

Annexure A: Consent form: Ministry of Education



REPUBLIC OF NAMIBIA

MINISTRY OF EDUCATION

Directorate: Programmes and Quality Assurance

Division: Diagnostic Advisory and Training Services

Private Bag 13186, Windhoek, Namibia

Tel: (061) 217 977

Fax: (061) 217 974

Enquiries: Dr Susanchen Fourie

Ref.No. 15/2/1

SUBMISSION

TO: Mr A Ilukena, Permanent Secretary

FROM: Ms E. Bohn, Director, Directorate: Programmes and Quality Assurance

THROUGH: Mr M Gqwede, Chief School Counsellor, Division: Diagnostic, Advisory and Training Services

DATE: 6 June 2010

SUBJECT:

Request to conduct research:

Dr Susanchen Fourie

**The use of the Nine Figure Picture Story within Gestalt play therapy for
adolescent survivors of sexual trauma**

1. PURPOSE

The purpose of this submission is to seek permission to conduct research on the use and value of the *Nine Figure Picture Story* within Gestalt therapy with learner-survivors of a specific traumatic experience: sexual abuse.

2. BACKGROUND AND MOTIVATION

Dr Fourie is a student with the Institute for Child, Youth and Family Studies, Huguenot College, Wellington. The study will be submitted in partial fulfilment for the degree MDiac (Play therapy). The other components of the degree – being assignments, examinations and practical work – have already been successfully completed. The dissertation will be the final component of a multi-year programme.

Dr Fourie's studies in play therapy have enabled her to do play therapy with learner-clients, empowered her as a trainer of trainers and its influence is also clear in the many teacher training manuals developed by her. Play therapy uses a variety of techniques that provide an opportunity for an adolescent to communicate his/her emotions, experiences and behaviour; it is often difficult for an adolescent to communicate these facets of the psyche in words.

- 2.1 It is well known that many children and adolescents in Namibia survive various traumagenic experiences and living conditions – most particularly related to the consequences of the HIV and AIDS pandemic. Very few receive psychotherapy in order to come to terms with the trauma event and concurrent emotions, cognitions and behaviour manifestations. This research will be socially responsive in that the research participants will be learners who will benefit from the therapy.
- 2.2 One of the responsibilities of all School Counsellors with the Ministry of Education is to provide individual and group therapy. The psychotherapy is therefore within the scope of practise of Dr Fourie.
- 2.3 The Division: Diagnostic, Advisory and Training Services (DATS) – within which Dr Fourie works – is expected to conduct research. Because of other commitments the research aspect typically does not receive the attention it deserves. This research will address this shortcoming.
- 2.4 Dr Fourie was the main contributor to the Ministry's teacher-training manuals. Many of the counselling techniques that will be used in the proposed research, specifically the *Nine Figure Picture Story*, are described in the *Counselling Activities Manual*, have been experientially used during the training of Teacher-counsellors, and are being used by Head Office and Regional School Counsellors and Teacher-counsellors. A scientific evaluation of the use of the techniques is thus indicated.

Psychosocial support has been recognised as a national priority in the face of the HIV and AIDS crisis and growing numbers of orphans and other vulnerable children and adolescents. This submission is an extension of the said goal and is in every respect related to a School Counsellor's job description.

3. OFFICIAL INVOLVED

Dr Susanchen Fourie, Senior School Counsellor from DATS.

4. FINANCIAL IMPLICATIONS

There will be no financial costs to the Ministry of Education, and none for the primary caregivers of the learners.

5. LOGISTICAL IMPLICATIONS

The duration of the empirical part of the research will be between six and twenty recorded therapy sessions / interviews of approximately one hour each over a period of three months with adolescent survivors of sexual trauma.

The study will commence when the Ministry of Education grants permission; when the tertiary institution approves the research proposal; and when the learners have been identified and informed consent obtained from them and their primary caregivers.

Only the interviews with primary caregivers and the therapy sessions with the learners will be conducted during official hours. The therapy will be conducted at Dr Fourie's office and the playroom at the Assessment and Support Centre (ASC) in Khomasdal.

6. ATTACHMENTS

Job description: School Counsellor

Research proposal (as prescribed by the tertiary training institute)

Ethics Committee application (as prescribed by the tertiary training institute)

Consent form: Learner and Primary caregiver (as prescribed by the tertiary training institute)

7. SUBMISSION

It is requested that approval be granted for Dr Fourie to conduct research on therapeutic techniques as part of her normal duties.

Thanking you in advance.

Recommended/ Not Recommended

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Mr M. Gqwede
Chief School Counsellor

Date:

Recommended/ Not Recommended

.....

.....

Date:

Ms E. Bohn

Director: Programmes and Quality Assurance

Recommended/ Not Recommended

.....

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Date:

Mr C.M. Kabajani

Under Secretary: Formal Education

Approved / Not Approved

.....

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Date:

Mr A. Ilukena

Permanent Secretary

Annexure B: Consent form: Learner and primary caregiver



REPUBLIC OF NAMIBIA

MINISTRY OF EDUCATION

Private Bag 13186, Windhoek, Namibia

Tel: (061) 217 977
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Enquiries: Dr Susanchen Fourie
Ref.No. 15/2/1

Consent to participate in research Learner and Primary caregiver

The use of the Nine Figure Picture Story within Gestalt play therapy for adolescent survivors of sexual trauma

You are herewith asked to participate in research conducted by Dr Susanchen Fourie, a registered and experienced Psychologist with the Ministry of Education, Namibia. Dr Fourie is also a student with the Institute for Child, Youth and Family Studies, Huguenot College, Wellington. The study will be submitted in partial fulfilment for the degree MDiac (Play therapy).

You were selected as a possible participant in this study because you are a young person who has survived a traumatic experience.

Your participation will be valuable in as much as your views should contribute to promoting better therapeutic services and helpful techniques for young people in Namibian schools who have survived similar experiences as you have. It is possible that the research results might also be useful to therapists in South Africa and elsewhere.

1. Purpose of the study

Often, when a person – an adult, a child or an adolescent – is exposed to a traumatic experience he or she has a really hard time to get to terms with it. Many times a person needs to talk with a therapist or counsellor to help him or her through all the reactions, emotions and thoughts.

The purpose of the study is to understand how and whether play therapy – in particular a technique called the *Nine Figure Picture Story* – helps a young person to deal with, and heal after, a traumatic experience.

2. Procedures

If you volunteer to participate in this study, I will ask you to do the following things:

- **To participate in individual (not group) play therapy:**

Play therapy is used to assist the client to become aware how you evolved into a new person because of the experience. It will help you to understand that your thoughts and feelings are normal under the circumstances, it will honour how you survived, it will help you reaffirm your support persons and will teach you ways in which to relax and deal with related problems. Play therapy consists of activities like drawing, working with clay or with figures in a sand tray, and should help you to overcome the effect of the traumatic experience. Play therapy is an enjoyable way to work with difficult things that is hard to put into words.

- **To become a co-researcher with Dr Fourie:**

Becoming a co-researcher means that what **you** think about the therapy is very important. It means that you should share with Dr Fourie what things bother you (and things that might worry young people in similar situations). It means that you have to tell Dr Fourie what helps you and what you think might not be valuable things to work on.

You and Dr Fourie will schedule therapy sessions. It is expected that the therapy will consist of between six and twenty sessions (depending on progress) of approximately one hour each. It is difficult to predetermine exactly how long the research will take, but remember the duration will be negotiated with you.

The therapy will be conducted at Dr Fourie's office and the play room at the Assessment and Support Centre (ASC) in Windhoek. The Centre is very private.

3. Potential risks and discomforts

Talking about or working on a traumatic experience is difficult; many people think that they will rather just forget about it. However, ignoring such an event does not make it go away; in fact, it might trouble a person in dreams or flashbacks or in other ways. Another researcher has said, "If you can name it, you can tame it"; research suggests that only when one faces the experience head-on can one heal.

Because we will have to do some work on the traumatic experience you might experience some discomfort, sadness, anger and other feelings. However, we will first concentrate on all your strengths before we do the difficult bits, and we will do it in a playful way.

4. Potential benefits

There are many benefits in participating in the research:

You will receive therapy for free – which should help you to feel well again and handle things better.

You will contribute to research which will be used to assist other young people with traumatic experiences here at the Ministry of Education. But, because other people will also read our research, other therapists will learn from your and Dr Fourie's research.

It is important for adults to hear what young people say, so often young people are ignored. This is an opportunity for you to speak up, and to be heard.

5. Payment

The caregiver will not have to pay for therapy and similarly you will not receive any payment for your contributions.

6. Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Confidentiality will be maintained by means of finding a pseudonym (false name) for you and changing personal information to disguise your identity. You will help Dr Fourie with this.

All therapeutic and research sessions will be DVD recorded because Dr Fourie does not want to forget important things that you said or showed. These recordings and notes will be kept in the safe of the ASC (Dr Fourie will show you) or locked in a filing cabinet at her house. If some of your artwork is photographed for the study, you will not appear in the photos. Moreover, Dr Fourie's computer is password protected.

The only person that may ask to see the recordings and notes (with your pseudonym) is Dr Fourie's supervisor, Dr Hannie Schoeman in South Africa. In spite of this, no identities will be revealed. Dr Schoeman has to make sure our therapy and research are done correctly and that the research is written up accurately. Dr Schoeman will inform Dr Fourie (and Dr Fourie will inform you) as soon as the tapes can be destroyed. Dr Fourie may also ask another therapist in Windhoek to support her; this therapist will not have access to all the information. Your identity will remain private.

After the therapy and research, the study has to be written up, evaluated and kept in a library. Dr Fourie will write things in such a way that nobody will know who you are. You can also inform Dr Fourie whether you want to see the dissertation to check your anonymity.

7. Participation and withdrawal

You can choose whether to partake in this research or not. If you volunteer to participate, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer.

Dr Fourie may withdraw you from this research if circumstances arise which warrant doing so. If you don't want to be a research participant, but still want therapy you could continue with the therapy.

8. Researchers

If you have any questions or concerns about the research, please feel free to contact Dr Hannie Schoeman. Her email address is playaway@vodamail.co.za. Remember, you now know where Dr Fourie's office is; you could also phone her at home 221 190 or on her cell phone at 0812 602 774.

9. Rights of participants

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

If you have questions regarding your rights as a research participant, contact Dr Retha Bloem – the Head of the Institute for Child, Youth and Family Studies, PO Box 16, Huguenot College, Wellington, South Africa. Her contact details are +27 21 873 1181 (telephone), +27 21 864 1480 (fax) and rbloem@hc.sun.ac.za (email).

The participant

The information above was described to me by Dr Susanchen Fourie in and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of participant:

Signed:

Date:

The primary caregiver

The information above was described to me by Dr Susanchen Fourie in and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby voluntarily consent to my child to participate in this study. I have been given a copy of this form.

Name of primary caregiver:

Signed:

Date:

The researcher-therapist

I declare that I explained the information given in this document to
[name of participant]

and his/her primary caregiver
[name of primary caregiver]

He/she was encouraged to and given ample time to ask me any questions. This conversation was
conducted in and no translator was used.
[language]

Name of researcher: Dr Susanchen Fourie

Signed:

Date:

Annexure C: Interview schedule: Learner and primary caregiver

The schedule consists of two parts: Part I has reference to parental and learner consent and Part II is the intake interview. The interview has been conducted with adolescent and parent simultaneously.

Part I

1. Introduction and preliminaries

TOPICS	INTERVIEW REMINDERS	NOTES TO RESEARCHER
Welcomes participant and introduces self	“Good morning ... Thank you for making yourself available for this interview. Let me tell you what this is all about. I am Dr Susanchen Fourie, a registered and experienced Psychologist with the Ministry of Education, Namibia. I am also a student with the Institute for Child, Youth and Family Studies, Huguenot College, Wellington. For my studies in play therapy I am investigating a specific kind of therapy for adolescents. I would like to invite you to become participants in this research.”	Stature? Language group? Look out for paralinguistic cues: - Contact-making and modifications of contact - Downplay seriousness - Desire for exaggeration - Disclaimers - Stress and anxiety - Attitudinal tendencies
Explanation of purpose of interview	“You have been selected as possible participants in this study because you have survived a specific traumatic experience. Often, when a person – an adult, a child or adolescent – is exposed to a traumatic experience he/she has a really hard time to get to terms with it. Many times a person needs to talk with a therapist or counsellor to help him/her through all the reactions, emotions and thoughts related to the traumatic experience. The purpose of the study is to understand how and whether play therapy – in particular a technique called the <i>Nine Figure Picture Story</i> – helps a young person to deal with and heal after a traumatic experience.”	Explain what is meant by traumatic experience if needed.

Procedures	“If you volunteer to participate in this study, I will request: • Your child to participate in individual (not group) play therapy – Play therapy helps a person to become aware how she evolved as a result of an experience. It will help you to understand that your thoughts and feelings are normal under the circumstances, it will honour how you survived, it will help you reaffirm your supports, and will teach you ways in which to relax and deal with related problems. Play therapy consists of activities like drawing, working with clay or with figures in a sand tray and should help you overcome the effect of the traumatic experience. Play therapy is an enjoyable way to work with difficult things that is hard to put into words. • You to become a co-researcher with me – Becoming a co-researcher means that what you think about the therapy is very important. It means that you should share with me what things bother you (and things that might worry young people in similar situations). It also means that you should tell me what helps and what you think might not be valuable things to work on. • You, as the primary caregiver, to give feedback on your child’s response to the therapy – I would like to meet with you to discuss what we are doing, why we are doing it and I would like you to tell me how your child is responding to the therapy.”	
Logistics: Duration, venue and payment	“We will schedule therapy sessions. It is expected that the therapy will consist of between six and twenty sessions (depending on progress) of approximately one hour each. It is difficult to predetermine exactly how long the research will take, but remember the duration will be negotiated with you. The therapy and interviews will be conducted at my office and the play room at the Assessment and Support Centre (ASC). The Centre is very private. You will not have to pay for therapy and similarly you will not receive any payment for your contributions.”	
Potential risks and discomfort	“Talking about or working on a traumatic experience is hard; many people think that they will rather just forget about it. However, ignoring such an event does not make it go away; in fact, it might trouble a person in dreams or flashbacks or in other ways.	Use metaphor of a festering abscess that has to be cleaned (often a painful process) before it heals.

	Another researcher has said, “If you can name it, you can tame it”; it seems as though only when one faces the experience head-on can one heal. Because we will have to do some work on the traumatic experience, there will be some discomfort, sadness, anger and other feelings. However, we will first concentrate on all your strengths before we do the difficult bits, and we will do it in a playful way.”	
Potential benefits	“There are many benefits in participating in the research: • You will receive therapy for free – which should help you to feel well again and handle things better. • You will contribute to research which will be used to assist other young people with traumatic experiences here at the Ministry of Education. But, because other people will also read our research, other therapists might learn from it. • It is important for people to hear what young people say, so often young people and children are ignored. This is an opportunity for you to speak up, and to be heard.”	Therapy with a private practitioner costs N\$535 per session (NAMAF tariffs).
Confidentiality and anonymity	“Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of finding a pseudonym (false name) for you and changing personal information to disguise your identity. You will help me with this. What you say is very important to me, therefore all therapeutic sessions will be DVD recorded. I do not want to forget important things that were said or showed. If some of the artwork is photographed for the study, you will not appear in the photos. The recordings and notes will be kept in the safe of the ASC or locked in a filing cabinet at my house. My computer is password protected. The only person that may ask to see the recordings and notes (with your pseudonym) is my research supervisor, Dr Hannie Schoeman in South Africa. In spite of this, no identities will be revealed. Dr Schoeman has to make sure our therapy and research is done correctly and that the research is written up accurately. Dr Schoeman will inform me (and I will inform you) as soon as the tapes can be destroyed. I will also ask another	Show walk-in safe.

	therapist in Windhoek to support me; this therapist will not have access to all the information. Your identity will remain private. After the therapy and research, the study has to be written up, evaluated and kept in a library. I will write things in a way that nobody will know who you are. You can also inform me whether you want to see the dissertation to verify your anonymity.”	
Participation and withdrawal	“You and your child can choose whether to partake in this research or not. If you volunteer to participate, you may withdraw at any time without consequences of any kind. I may withdraw you from this research if circumstances arise which warrant doing so. If you don’t want to be a research participant, but still want therapy you could continue with the therapy.”	
Invitation	“Is there anything YOU would like to know or ask me?”	
Consent	“Would you help me? Remember you can say no now, or you might want to think about participating. I will need us all to sign this Consent form.”	Go through Consent form.
Intake interview (might take place at another date)	“My interview with you will take an hour to an hour and a half. But you can tell me when you want us to stop or when you're tired or whether we should make another appointment with you this week.”	

Part II

This part of the schedule – the intake interview with a tripartite assessment – may be conducted in a subsequent interview.

Referral:

Date:

1. Demographic information

Name and surname of client:

Date of birth:

School:

Grade:

Gender:

Name and surname of primary caretaker:

Relationship to adolescent:

Address:

Contact numbers:

Occupation:

Medical practitioner:

Language group:

2. Rapport building, validation & informally getting to know participant

MAIN QUESTION	PROBES or INTERVIEW REMINDERS	NOTES TO RESEARCHER
Tell me about yourself, your child and the family?	• Tell me about yourself. • Tell me about the family. • Tell me about your child, at school and at home?	Characteristics of the field What are the family's values, needs, and hopes? Try to determine: the socioeconomic status of the family, familial contact-making, coping, communication, etc.? Are there external support system (Inclusion will validate the parent's feelings. It will indicate the researcher's interest and enhance trust.)

3. The traumatic incident(s)

MAIN QUESTIONS	PROBES or INTERVIEW REMINDERS	NOTES TO RESEARCHER
4.1 Tell me about the traumatic incident. 4.2 What happened after the incident?	• Before the incident: How were things before it happened? • The incident: Where, when, who, critical incidents? • Outcome: What happened afterwards?	Characteristics of the traumatic event(s) • Reoccurring or single event • Degree of threat • Duration • Physical injury to adolescent • Perpetrator is member of family or a stranger • Secondary adversaries – home, school or community

4. The parent's reaction (as field representative)

MAIN QUESTIONS	PROBES or INTERVIEW REMINDERS	NOTES TO RESEARCHER
How did you and others close to the family react?	Tell me about your feelings related to the incident. Tell me about your thoughts related to the incident. Tell me how you reacted. How did others in the family and community react? Transition: I hear that the whole business was very difficult for you.	Characteristics of the field • Caregivers' contact making and resistances: non-supportive, distant, chaotic, trauma directly impacts caregivers, caregivers anxious, overwhelmed, isolated or stigmatised <i>versus</i> caregivers nurturing and supportive, educated about posttraumatic responses • Familial anchors and sanctions • Community anchors and sanctions • Cultural anchors and sanctions • Religious anchors and sanctions Did the reaction of the primary caregiver, family, community, and the religious and cultural field moderate or exacerbate the adolescent's adaptation?

5. The adolescent's reaction

MAIN QUESTIONS	PROBES or INTERVIEW REMINDERS	NOTES TO RESEARCHER
How did your child react to the traumatic incident?	How was the adolescent before the event? How did she change? How did the adolescent act and react during and after the traumatic event? Who supported your child? How was she supported?	Adolescent's process / Characteristics of the adolescent • Age • Cognitive level • Gender • Experiential inclusion or isolation • Coping skills • Utilising support network • Subjective perceptions – especially attribution of causality and negotiated normalcy and difference • Presenting signs and patterns • Response – posttraumatic intervention • Educated about posttraumatic responses • History of previous exposure to trauma

6. Consequences

- What is your greatest concern about your child at this moment?
- How should the therapy make things different (preferred outcome)?
- Do you think you might need help or therapy?

7. Conclusion and debriefing

- “Are there any questions that are important that I didn't ask?”
- “How do you feel about participating in this research?” (Validation of feelings)
- Summary of main points and acknowledgement of participant's feelings.
- “Thank you very much for opening your heart. If you remember something else, or want to ask or tell me something. Please don't hesitate to call me.” Give business card
- Discuss way forward as it relates to the adolescent's therapy. Also as it relates to a possible psychoeducative session on stress.

Annexure D: Observation guide

Areas of growth and development	Remarks by therapist		
	Date:	Date:	Date:
Sense of self Sensory and bodily contact functions and awareness • Appearance • Verbal: voice and sound • Seeing • Hearing • Smell • Taste • Touch • Sixth sense • Movement, mobility, posture • Body image, space, boundaries • Breathing • Energy level			

Contact making skills • Sensation • Awareness • Mobilisation • Encounter and action • Full contact • Integration and assimilation • Differentiation, closure and withdrawal • Rest			
Modification of contact <i>How and when does the client modify contact?</i> • Desensitisation → sensitivity → supersensitivity • Introjection → chewing → rejection • Projection → imagination → owning • Retroflexion → expression → aggression • Deflecting → contact → bluntness • Egotism → spontaneity → impulsivity • Confluence → differentiation → isolation			
Self-awareness and expression • Aware and attends to vibes • Make statements of self and own projections • Takes risks and open to possibilities <i>versus</i> self-critical, uncertain, seek assurances • Identification with creative process <i>versus</i> controlled by fear • Self-assertive <i>versus</i> inhibited • Power struggle • Sense of mastery “I can do it” • Appreciates beauty • Good gestalten in products • Self-perspective (victim, survivor)			

Emotional awareness and expression <i>Range of emotions? Are emotions unpredictable?</i> <i>How does she handle emotions and how does she cope with stress or over-stimulation? Sense of emotional mastery or being overwhelmed?</i> • Know what emotions are • Distinguish: label, range, intensity • Identify reasons for emotions • Emotional expression: relevant expression, catharsis • Tension release e.g. humour • Unfinished emotions • Familial barriers			
Cognitive awareness and expression • Language skills and representations for feelings, thoughts, knowledge, needs • Curiosity and exploration of world • Reality testing • Make choices, solve problems, organise • Understands cause and effect • Problem-solving • Sense of right and wrong • Ideas of own • Abstractions • Orientation towards past, present and future • Spiritual perspective • Meaning attributed to experiences			

Social awareness and expression <i>How are her relationships with others in her life? How does she approach others? How does she act with / towards others? How does she manage conflict in relationships?</i> • Self-awareness <i>versus</i> insecure, anxious, easily embarrassed • Aware and accepting of differences and similarities • (Dis)satisfaction in social contact and relationships • Accepts self and others “I’m okay, you’re okay” • Trusts self and others • Understands self and others • Autonomous yet inclusionary			
Behavioural awareness and expression <i>What behaviour does the client reveal?</i> • Explore openly and freely <i>versus</i> withdrawn, restricted, defensive • Association behaviour-emotion-thoughts • Understands what kinds of behaviour bring (dis)approval • (In)sensitive to boundaries, concerns of others • Choices • Responsibility			
Dealing with task / situation / problem • Energy level • Pace: fast, slow • Oriented: task or people • Focus • Approach: investigating, impulsive, etc. • Method: mechanical, methodological, etc. • Emotion involved: platitude, interest, etc. • Outlook: Optimistic, negative • Creative solutions			

Resistance • Level of resistance • When does resistance manifest • How does resistance manifest			
Temperament • DISC analysis			
Self-support Process • Self-support and nurturing <i>versus</i> egotistic and perfectionistic • Rigid self-support or over-dependence			
Self-nurturing • Self-nurture • Self-celebration			
Biological support • Breathing • Grounding skills			
Cognitive support • Knowledge • Self-affirmations • Problem solving skills			
Field support – Interpersonal support • Family • Friends • Teachers • Therapist • Others			

Field support – Organisational support • Church • Sport • Others			
Integration / assimilation Self-integration How integrated are different aspects of the self?			
Polarities Observations re polarities			
Unfinished business Observations re unfinished business			
Assimilation of therapeutic experiences • How does she remember the previous sessions? • How does she describe herself (differently)? • How does she tell the story (differently)? • How does she internalise the support of the therapeutic process/therapist?			