepare for sessions</p> <p>Show interest</p> <p>Building relationship through play</p> <p>Unstructured setting</p> <p>Casual Interaction</p> <p>Give control</p> <p>Casual interaction</p>
<p>2. Discuss how you make contact and establish rapport with youth at risk during your sessions.</p>	<p>I will ask how the child is, how their day was if they were at school what did you do what is happening and then the child relax, he feels she is interested and she cares. I use something know about their day that I can relate to their almost immediate life and chat about that to make sure. If I know that they are demanding something I would ask them to stop and say, your question is and normally its about going to school. Letting them know that I know they are there and I know what is happening in their life and discussing things that is important to them.</p> <p>The most important thing is to know this child in front of me who is this kid what does he like doing how is his experience of this whole world. If I know that, I will link it and be able to say ok then now you love drawing so let us draw something, lets throw hoops if that is what you would like. you need to know what the child is made of what makes him tick if you don't know what the interest of the specific child is and take that as a hook to draw him into what you want to achieve you wont get anywhere because you will lose the child. Everybody wants to REALLY be seen not for what is in my file.</p> <p>I would Focus on Something positive like compliment him on his haircut.</p>	<p>Showing interest</p> <p>Casual interaction/Showing you care. Showing interest / Stay where the client is</p> <p>Showing Interest / Stay where the client is.</p> <p>Know the client</p> <p>Using clients interests</p> <p>Know the client</p> <p>Make client feel "seen"</p> <p>Recognizing strengths</p>
	<p>When a child comes in and you have been seeing this person and you have some sort of idea who he or she is it is important to go back and point out the positive you know or even just saying I noticed today that you don't look so well. Just for the the relationship saying oh she can see I don't have to say anything but she sees where I am coming from. She understands. And she says yes. So it is pointing out the negative but also saying that I see what you are going through.</p> <p>I think in all sessions its the content which is important as well as the feelings, so reflecting that as well, that you know your client well so you can see so you reflect and sometimes they have an event they would like to attend while they know they have a session and so we would come to an agreement you know. If they say tannie I would really like to go to the soccer and would say ok my boy.</p> <p>Especially with teenagers as that a part of negotiating giving them authority and power and choice. If they say they wanna go and you allow them to negotiate another day you are not taking away their power or their voice but rather emphasizing it.</p>	<p>Recognizing strengths</p> <p>Make the client feel seen</p> <p>Make the client feel understood. Making the client feel seen.</p> <p>Know your client</p> <p>Equality in the relationship / Give control</p> <p>Giving control & Equality</p>
<p>3. How do you deal with violent expression of emotion during sessions</p>	<p>The relationship that I have with the client is one where I could stop the child and say that you are starting to get violent towards me. I am not the person who hurt you can we look at another way to deal with it.</p> <p>I've dealt with it I let the child go, obviously I ask the child not to do it, I stay very calm I don't get worked up my tone of voice stays the same nothing happens, I don't give into what the youth wants if a youth carries on and they reach a point where I need to say listen I think we need to end it now once you are calm again then you can come back and talk to me. but if their outburst is related to something that has come up I will work through it with them I will in a calm voice calm them down and if they carry on to a stage where they are not calming down and we will ask what can we do they would come in and kick the bean bag until he wasn't angry anymore if I knew there was something I could use I would use that. In some of the kids if I give them something in their hands and I can see they get worked up. I can look at that to actually see that they are getting worked up so I stop it before it comes but if it comes I ask</p>	<p>Using the therapeutic relationship to bring about awareness of the situation</p> <p>I stay calm</p> <p>I control tone of voice / Be the adult – stay in control</p> <p>Show acceptance and invitation</p> <p>Stay calm</p> <p>Provide for safe expression of emotion.</p>

<p>them to stop and talk to me first I think if I don't go where they are but I try to bring them down to the level to bring them down level down it can work, sometimes it takes a long time and sometimes you just have to sit with the child in that moment for them to deal with it and exhaust themselves just contain it by being there by letting them know what you are doing is fine, you are allowed to do this especially if it is within the therapeutic situation. Acknowledging the anger, saying I know you are angry but lets work through it. They need to understand that I am allowed to be angry but I don't actually have to be destructive while being angry. I think its important not to rise to their level but try to just stay in control work</p> <p>Just be in their presence don't react, don't draw into their content, even if they swear and threaten I didn't allow him to make me part of his anger. So he moves closer and when he is calm then we start taking. Its fine you can swear at me but I am still here for you. And not react. The hardest thing for any of us is not reacting especially if their anger is directed at you. One staff member never loses his temper, he never loses his temper he will calmly day you don't need to like me. Even when they say they hate him they know he is there for them. The boys love getting into the office and kicking the beanbag right to the ceiling and then the aggression is out we are trying to empower the youth by giving anger management groups. Giving the youth practical tools how to if I'm angry just get the anger out so we can name it, and when we can name it we can deal with it. The trust relationship is always very important and that is the biggest problem with our children it takes real time because they have been let down so many times. This is the only way they get attention. They get very angry but they also get something out of it because now I get one on one attention. Sometimes many of our kids react aggressive to get an adult to be just his for that moment in time. You don't have to share the adult. Its a need we all need to be acknowledged. You have to read behind what the need is, sometimes we are too caught up in what they give to us that we forget what they are actually here for</p> <p>First of all when he was expressing his anger and he was throwing things at me, I was calm I believe if I go into what my manager calls my ramble pele it would have accelerated So I was very calm, I spoke in a calm voice but at the same time I expressed that what he was doing was unacceptable So there were moments where he would stop throwing especially when I said" I</p>	<p>Be attentive to buildup of emotion – recognize warning signs / De-escalate emotion</p> <p>Provide for safe expression of emotion.</p> <p>Show Acceptance Recognize and validate the emotion. / Setting boundaries Stay Calm / De-escalate emotion.</p> <p>Show acceptance Stay in Control Show acceptance Stay in Control / Don't respond to personal content Show acceptance Provide for safe expression of emotion. Empower client with skills. Maintain trust relationship</p> <p>Recognize need behind the behaviour.</p> <p>Stay calm Stay in control</p>
<p>sense this is going on" Then he will see. It is important that they express themselves but they must not put other people in danger so they need to know the expression that manner of expression was wrong but the feelings were not</p> <p>It is key that you remain calm cause this is in your space it is in your office, even though you understand pain based behaviour so that is quite important that you don't get to a point where you lose it. That you don't become flustered and in the midst of that you can just calm yourself. Once they see the tone of voice in how you are handling it. I would end if you cant calm yourself you could cause harm. When he was throwing things at me I expressed that if you continue I will call security. Now I am feeling threatened when you are in danger or you are upset you must remove yourself from the situation. That is not giving power to them but rather keeping your authority in that relationship.</p> <p>You call someone else.</p> <p>When you leave the office sometimes you will find that they will stop because it's almost like there has to be two for conflict. But if there is not then there is no reason to continue their behaviour. Once they get attention of someone else they continue</p> <p>It is attention seeking behaviour The need can be attention, it can be power struggle, it can be revenge, when they want to have their way I've experienced</p> <p>I think that when it happens in your office they should leave. I have left once in order to get assistance in office. I think that to maintain the therapeutic environment they have to be the one leaving the space. If you leave I think it can change so much about the relationship and the meaning of that space. This is your space this is where you are in charge if they take that away from you, if they take that away from you they will come back to you thinking you are not in charge here.</p> <p>Ek het n klient gehad ons het n sessie gehad en sy het gedoen wat jy noutet gese het, ons het so n slaansak gehad so ek het probeer om haar aandag af te trek en op iets anders fokus. Doen iets heeltemal anders.</p>	<p>Maintain Calm tone of voice Stay the adult / Maintain Boundaries / Provide for safe expression of emotion / Show acceptance / validate the feelings.</p> <p>Stay Calm Recognize need behind behaviour. Stay in Control and stay the adult. Maintain tone of voice. Terminate if overwhelmed. Get help Set boundaries. Stay in Control stay the adult.</p> <p>Get Help</p> <p>Recognize need behind behaviour</p> <p>Recognize the need behind the behaviour</p> <p>Terminate if overwhelmed</p> <p>Stay in control / Stay the adult</p>

	<p>Nie een ding gaan vir elke kind werk nie, jy moet volgens elke kind werk</p> <p>Wat ek al gedoen het is om vir die kind te se haal saam met my asem ek dink nie dit sal vir almal werk nie.</p> <p>Jy moet daai emosie erken En se ek sien jys kussas</p> <p>Jy moenie jou cool verloor nie want baie van ons outjies as jy jou stem verhef is dit soos n trigger so jy moet half twee keer asem haal jy kan nie jou cool verloor nie. As jy dit ook nie meer kan inhou nie, dan haal jy ook asem.</p> <p>Ek dink jy moet vir hom se hierdie werk nie vir my nie aan die heel begin moet jy vir hom se daar is sekere grense binne die sessie, jy kan nie sekere goed doen nie, en as dit gebeur is dit die uitkoms. Die kinders weet goed as ek my cool verloor en jy verloor dit as terapeut ook moet jy kan se timeout kom ons haal net twee keer diep asem, ek gaan soontoe, jy gaan Soentoe.</p> <p>As ek n kontrak opstel se ons ok dit is in die grense en dit is wat nie kan gebeur nie, dis die reël as dit gebeur kan dit gebeur so die kind het dit verwag so as ek vir die kind se ek gaan nie 5 minute asemkeep</p> <p>As jy die kind half rustig kry ekt met hom by gepraat oor wat kan hy doen as hy terug is by die huis so kry hom rustig. Ek se dan kom more terug na tannie toe en kom se vir my wat het jy gedoen</p> <p>Partykeer moet jy iemand anders kry wie die kind vertrou, as hy se ek wil nie met jou praat nie, sal ek vir hom se ok, as jy dan nie met my wil praat nie kan ek hierdie tannie gaan roep. Soms is jy sy trigger as gevolg van iets wat gebeur.</p>	<p>Provide for safe expression n of emotion</p> <p>Know your client</p> <p>De-escalate the behaviour</p> <p>Recognize and validate the emotion.</p> <p>Keep a calm tone of voice</p> <p>Stay in Control</p> <p>Set boundaries. Stay in Control stay the adult.</p> <p>Refer to contract.</p> <p>Ground the child</p> <p>Get help</p>
<p>4. What methods do you use to</p>	<p>Constructive activities, if they can make or do something with their or create something. Many times they are mad and they never have time to express it, if I can create something and</p>	<p>Creative work – valuing the self</p> <p>Safe outlet of emotion</p>

<p>bring about insight into risk taking behaviour in youth?</p>	<p>destroy it without any judgement. Most of our high risk children cannot really express or tell what is it. We need to deal with the real issue, They need to be able to label what makes me engage in this kind of behaviour. If they don't understand their behaviour they cant develop insight.</p> <p>If I look at the kids they need to be kept busy with something but I also think if their level of aggression is high there might be a reason if you look at what it is, they need to be kept busy, they need to know that they are worthy and able to do something and achieve something. They need to feel that they are actually worthy of being in the world and that they can accomplish something.</p> <p>If you ask youth describe yourself the word "crap" easily comes up. There is no hope, I am nothing, I am worthless it doesnt matter what I do. That is why they steal because if I steal something for that moment in time this is mine. For high risk youth the sense of having something that is only mine.</p> <p>With me I often deal with sexual behaviour that they engage with each other so obviously you can talk to them but it goes in and out at the same time so what I do is actually use videos, visuals, it would be like re-enacted like cartoons, this is what happens when ben touched bill and he didnt actually like it and they can actually see and they can connect with that. Then what I do is I would actually use them to role-play so ld make them stand there and show me their physical space like if I touch his shoulder then they can see this space is too close or so we would use scenarios like in real life.</p> <p>We had a play here once about respect what I liked about the play was basically very educational for the kids so they learned a lot, it was very nice.</p> <p>What also works for me was group work so what happened was that they will express themselves. In the group sessions when the people would discuss how it makes me feel it is so intense and so real and that person realize I am hurting you and I am hurting other people. They don't realise what they actually do.</p> <p>Our children lack that they cannot empathize placing themselves in someone else's shoes they would say and do things literally to harm someone to break them so children are not born with</p>	<p>Non-judgementalism</p> <p>Find cause of behaviour</p> <p>Label cause of behaviour</p> <p>Insight into cause of behaviour</p> <p>Recreational activities</p> <p>Find Cause of behaviour</p> <p>Learning selfworth</p> <p>Selfworth through accomplishment – creativity</p> <p>Selfworth</p> <p>Selfworth</p> <p>Lack of attachment</p> <p>Use of therapeutic aids to achieve insight</p> <p>Use Therapeutic enactments / video to establish indirect identification with problem</p> <p>Use Therapeutic enactments / video to establish indirect identification with problem</p> <p>Achieving insight by bringing</p>
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	<p>empathy so they need to be taught I see how through that, that insight in terms of how I feel and how I realize what you are doing to someone else. The other thing I remember one day I was called by one of the principals of one of the schools and this child was on their table and was screaming and threatening the principal she just lost it completely and when I came to the office we didn't speak much coming back. Then we spoke about the incident at school and her whole behaviour and her anger I asked her when in her life did she also experience this type of anger like almost like a timeline and she told me about an incident and I said to her can you remember another time where you felt like this and it actually got to that it was when her mom left and you could see she could look and see where it started and how it came about I could see at times you would ask them why but they would say she I don't know, I don't know why I'm doing this. So they also want to know and you also want to assist so that is going back to a point as to when it started.</p> <p>As hulle nie eienaarskap vat nie sal hulle nooit insig kry nie. Dit help nie om te praat praat praat nie wys vir hulle n flik of clips dat hulle dit kan sien.</p> <p>Soms luister hulle nie na ons nie maar na mense wat deur dieselfde is as ons. as ek by n en addict kry luister hulle na hom</p> <p>Hulle en ons waardesisteme is nie altyd dieselfde nie so ons moet n kind laat verstaan hierdie is die gevolge van dit of dit is nie noodwendig alleen effektief nie maar jy moet fokus op die positiewe sodat die kind kan waardevol voel. hulle kan kies tussen die twee gevoelens.</p> <p>Jy moet hulle op daai punt uitbring waar hulle self awareness het soos kinders wat dagga gebruik, daars n rede daarvoor en jy moet hulle lei in die proses dat hulle by daai rede uitkom dat hulle dit verstaan, deur middel van hulle belangstellings</p> <p>Mens moet ook n goeie rolmodel wees, ek kan nie vir iemand se moenie jou cleavage wys, maar ek kom elke dag so werk toe nie.</p> <p>As ek dink aan dinge soos die talent aand om hulle waardevol te laat voel soos om liedjies te sing. Positive reinforcement.</p>	<p>about empathy</p> <p>Helping them understand the cause behind their behaviour</p> <p>Guiding youth to take ownership of their behaviour</p> <p>Using relevant role models to help gain insight</p> <p>Focusing on strengths to breed self-worth.</p> <p>Making them aware of the cause of their behavior by achieving Self awareness</p> <p>Role modelling</p> <p>Using recreational activities & Hobbies to achieve self-worth.</p>
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<p>5. How do you prompt a youth to discuss past traumatic experience without bringing about re-traumatisation?</p>	<p>In most cases they say something and then they realize they have given too much and they stop. They then wait for that oh now - the pity, and I don't, I wait to see where the child goes because the child themselves know that if I go down this road its not going to be a good road. Sometimes the child will start and I can see the emotions and I say to them is this something you would like to talk about, are you ready to actually face this and deal with it and move on or do you want to move on and wait to discuss it. Some kids will say I am not ready but 9 out of 10 times they will come back in a day or so and say I want to get it out and talk about it. In all the cases that kids has been badly abused when they started and when they stopped if I give them the choice as to what to that they think about it and I just flow and sometimes those that are not ready they stop. When they leave I make sure that they are fine. They come back and say please can I just discuss what happened. Then the child themselves is in control of it.</p> <p>I then use a totally different technique. I know what I can use with specific kids and what not. I can get the child to direct his anger towards the punching bag and everything that was inside came out but it took a long time. Even when I directed the child's attention to something else by saying don't stop the child knew that I was still there. He would turn to me and say "this is how I am feeling now" why did they do it to me?" Sometimes they would calm down, but sometimes I could ask can you think what made them do that?" Sometimes it calms them down to say, I would like to ask them I would say ok that is fine. A lot of time the child knows that they will not get an honest answer. In all HE ONES I HAVE had to deal with the kids carry it with them and its always there. They need to be allowed to let it go in their own time and in their own space.</p> <p>I would consider what they have gone through during the session and take something they really like and say ok this was intense now what do you want to do. I would take it back to something that is interesting to them, to let their mind focus on something different so that when they leave they are calm and ok but I would still check in-between. When the child has been through something as emotional as that you realize they are on a level if I am concerned I will ask the youth care worker to please watch them and see and also watch them at night, nightmares, sleeping pattern changes and then the next day I would see the child and generally</p>	<p>Stay where the client is.</p> <p>Confirm the child is ready to deal with the issue at hand.</p> <p>Stay where the client is. Ensuring safety after session Stay where the client is by giving them control.</p> <p>Know the client and which techniques work. Safe expression of emotion.</p> <p>Stay where the client is give client complete control</p> <p>De-escalate intensity of the experience toward end of session.</p> <p>Ensure safety after session</p>
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	<p>ask him how are you how are you today,</p> <p>The danger is too much too soon too quick that leaves a hole if you are not ready to fill that hole with something else you will create something much deeper with much more trauma in a child. We should not allow the child to reveal too much, they have been filled with this abuse and this anger for so long now you allow them to let it out and let it go, you leave a hole in it, that is their survival mode. Now you let it out, now what, I am now not hurting or angry anymore, what do I fill that hole with. Make sure that if I start dealing with these things not too soon. When he leaves your office he feels guilty doubting and fearing. Fill the hole with positive reinforcement, tell the child how amazing he is and how he dealt with it, say, how did you cope with that. I also believe in follow up if he leaves the office, he needs to know that there is somebody for support that I will feel safe with. We must not create more hurt than we have time to help.</p> <p>Even though you know what is happening is causing them to be aggressive you have to help them to deal with the aggression in a different way without making them expose something that they pushed so deep inside them that they don't want to deal with it.</p> <p>You have to respect what the child wants. You cannot force them to deal with something they are not ready to deal with and they might never be ready</p> <p>A lot of social workers cannot sit in silence with a child you just told me I was raped, the child looks at you and nothing else comes out and you ask do you want to talk about it, and the child does not respond then you need to sit there with the child. You need to sit there until the child responds, that space creates the trust for the child to know I can sit and actually just be fine and work through it in my mind no matter what happens I am not going to be pushed. Sitting in silence to me is the most precious thing in a therapy session. Just being with them.</p> <p>Sometimes we think we need to solve their problems, they have survived up to now - who gives us the right to believe we can heal them. Just I am here I see you, I see your pain. You handle it and you can tell me how I can support you.</p>	<p>Follow up with caregivers</p> <p>Stay where the client is at their pace. Make sure client is ready Protect the client</p> <p>Recognize the clients strengths in dealing with the situation build self-worth. Follow up with caregivers to ensure he is ok.</p> <p>Protect the client from exposing what he is not ready for</p> <p>Stay where the client is do not force client to deal with issues they are not ready for.</p> <p>Use silence in therapy to communicate your presence without any pressure to share.</p> <p>Avoid pressuring child to share.</p>
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<p>6. What are the</p>	<p>Attachment. If they are high risk and they have been removed from anything and everything</p>	<p>Attachment</p>
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<p>Dominant psychosocial needs of youth with behavioural problems in your opinion and how do you respond to these needs in therapy?</p>	<p>that is of value, and they don't attach easily to anything. Not to people, or belongings, they know its all just temporary, it can be taken away just like that. We have to give them that space the feeling that they can really attach to GBT, make this your home, the best possible place for you, because this is what you have. If we can get that and help them to attach to either a youth care worker or even a cup, it doesn't matter. This is mine and I can relate to this. If you talk to the children you will find that they don't care because during their lifetime they have lost everything and they lost hope. They decide I am not going to attach because I'm going to lose it anyway.</p> <p>When a child has a crisis, there is something else behind it. High risk youth need to have someone who is immediately available. They need to know that they will be dealt with when they are ready to talk. They know that we are there and that I will carry on working until he says I would like to talk to you and then he knows he has my full attention. Sometimes if it is only five minutes. That's the thing. Immediate moment that I need it. Confirm that the child is finished. Knowing then enough to say I'm here I'm the person for you, you might not attach to me it might be a warped attachment but that the child knows even when I walk in there and I start swearing the person wont tell me to stop swearing. The person understands how I react to the situation and then deals with it that way.</p> <p>The reason they are where they are there is a purpose for that I need to acknowledge and understand that at all times and if you look at anything youth that are high risk need something. With animal therapy eg. the kids go and they get unconditional love that comes from the animal. Its not from a human, but I can get it from something else. Its looking at who do I go to say when I'm about to say, I'm going to lose it, can you be here while I lose it. Yes, fine lose it, when you finished losing it and you are ready and feel calm we will talk about it. That is letting them be where they are without condemning them. The world condemns them in anything sometimes its even more than just being judgements - when they are condemned they have a sense of worthlessness. They know society has condemned them. They say You know I should just be in jail because society is treating me like a criminal in anyway. That is the need for belonging, a big need and that's why they need hands on - although I cant make them have an attachment to somebody I can never make you feel that you can belong, but how do I teach you the skill of finding that belonging somewhere inside of you that you can function in society and when people condemn you so you can say that is your issue but not mine. Ive had</p>	<p>Promote attachment through establishing belonging.</p> <p>Hope and helping them deal with loss and anticipated loss.</p> <p>Trusting available adult showing consistent predictable behaviour</p> <p>Non judgmental understanding adult.</p> <p>Unconditional love. Acceptance.</p> <p>Acceptance. Use acceptance to work on Self-worth.</p> <p>Need for belonging Achieving attachment through belonging</p>
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	<p>it for fifteen years, so the kids need to be allowed to be who they are and from there let them, some you can save and some you can't. some want to change and get rid of that, the others is this is me and this is society and I will show society what they think I am they want to belong but they don't care because they have lost everything and they want to be on the other side. Their sense of belonging is the opposite. Even if you tell them positive things they will always walk out with a negative idea If you start intervention while the kids are younger we can equip them better.</p> <p>Youth need to act it out, to express - if we can have kids to create things it would be wonderful working with their hands doing things, at the end of the day they need to see this is something I created. There are so little that they can say they got done. The need to have stuff that they can do and live and say this is mine.</p> <p>They need to be children and play, they have to learn to be a child. We need to teach them how to be innocent child, that they are just children they don't need to be anything else. Innocence of youth because their youth has been taken from them.</p> <p>The children need to play and create. The need to get to their inner child and get the opportunity to explore that. Then they can work through the issues without so much treatment because they don't really need that intense stuff. They play it out, they do, they create, they play it out they do it.</p> <p>It would be good to teach therapists to get them to roll around on the floor and play on the floor and drama act it out. Roll play can be very very good, to create insight and work with aggression.</p> <p>Playing and letting us play our way is so important.</p> <p>Id say respect you would think why would children need respect but I often hear them say that that Tannie does not respect me and you get it means being listened to its when their opinions count just those basic things and at the same time they are being valued that psychosocial need of being valued and being loved, being respected.</p>	<p>Self-Validation, To form a social identity</p> <p>Use Creative process to promote self-worth and attachment.</p> <p>Use play to access their inner-child.</p> <p>Play to access the innerchild.</p> <p>Use play and role play to create insight and work through emotions.</p> <p>Use Roleplay to get to insight</p> <p>Need Respect from adults</p> <p>They need to feel valued They need to feel loved</p>
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<p>I think also acceptance they experience such rejection and instability something to say I am wanted and I belong here.</p> <p>True attachment a real relationship not just a caretaker or you know a social worker but a real parental attachment even though its not a parent, a place you feel safe at those things. respect acceptance security.</p> <p>I think also affection is what I found is one of their great needs you can see they also want to hug you and you be close to you I think that is also something they need. They've been hit, they've been sexually abused they experience their bodies as negative so positive affection is a need.</p> <p>Trust, like I trust that you wont hurt me trust that.</p> <p>When it comes to love I always refer to the love types and what is primary and secondary to the client in front of you and respond to that according to. So if I find the child needs words of affirmation then I provide love in that manner if you find someone who is a physical touch person you respond to that, so you need to know their love language and respond to that. If I am a words person the next person may not receive love in that way. I also think that by allowing a person to say whatever they have to say oddly as it may be for you not to judge them or put them down, but rather say I hear where you are coming from and no matter what they have done wrong, which is very difficult you need to be able to say I forgive it's all right.</p> <p>In terms of affection the boys who engage in sexual behaviour because they don't receive affection so they've actually said to me that affection is something we don't really have so for me its like when you're in that session during our contact you're not sitting behind a desk we are sitting together just touching his shoulder every now and then or hi how was school the smallest thing make a big difference and also show you are the role model so you actually show how one is supposed to show healthy affection in an appropriate way, so being a role model and representing what they are supposed to show is also important.</p> <p>Active listening, when working with youth that you would listen you know what they have</p>	<p>They need acceptance Need belonging</p> <p>Attachment Need to feel safe</p> <p>Physical Affection</p> <p>They need to have someone to trust/attachment.</p> <p>Needs need to be filled in individualized way</p> <p>Affection Appropriate touch Casual interaction</p> <p>Need Role models</p> <p>The need someone who</p>
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<p>done at school, the school already made contact with you sometimes I would sit but still give them the platform to tell you exactly what happened that is very important for them even when I explore the relationship with the childcare worker when it doesn't look good its often because the childcare worker doesn't listen to me. So they also feel when someone is genuine and genuine to them is just making eye contact they feel it I've seen it so besides all the other things its a basic skill of listening with your eyes your ears and your heart where you look you listen to the content and the feelings you just saying that you see how they feel is truly an indication that you understand or you understand or you try to understand and that you listen, your are truly listening to them and that makes such a difference to them that I have picked up.</p> <p>I just want to add I saw that in these sense of listening that if you show you care about the things they care about it always makes a difference. One of our boys has a twin sister and she moved to a satellite house and he really wanted to visit her so I made a plan that once a month every Friday afternoon we will go and his behaviour is so much better a home. They hug each other and they jump on each other it was actually amazing to see how he improves even if the visits are only 20 minutes.</p> <p>I'm thinking of a specific teenager at risk she smoked dagga that day and she came to me, she was the one that set the rules for the sessions she would tell me I mustn't say anything and she is the one that will be talking and we would agree to that but that day she said to me that she wants to tell me something but she wants to know that I wont freak out. When she told me that I wanted to freak out but I understood that she wanted to talk about it she wanted to talk about how it made her feel and it was this high but she felt so sick after that. So sometimes the really want to talk about these things that they experiment with and they wont be judged or punished you know and I really learned so much from her. With teenagers if you respond in a certain manner that will determine will they come back or will they disclose again.</p> <p>Om te behoort. Om veilig, geliefd en belangrik te voel om aanvaad te word.</p> <p>Om erens in te pas.</p> <p>Om die kind te aanvaad vir wie hy is.</p>	<p>actively listens.</p> <p>They need someone who makes an I-Thou connection, and is present when listening.</p> <p>Someone who see and understand what is really relevant in their world</p> <p>Need not to be judged when sharing</p> <p>Belonging, Safety, Acceptance To feel that they are important to someone.</p> <p>Acceptance</p>
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	<p>Meeste van ons kinders het nie 'n person nie. Al het jy net een iemand met wie jy n verhouding het.</p> <p>Ons kinders is velhonger hulle het n behoefte aan gesonde aanraking. jy moet leer hoe om dit te doen en gewoon te raak daaraan</p> <p>Jy hoef nie almal te druk nie, almal hoef nie op dieselfde manier in your space te wees nie, jy kan n high five ook gee.</p> <p>Ek sal nooit uit my eie uit vir n kind n drukkie gee nie dit moet kom van die kind af kom. maar ek dink as n kind by jou is en hy is hartseer dan sal ek vra mag ek vir jou n drukkie gee, of ek sal by die kind gaan staan net op haar of sy skouer vry!</p> <p>Ek hou daarvan om saam met die kind n lysie op te stel van goed waaraan ons gaan werk. want jy het jou lysie dit is belangrik dat die kind deel wees van die proses van besluit watter dinge julle aan gaan werk. As jy die terapie reg hanteer gaan die kind sy liefde daar kry en behoort vind, hy gaan voel ek is vir tannie belangrik en tannie weet wat in my lewe aangaan. ons kinders het nie n huis om te gaan na n moeilike dag nie, ons kan nie dit vir die kinders gee nie as jy opreg is en wat jy doen reg is al is jy kwaad vir die kind, moenie skree nie.</p> <p>Vat n dagboek maak n kalender en se watter dae sien ons mekaar gee vir hom een en boek tyd uit sodat daai kind weet ek is spesiaal</p> <p>Wys teenwoordigheid, presence tydens sessies die kind moet voel die tannie luister na alles wat ek se. ASs die foon lui, sit hom op silent haal hom van die mikkie af hierdie is my tyd.</p> <p>Verhoudings, wees daar vir die kind dan sal hy behoort voel.</p> <p>Moenie aan daai kant van jou lessenaar sit nie, enige kind wat inkom sit op stoele, n tafel of lessenaar is n barrier.</p> <p>Met body language om n drukkie te gee na n sessie, of raak aan skouer, as daar kinders in my</p>	<p>Attachment</p> <p>Appropriate physical affection</p> <p>Appropriate physical affection</p> <p>Appropriate physical affection</p> <p>Need to participate in setting therapeutic goals. Need for a constructive relationship / attachment to therapist</p> <p>Communicate that the client is important and worthy</p> <p>Be present – active listening, build rapport, focus on the client Creat belonging through attachment. Casual warm interaction during sessions</p> <p>Appropriate physical affection</p>
	<p>kantoor is kan mens sien hoe is hulle gemaklik. ek vra vir hulle waarmee is hulle gemaklik moet ek die kant sit of moet ek daai kant sit.</p> <p>Laat hulle kies waar wil hulle sit - hulle wil belangrik voel.</p> <p>Moet nooit lee beloftes maak nie.</p> <p>Ek gaan sit op ander plekke saam met die kinders, nie in die kantoor nie.</p> <p>Hy voel hy is belangrik want ekvat hom weg van die kindershuis af.</p> <p>Wys vir die kind dat wat vir jou belangrik is is vir my belangrik.</p> <p>Ek dink die kind moet veilig voel want as kinders kantoor toe kom dink hulle hulle is in die moeilikheid so hulle moet weet hulle is nie in die moeilikheid nie, daarom help dit om hulle weg te vat ook. Al mens bel na hul huis toe kies jou woords se kom kuier by my nie, kom sien my nie.</p>	<p>Allow the client control</p> <p>Be consistent & dependable</p> <p>Casual warm interaction</p> <p>Answer the need to feel important. Show what is important to him is also relevant to you</p> <p>Provide a safe space Non-threatening communication.</p>

Appendix E2: Transcription and Coding Document Semi-Structured Interviews

Question	Responses	Category
1. How do you initiate using	By creating excitement about the activity , and putting incentive into place . Finding out beforehand what the youth are likely to enjoy doing and plan to do that before the session, get	Create excitement

<p>drama as a technique in intervention with older children?</p>	<p>all the tools and equipment ready. Get the youths buy in by tailor-making the activity with them so they feel that they have control.</p> <p>From 8 years old I don't find that they are very resistant but they are reserved if the relationship is not there. They are not sure how can I act around Natalie. The relationship is important throughout therapy, in which nothing can take place without a sound relationship. 8-12 kids are generally ok with drama, they may be a bit careful at first once they feel more comfortable they allow themselves to play. I would initiated it with him, saying why don't we try this, lets pick up a sword, lets play it out together. When their older they might say its stupid im too old for it, then I would take a sword and say im too old for it too, I would pick up the sword and say, oh my gosh this feels so good do you w2anna give it a try then they will join in. Once they opened that door they will more readily.</p> <p>I dont ever force them I as but I do try bring it to their awareness that there is this to do is there something that you would like to do. Whats its all about getting a connection with the child coming to their level. maybe taking them aside and not expose them to the group because maybe they are feeling exposed. In a group one would understand why there would be more resistance, I would take them aside and explore why they dont want to take part. Maybe there is something else that they can do.</p> <p>There are two kinds of ways the first is if its more game or exercise focused i might initiate inviting the group to play together this way. Tell them it might feel a little bit silly but that is part of it. I will introduce an exercise like an icebreaker or something energising, as as a way of introducing ourselves in a different kind of a way, say giving ourselves a superhero name. Shout it out to us. Other times its more like a guided imaginary journey walking around the</p>	<p><i>Use Incentive</i></p> <p><i>Tailor-make the activity</i></p> <p><i>Plan the session</i></p> <p><i>Use positive relationship</i></p> <p><i>Taking first initiative – starting</i></p> <p><i>Awareness of possible benefit</i></p> <p><i>Relationship – connection.</i></p>
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	<p>room imagining things following a path, that is more guided, easing into it step by step.</p> <p>With regard to resistance I might take on an element like that and play a little with this or find a way in the guided journey to include them or just give them permission to hang out on the edge and when they want to re-join that can re-join. We can create a chill zone if you don't feel like participating you can hang our their. I just go with another activity ask them if they have an idea of what they would like to do.</p> <p>Basically it starts in the first contact session that's when I will start in the sessions we will have we might be using this technique. I will use the fist session to make sure that they know what media we might use. In the specific session where I know we might be using this I will select a few items and give the choice to the child saying I would like us to go into the session using one of the following. They know there is three options and they choose.</p> <p>Resistance can be due to embarrassment but it could also mean that the child is not ready so I would move to another technique like clay or paint but I will keep on. Lets say after ten sessions they are stil resistant I would remind them of the contract and the goals we are trying to reach and that we must use different techniques to reach these goals.</p>	<p><i>Explore the resistance</i></p> <p><i>Ice Breaker</i></p> <p><i>Easing into it</i></p> <p><i>Guided Journey</i></p> <p><i>Give them Control</i></p>
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		<p><i>Contracting</i></p> <p><i>Give them Control</i></p> <p><i>Use relaxation techniques first eg. Sensory work</i></p> <p><i>Contracting and awareness of benefit - goals</i></p>
<p>2. How do you use drama in play as a technique to build a relationship with your client?</p>	<p>Perhaps by sharing a little about myself, sharing some dramatic work that has affected me in my life, asking them if some material makes them feel like this too? By breaking the conventional scary office therapy setup for something more bright and friendly in drama which the youth can look forward to and has more freedom to enjoy and contribute to. To include dancing and singing, perhaps to the music they like, and enjoying the music they like. Also talking to them about movies characters in movies that are relevant to them, finding common ground in pop culture.</p> <p>Its just about getting to know the child and know their interest to make sure which of the activities goes with their interest I don't force a child to do something they don't like to do. Ask the child, oh you like cricket, I don't know how to play cricket can you show me how to hit a</p>	<p>Sharing about self</p> <p>Create positive informal experience</p> <p>Use popular music and movies as connection</p>

	<p>well</p> <p>The drama is the third element its no longer just you and me it is something else that's in the room that we can both look at and play with that is non direct and it presents an opportunity to flow. We would put some instruments lying around the room so the group member would happen upon them. The intention is to introduce something other than myself that we can both interact with and explore together and play together. Sometimes I might take on a persona of my adolescent self too. The purpose for this would be to invite the youth to play together with me with their adolescent self.</p> <p>The child should be comfortable with the technique so lets say the child is comfortable with the technique. We would start of playing games with eg. The puppet it wont be about the child life, it would be part of a casual conversation I would use the technique having the two puppets talk to each other. You can play a game.</p>	<p>Ake first initiative start the activity</p> <p>Drama as a third element present in the room to interact with</p> <p>Sharing about yourself – changing therapist to adapt</p> <p>Therapist taking on other relevant persona</p>
<p>3. How do you deal with intense</p>	<p>I would say one needs to ground the client. Use that grounding excersize of what are you seeing, hearing, smelling, ensure the client that we are in then now and that the enactment is safe. Being supportive, helping them get insight into why they are feeling so intense. Leaving</p>	<p>Grounding the client</p>

<p>emotions experienced during cathartic moments when using drama as technique as play?</p>	<p>the room with them to go for a walk or a jog whatever makes them feel better. Teaching breathing and relaxation exercises</p> <p>I validate those emotions at that point is very important they reflects what the child has said as they come aware of it, so I reflect. Sometimes you will find that they confirm the reflection and revealing that specific thing. So I deal with it by validating it and being present for them while they are exposing themselves. it is equivalent as an adult telling me something very personal about themselves. If it becomes overwhelming to the child I either have to stop them I would say thank you lets talk about something else, move on. Deescalating the child's experience withdrawing them from it if it is overwhelming. Maybe they need some aggressive energy or I would withdraw them and try to relax them and try to diffuse that situation .</p> <p>This is where the drama skill comes in if youre not really trained to use this form and focus on it. You can work with channelling those feelings. Like beating drums. They exercise is creating music eg. the channel is the instrument. A deviation would make us need to stop and refocus in what we are doing, staying with the activity. Opportunity to express feeling in a creative way as long as it is the creative process that is happening.</p> <p>I use music I use art I use stories so they create their own story, or i bring in a story, a fairytale or something like that. The art sometimes it is as a reflective process reflection of the session, story or guided imagination. Sometimes it is more of a symbol that turns into a character or a prop.</p>	<p>Help the client gain insight into their feelings</p> <p>Relaxation exercises</p> <p>Validate and reflect the emotions.</p> <p>De-escalating</p> <p>Withdraw them from the projection</p> <p>Channelling the feelings through eg. Music, drums</p> <p>Staying with the creative process through which you channel.</p>
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	<p>Movement warmups into imagination. embodying emotion. When we use music i ask them what music they like and find something along those lines or bring in something they have requested exploring the themes and feelings in the songs.</p> <p>I think I will tell the child that he or she could be whatever they like in the playroom and the expression of these emotions are allowed. I will go back to the first session where we establish the rules, I would say if you are angry you can use the punching bag or one of the soft toys. At the same time we should not allow the child to go outside the playroom with those emotions. Make sure the child is ok before termination. It will come out in projection their emotions. When it becomes too intense if you see that this is going too far you should make sure the child knows you are not stopping the session because you aren't allowed to feel what you feel, but we are stopping to take a deep breath and stopping because it is too hectic. You can say or suggest the child use a journal, giving homework eg. Writing in a journal. You can revisit it in the next session.</p>	<p>Channel feelings through art, music storytelling.</p> <p>Guided Journey</p> <p>Channelling emotion through embodiment. Using music to channel</p> <p>Give Control</p> <p>Boundaries and contracting</p> <p>Grounding, relaxation exercises</p>
<p>4. I</p>	<p>I would use books and plays where characters go through similar emotions, when we deal with the material find common ground in these feelings. If the client identifies with it or would like to share then he/she can do so. By asking the client which characters e neg. movies they</p>	<p>Using existing scripts like books and movies so client can identify with emotions /</p>

	<p>Identify with and exploring the movie, the character and script, perhaps even dress up like the character. Explore the characters thoughts and feelings write script for the character.</p> <p>I always try to go back to the client and what his interest are what activity has I used an activity that they enjoyed in the past. it depends on what I've seen. its I very often don't have to initiate the move it happens on its own i don't have to whelp them to transform if I feel like I want them to address a certain thing, I might even dress like a character, so i try not to speaks for them they will tell me what to dress as and what to say so I participate or if I feel I want to know a bit more about something I would say something was that person they ask me to be.</p> <p>Sometimes I use the drama as a way of containing and resourcing, I work with a young women who was living with depression so what I started doing is bringing in the hula-hoop and that is they way that she can stop and when she was overwhelmed she could step into that circle. Resourcing is using particular characters in a story that are strong, so who do we need to call to help. What part of this world would you draw the most amount of strength from. In terms of working with the trauma - working indirectly through the art form allows deep exploration for the client that is non threatening and may give them the opportunity to and reorientate or rewrite the story.</p> <p>I believe in open projection where you eg. Use the sand tray I will use a scenario like what happened in the past and give them the freedom to use what they want. Eg. Lets use the sand tray to use the animals to show me how abuse looked like eg. Then you can explore. Open</p>	<p>characters / situations</p> <p>Using known activity they enjoy.</p> <p>Taking part in the enactment yourself</p> <p>Containing in Drama</p> <p>Resourcing in drama</p>
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	<p>ended scenario.</p>	<p>Use opportunity to act out and interact with scenario in open ended way</p>
<p>5. How do you use drama as technique to make clients aware of their own risk taking behaviour?</p>	<p>By enacting certain risk taking character, taking part and perhaps playing out the consequences. Watching movies together which is relevant and discussing or acting out what will happen. In a group ask the group to write and act a short script about this. Playing it out in the sand tray by giving voices to the figurines and improvising a story like their life.</p> <p>I have done that before in groups with puppet shows with previously abused children who were experimenting in sexual behaviour I created scenarios with puppets this boy would lift her skirt and how would she do with it. I am showing them a drama I am educating them in a way this is a group so we are talking about safe and unsafe touches, in that case you get them to interact: what do you think Emily should do after Jeffrey asked her to lift up her skirt. They're seeing it as well a interacting engaging the senses. Within safe boundaries, obviously have softer toys. Music they love music, especially for teenagers, its making that connection</p>	<p>Enacting risk taking characters – using popular movies – stories.</p> <p>Telling projective stories and interaction in sandtray</p> <p>Telling projective stories with puppets</p>

	<p>through music. That's why I do well with teenagers and so they will bring me their music, we will listen to the song we discuss what the song mean, also about the artist and what do you like about her, etc. I just sometimes they ask me what I like then I will share a little where appropriate, younger kids will dance and they dance so well and try teach me and the laugh at me. Its funny because in those moments we are having a real I thou experience, making a genuine connection.</p> <p>Do Not take a didactic approach. they can journey to a group land bring the stuff and experience with it asking, how was that, how was that to play in that way. I wonder if you ever experience that in your every day life. Questions are asked after the technique. Also in not wanting to preach or teach but give them space to explore, experience and express what their lives are touching on. Let the experience unfold. I have seen the tricky part of that working with more outcomes oriented programs all the stories need to be teaching, preaching. They bring the things to the world in order to experiment with it, during the conversation afterwards it is an open-ended reflection on how was it, what was the most significant part, how was it to play that character.</p> <p>First you need to find out does the client see the behaviour as a problem. Then you can make a projection with puppets eg. And ask questions and find out from the child</p> <p>Eg who you love the most and you can embody that person in the projection. During the projection ask questions that makes the child think from the projection of the mother so the insight comes from another character. Embody or enact someone they would listen to. Like role-play.</p>	<p>Using music and artists</p> <p>I-Thou connection before addressing the matter</p> <p>Using imaginary journey</p> <p>Asking questions after using the technique</p> <p>Use drama to help them explore the situation safely. Let the experience unfold naturally</p> <p>Imaginary journey let them experiment safely -asking questions afterwards</p>
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		<p>Embody another person and interact as that person</p>
<p>6. What are the most important tools you use when harnessing this technique?</p>	<p>Dress up clothes, books, scripts, poems, fiction, movies, sand trays</p> <p>Games, where they participate like games they invent themselves to have control even in an existing game they create their own rules. I follow these rules blindly, the preteen age come up with their own things.</p> <p>Post cards (story starters), using fabrics to be part of costume, or landscapes, anything you can build out of big boxes, newspapers. I have worked in any space. These sessions are about an hour to an hour and a half.</p> <p>I use flipcharts pastels, brining a sense of art integrated, dress up, masks, use things the kids can relate to.</p>	
<p>7. What do you think is the psychosocial</p>	<p>They need a stable predictable relationship with a caring adult, they need someone who really sees who they are beyond being teenagers, they need someone to take them seriously and</p>	<p>Positive relationship with adult.</p>

<p>needs of adolescent clients and how do you address this by using drama in play therapy?</p>	<p>allow them control.</p> <p>To do this in therapy I would become the caring adult, but perhaps in drama also involve a more permanent fixture like a caregiver or parent in some enactments to try and improve that relationship.</p> <p>I will listen to them actively and be very involved in their way of thinking and give gratitude and acknowledgement for what they share, I will allow them certain aspects of control in the sessions.</p> <p>They feel like they are going through a lot and they are, they don't feel understood or heard. Adults in their lives are constantly preaching. eventually they put the mute button on, for them its nice to be in a place where someone is actually listening to me connecting with me and not expecting more of me. They just need to be heard and to be validated, they need to know who they are is ok, that is the general need, acceptance, any other behaviour is a symptom of that need.</p> <p>With preteen agers I would use mediums they like. Some dance, some want to come and play games that are for younger children just to address things they didn't experience when they were kids, sometimes the ask me not to tell others. They are happy when its ok for them to play in unconventional ways with unconventional toys. being very child centred.</p>	<p>To be taken seriously</p> <p>Control.</p> <p>Involve caregivers real or in visualising</p> <p>Being present and involved.</p> <p>Giving them control</p> <p>Need to feel heard – be present, involved give control.</p> <p>Validate emotions, acceptance and non judgementalism</p>
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	<p>Need for a father presence, the father figure, embodied masculine in a male remodel, the need is physical safety and protection, action oriented encouragement, action focus and vision. That can also come from mother, the embodiment of the man is missing. I answer to that need in therapy the drama by having form boundary and safety through the exercise and the material and the focussed action. Focus on skill and mastering something, acting something or activating something and the creative input of the group member is celebratory. The male energy comes from the activity myself and the client brings it themselves.</p> <p>Needs about basic things, food. The need of encouraging individual expression, of wanting to empower the individual to believe in their own creativity not having to copy others, value themselves and their own identity.</p> <p>The need for developing interpersonal relationships. Using arts based groups as a way of development of social skills. The technique is around work shopping theatre making and performing for an audience the use of the art form and the product driven art form as a way to develop skills, eg. group collaboration. The audience becomes the witness. interaction between the client and the audience. Scripted or unscripted.</p> <p>The needs of the clients that they need belonging and cared for, being loved. Then maybe acceptance – circle of courage. I think about that when I think about needs, they need to feel that they are worthy, sense of generosity. I would use drama by starting of with a general theme, being non judgemental, not making inappropriate or judgemental comments. Allowing them the freedom giving them options to choose eg. Mediums and make them feel part of the process – not using specific techniques but giving them the feeling that they can make the decision. it gives a sense of selfworth and control and decision making. Generally the way you</p>	<p>Masculine – father energy.</p> <p>Creative work, mastering something</p> <p>Get energy from creative process</p> <p>Encouraging individual expression.</p> <p>Empower to believe in own creativity and value own work</p> <p>Positive relationships,</p> <p>Practicing social skills in theatre setting – imaginary</p>
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	are in the playroom.	<p>journey</p> <p>Circle of courage</p> <p>Control, self-worth involvement in decision making</p>
8. How do you terminate therapeutic sessions with adolescents to ensure that they are emotionally stable enough to leave?	<p>Bly slowing coming down from the projection, starting to refer to things around the office, then in their real life, perhaps asking what they are planning for the rest of the day. If there may be after effects I will warn them and their caregivers. I will make sure the client leaves my office with humour and positive emotions.</p> <p>I time my sessions so I am quite structured in that way, I have a timer that goes off peacefully and lets me know when its nearly time for us and they know what it means. I think helping tidy up helps them taking responsibility about the feelings. Sometimes they love it. It might be fun, at times its time to wind down. If we are having a talking session, I will say its nearly time for us to start winding down, I will start moving to something more general, like what are you doing for the rest of the day, getting y from all the seriousness. I don't rush them even if my next client has to wait for a couple of minutes we will do it gauge where they are trying to do something physical bringing them back using their senses. Deep breathing, grounding excersizes naming 5 things you can see etc. It brings you into the here and now it grounds</p>	<p>Slowly leaving projection</p> <p>Grounding to here and now</p> <p>Leave feeling good</p> <p>Use a timer, warn them.</p> <p>Slowly winding down from projection</p>
	<p>them. Then we do a little goodbye ritual, like a secret handshake. When i get it wrong they laugh, we do the thing and they are happy to go.</p> <p>There are particular rituals that we use if there is character work or imaginary land we make sure we step out of that, space physical or imaginary costumes. Coming back to yourself saying goodbye to the character and actually physical grounding, like stamping and creating rythm, walking around the room naming things that you see. Grounding. De-rolling, venture back out of the land into this room into this space and its so ritualised that there is no negotiating. You are not that character anymore even if you want to be you are not and say goodbye to it.</p> <p>You can leave the projection going until right before session is ends. You need to keep an eye on the time and plan your session. There must be enough time to bring the child back to reality and chat about the experience. Stop the part and speak to each other in the here and now. Sometimes you want to carry on and want to know more and make progress but you should not just cut off – you can say you are really getting into this can we continue with it next session. If you are intense in it you put the toy away and ask the client is it ok if we stop here and explain that we need to continue next week. I would break the session. If I don't have another appointment and nothing rushes me I might continue.</p>	<p>Talking about here and now</p> <p>Relaxation exercises, grounding.</p> <p>Rituals</p> <p>Ritual leaving imaginary land, saying goodbye, removing clothes.</p> <p>Grounding through ritual</p> <p>De-Rolling</p> <p>Time and plan</p> <p>Chat about experience</p> <p>Re-entering here and now</p> <p>Talking about continuation in</p>
		<p>next session</p> <p>Ask permission to stop</p>

Appendix D: Permission Letters



Jakaranda
Kinder en Gesinsorg Maatskappy
Child and Family Care Centre
Reg. Kinderhuis / Children's Home

Privaatsak / Private Bag XII
Lynn East
0039

Tel: 012 - 800 4700
Faks / Fax : 012 - 800 1443

N.P.O. Reg. nr.: 001-649NPO
Art. 21 Mpy. / Sec. 21 Co. Reg. nr: 2001/016848/08

10/08/2017

To whom it may concern,

I hereby confirm that both Jakaranda and Louis Botha Children's Homes are willing to participate in Leandi Erasmus master study focus group.

Kind regards,

Charlene Grobler Head: Children's Affairs and MDDC

Bank Besonderhede/Bank Details: ABSA – Derdepoort Tak kode/Branch Code : 335245 Rek. No./Account No. : 1430140724

Beskermhede/Patrons: Pieter Koen, Beskermvroue/Patrons : Rinel Day

Direkteure/Directors: (Voorsitter/Chairman) Ds./Rev. JH van Loggerenberg, Adv. SA Visser, Ds./Rev. DH Janse v. Rensburg, Mnr./Mr. GL Botha, Mnr./Mr. O Truter, Mnr./Mr. LS de Kock, (Uitvoerende Direkteur/Executive Director) Mnr./Mr. M Erwee

Date: 10 August 2017

To whom it may concern

PERMISSION TO CONDUCT FOCUS GROUP AT ABRAHAM KRIEL CHILDCARE

I herewith give permission to Leandi Erasmus to conduct a focus group with the social workers of Abraham Kriel Childcare, Johannesburg. We are giving her the opportunity to consult with our social workers as part of her studies.

Kind regards



Abraham Kriel

Maretha van Zyl
Manager: Childcare Services & Langlaagte Campus
Bestuurder: Kindersake en Langlaagte Kampus

C: 082 553 4052
T: 011 839 3058/60
F: 086 612 6891
E: mvz@abrahamkriel.org



P.O. Box 60066, Langlaagte 2102, Cnr Marais & Kamp Street, Paarlshoop | www.abrahamkriel.org



Girls & Boys Town South Africa –
11 Lemon Street, Sunnyside, Auckland Park, 2092
P.O. Box 91661, Auckland Park, 2006
Tel: 011 482 2655 Fax: 011 482 6146 Hotline: 0861-58-58-58
Chief Executive Officer: Lee Loynes
Email: jds@gbtown.org.za Website: www.girlsandboystown.org.za

28 June 2017

Dear Leandi Erasmus,

Re: Your request to involve Social Workers at Girls and Boys Town in your research.

We are pleased to inform you that the Girls and Boys Town (GBT) Ethics Committee has agreed in principle that you may approach the GBT Social Worker staff in asking them to participate in your research.

As your research does not involve any of the youth in our care, our ethics committee did not need to assess your methodology as stringently. We believe that your research has the potential to bring good value to the field and therefore support it.

What we do need to emphasise however, is that while we support your research, this in no way obligates the staff of GBT from participating in the research. You will need to communicate with the managers of the Social Workers you wish to approach to gain access to their staff and then individually, seek the staff members' permission. I am sure you are aware of the challenges of this work and so sensitivity to their schedules and "off time" would be sincerely appreciated.

We would be very interested in receiving the outcomes from your research and wish you every success in this study.

Yours sincerely,

Peter Marx

Head: Evaluation & Research

Appendix E: Ethical Clearance Letter



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222

Web:

<http://www.nwu.ac.za>

**Faculty of Health Sciences
Health Sciences Ethics Office for
Research,
Training and Support
Health Research Ethics Committee
(HREC)**

Tel: 018-285 2291

Email: Wayne.Towers@nwu.ac.za

22 August 2017

Prof CHM Bloem
CCYFS-COMPRES

Dear Prof Bloem

APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00037-17-S1

Kindly use the ethics reference number provided above in all correspondence or documents submitted to the Health Research Ethics Committee (HREC) secretariat.

Study title: A Framework for social workers using drama in play therapy to assist youth at risk who has been exposed to violence

Study leader/supervisor: Prof CHM Bloem

Student: L Erasmus-11735813

Application type: Single study

Risk level: Minimal

You are kindly informed that your application was reviewed at the meeting held on 19/04/2017 of the HREC, Faculty of Health Sciences, and was approved on 22/08/2017.

The commencement date for this study is 22/08/2017 dependent on fulfilling the conditions indicated below. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation up to a maximum period of three years when extension will be facilitated during the monitoring process.

After ethical review:

Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC, Faculty of Health Sciences (if applicable).

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The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form at Ethics-HRECIncident-SAE@nwu.ac.za.

A monitoring report should be submitted within one year of approval of this study (or as otherwise stipulated) and before the year has expired, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-Monitoring@nwu.ac.za. Annually a number of studies may be randomly selected for an external audit.

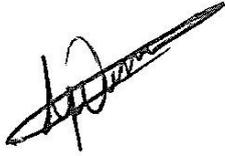
Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

Please note that for any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC, Faculty of Health Sciences. Ethics approval is required BEFORE approval can be obtained from these authorities.

The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApply@nwu.ac.za.

Yours sincerely



Prof Wayne Towers
HREC Chairperson



Prof Minrie Greeff
Ethics Office Head

Current details: (13210572) C:\Users\13210572\Documents\HREC\HREC - Applications\2017 Applications\Applications 03-19 April 2017\NWU-00037-17-S1(CHM Bloem-L Erasmus)\NWU-00037-17-S1(CMH Bloem-L Erasmus)-AL\NWU-00037-17-S1(CHM Bloem-L Erasmus)-AL.docm 28 August 2017

File reference: 9.1.5.3