Effectiveness of the foundation course on therapeutic play in Bangladesh

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List of Abbreviations

APT	Association for Play Therapy
BAPT	British Association of Play Therapist
CCTP	Child Centered Play Therapy
E-P-R	Embodiment Projective and Role Play
FCTP	Foundation Course on Therapeutic Play
PTAKSS	Play Therapy Attitude-Knowledge-Skills Survey

Declaration

I declare that the work on "**Effectiveness of the foundation course on therapeutic play in Bangladesh**" is my own work, both in conception and execution, and that all the sources that I have used or quoted have been indicated and acknowledged by means of completed references. I also declare that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Signature of the author Date

Mostak Ahamed Imran

Certificate of Supervisor

This is to certify that I have read the dissertation entitled "**Effectiveness of the foundation course on therapeutic play in Bangladesh**" submitted by **Mostak Ahamed Imran** for the degree of Master of Philosophy (M. Phil) and this is a record of authentic/original research carried out by him under my supervision and guidance.

Supervisor's Signature and date

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Abstract

The study aimed to investigate the cultural efficacy of Foundation Courses on Therapeutic Play (FCTP) as well as to explore the scopes and barriers in using play therapy in Bangladeshi context through assessing the attitudes, knowledge, and skills of the study participants. Fifty participants having prior experience of dealing with children were chosen purposively for enrolment in the course and involvement in the study. The questionnaire developed by Kao and Landreth (1997) was used to examine participants' attitudes, knowledge, and skills relevant to play therapy during the data collection phase. The results on all three subscales (Attitude, Knowledge, and Skills) went up from the pre-test to the post-test, and the difference was statistically significant with a notable effect size. The barriers and scope of incorporating therapeutic play in the workplace is being studied from the participants with the help of follow-up form. The investigator also kept a reflective journal throughout the course to gain a deeper grasp of the viewpoints and emotions held by both the participants and the investigator regarding the course. Respondents praised the pattern of the course, found it interesting and informative, and felt that it met their needs. Furthermore, they perceived the course to be beneficial in terms of improving their comprehension, expertise, and capabilities. The findings of the study emphasize the need to improve the dissemination of therapeutic play training in a number of contexts in order to make play therapy available to a broader demographic.

Keywords: Therapeutic Play, Children, Bangladesh

Effectiveness of the foundation course on therapeutic play in Bangladesh

Importance of play

Play is an important element of infancy, and it can help children achieve a variety of goals. Play is a developmental model of communication for children because it offers them the living, dynamic, individual language they need to communicate their emotional responses, which collective language alone cannot provide. Play functions as a means of communication for children, facilitating the development of skills and a perception of self-competence and mastery. Children are self-motivated to satisfy a natural desire to explore and dominate their surroundings during play (Homeyer & Bennett 2008). Play helps children to connect their experiences and awareness, allowing them to gain insight, explore, solve problems, adapt and acquire new skills (Bratton et al, 2005).

Stages of Play

According to Hughes (2021), there exist six distinct stages of play that can be utilized to outline a child's play behavior. During the initial “unoccupied play stage”, children are not engaged in any specific tasks, they participate in many spontaneous activities. Numerous educators contend that the term "unoccupied child" is misleading, given that the child is typically engaged in various activities. Solitary play represents the subsequent phase of play, wherein an individual engages in play activities with their own toys. Following this stage is “the observer stage”, characterized by observing other children without actively participating in their play or engaging in direct connection with them. Subsequently, during the fourth phase referred to as the "parallel stage," children engage in autonomous play activities alongside their peers. Associative Play represents the fifth stage, wherein a collective of children actively participate in a shared activity, albeit

without a specific common objective. During the last part of the theatrical performance, the children actively engage in a collaborative effort to allocate tasks among themselves in order to achieve a shared objective. Cooperation is prominently observed as a notable achievement among young children during the final phase of play, which is commonly known as "Cooperative Play" (Hughes, 2021).

Play as therapy

Play therapy is recognized in the mental health field as an educational and clinically successful intervention for enhancing children's mental health (Landreth, 2012). Association for Play Therapy (APT) defined play therapy as "the structured application of a theoretical framework that establishes an interpersonal procedure in which trained play therapists utilize the therapeutic powers of play to assist clients in preventing or resolving psychosocial issues and achieving their full potential and development." It relies on the idea that play is a usual means for children to communicate (Landreth, 2002). This form of therapeutic technique operates under the premise that children will use toys and play materials to "act out" emotions and experiences they can't find words for (O'Connor, 2001). According to Homeyer and Bennett (2008), it can be viewed as the systematic application of a theoretical foundation to create an interpersonal approach in which skilled play therapists use play's therapeutic power to help clients avoid or resolve psychosocial problems and achieve their best possible growth and development. In addition to its inherent therapeutic benefits, play holds significance in clinical practice due to its diagnostic utility, particularly in cases involving children who have experienced abuse (Moore & Presbury, 1999). With suitable toys or play materials, such children often share what they have experienced. The aforementioned discoveries together contributed to the emergence and development of the concept of 'play therapy' as a therapeutic approach for children.

Play Therapy Vs Therapeutic Play

The term "Therapeutic Play" pertains to the participation in play-based activities aimed at mitigating the negative impacts of stressors in one's life (Peabody & Schaefer, 2016). Conversely, in the context of play therapy, the therapeutic practitioner actively employs the remedial potential and therapeutic power of play while working with children. The British Association of Play Therapists (BAPT) has established a criterion that mandates the completion of a master's degree in play therapy together with 100 hours of practice under professional supervision. The implementation of play therapy in Bangladesh as the given structure by BAPT is currently limited due to its nascent stage of development, rendering it unfeasible at now. The course had a name change from "Play Therapy Foundation Course" to "Foundation Course in Therapeutic Play" as a result of this alteration. The objective of the course is to empower mental health practitioners on the utilization of therapeutic play techniques when working with children in their practice.

Play therapists and their work process

Play therapists are mental health practitioners who are educated to use children's play as the foundation for a therapeutic engagement. Play therapy is used as a therapeutic approach to address a diverse array of emotional and behavioral concerns (Bratton & Ray, 2000). The distinction between play and play therapy is the therapist's capacity to reason analytically about anything that happens in the session vocally, with nonverbal cues, and metaphorically in the child's play and artwork (Homeyer & Bennett 2008). Play therapists search for concepts and themes in children's play to generate therapeutic actions (Landreth 2002). They utilize their comprehension of theatrical production to enhance the coping abilities of children, as well as to convey their interpretation of the play to parents, caretakers, and educators who are actively engaged in their

interactions with the children. Within the confines of a designated playroom, with the expert guidance and supervision of a qualified play therapist, children are afforded the opportunity to effectively address their challenges within a secure and nurturing play setting. Children acquire the ability to restrict, establish boundaries for, and gain control over their challenges through engaging in play activities. Twenty sessions of treatment are needed, on average, to help a child who seeks help (Landreth, 2002). Naturally, there exists considerable variability in the required number of sessions for children, as the rate of improvement might vary significantly across individuals. Additionally, more severe or persistent issues may necessitate a longer duration of treatment in order to achieve resolution (Carmichael.,2006).

Literature Review

Effectiveness of play therapy

LeBlanc and Ritchie conducted a meta-analysis study in 2001 to evaluate the overall effectiveness of play therapy. The researchers conducted an in-depth review of 42 controlled studies spanning from 1950 to 1996, revealing an average treatment effect size of 0.66 standard deviations. The therapeutic process demonstrated a significant correlation between treatment efficacy and the involvement of parents. The researchers reached the conclusion that play therapy had comparable efficacy to non-play therapies in addressing emotional challenges among children. Ray et al conducted a meta-analysis of 94 research studies in 2001, encompassing a total of 3263 participants. The results suggest that Play Therapy is an effective intervention for a wide range of difficulties encountered by children. A recent meta-analysis of 93 controlled studies published between 1953 and 2000 in the discipline of child play therapy practice was conducted by Bratton et al. in 2005. The main aim of this meta-analysis was to assess the overall efficacy of play therapy

and identify prospective characteristics that might potentially impact its effectiveness. The aforementioned investigation unveiled a substantial treatment impact associated with play therapy treatments in the overall setting of child treatment. It was found to be consistent regardless of the age, gender, or presenting problems of the children.

Training in play therapy

Play therapy demands sufficient and proper training to obtain the necessary abilities to work with the beneficiaries (Kao, 2005; Landreth, 2012). A comprehensive curriculum in play therapy would invariably include theoretical foundations, practical applications of play therapy, reflecting on both content and process, establishing appropriate boundaries and limits. The establishment of the Association for Play Therapy (APT) in 1982 aimed to formalize play therapy as a distinct type of therapy within the field of mental health in America. The establishment of the British Association of Play Therapists (BAPT) in 1992 marked a significant milestone in the United Kingdom, as it became the inaugural regulating body responsible for representing play therapists and promoting play therapy as a distinct therapeutic modality within the realm of mental health. The influence of the British Association of Play Therapists (BAPT), in conjunction with the establishment of play therapy training programs inside universities and the focused inclusion endeavors of committed individuals, contributed significantly to the notable advancement of the field in the broader context. Numerous studies have been conducted on different kinds of play therapy training, highlighting the advantages it offers to mental health professionals, including counselors, school counselors, and practitioners who collaborate with children to promote their overall well-being (Hunt, 2010; Kagan & Landreth, 2009). According to research done throughout developing countries, Child-Centered Play Therapy (CCPT) has made a significant contribution to the mental health profession in a broad sense, and play therapy in particular, within these

countries. Additionally, research has demonstrated that CCPT is efficacious in enhancing practitioners' attitudes, knowledge, and skills within the counseling field, particularly in relation to their work with children who have special needs. (Hunt, 2006; Kao & Chang, 2007; Lindo et al., 2012).

Effectiveness of short-term play therapy training

The effectiveness of Child-centered Play Therapy training in enhancing participants' knowledge and understanding of the therapeutic power of play was demonstrated in a study conducted by Hunt (2006) in Kenya, Tanzania and East Africa. In 1998, Homeyer and Ray investigated the impact of the duration of play therapy training. The results of the study indicated that the duration of training and the manner in which the sessions were organized did not have a major impact on facilitating participants' experiences. Regardless of the duration of the training program, whether it was short-term or long-term, the individuals' participation as play therapy apprentices had notable beneficial effects. Hunt (2010) also initiated six-month ethnography research in an Australian residential care home to evaluate the efficacy of play therapy training on their staff. The outcome of the research suggested that those employed in childcare settings, may have a more pleasant experience if they are aware of play. Lindo et al. (2012) evaluated the efficacy of a 15-week duration play-therapy training. The findings showed that the training had a positive impression on the participants' self-perception, attitudes towards the children and knowledge of play therapy. Different countries have used Child-Centered Play Therapy training for mental health practitioners. Kagan and Landreth examined a play therapy training in a school of Israel in 2009. The duration of the training was two-day. The results of the study indicated that the brief training program was effective in improving the knowledge of school counselors and teachers relating to play therapy. However, there were no notable differences seen in scores related to attitudes and

skills. This lack of variance may be attributed to the limited time available for training. Johari et al. (2014) conducted a three-day investigation with 116 mental health professionals in Malaysia to measure the impact of play therapy training. The training improved the participants' attitudes, knowledge and skills according to the findings. The researchers emphasized the importance of developing and including a play therapy course in Malaysian university curriculum.

Play therapy in the Indian sub-continent

Play as a medium of therapeutic approach for children has a long history in the Indian subcontinent. In India, an increasing number of mental health experts are incorporating play therapy into their regular therapeutic practice in an informal way. Limited studies have been found on play therapy in the context of India, and existing studies suggest that this therapeutic approach has demonstrated an efficacy in dealing with diverse issues among children. When utilized with 40 emotionally disturbed children aged 4 to 10 years, it was equally successful as behavior therapy (Raman et al., 1996). The findings also indicated enhancements in assessments of overall functional behavior. Moreover, a few clinicians of India have written and documented case reports. Child-centered play therapy was found to be effective in helping a girl who was 5-years old and identified as acute grieving sensitivity (Rakesh & Srinath, 2010). Play therapy has also been shown to be beneficial in the cases of an orphaned child (11 years old) and a girl (12-year-old) with a combined disorder of behavior and mood (Panicker et al., 2004; Singhal et al.,2014). There are just a few play therapy training programs in India, but they vary widely in terms of both content and quality (Raman & Singhal 2015). Long-term play therapy sessions may not be possible in India, owing to time constraints and a scarcity of therapists.

The rationale of the research

Bangladesh is currently in the developmental stage of play therapy emergence. The implementation of play therapy in Bangladesh was perceived as an innovative advancement, primarily motivated by the limited availability of accessible alternatives and resources for working with children's mental well-being. The absence of play therapy trainers, training models, or standards within the various mental health professions may account for this phenomenon. The individual serving as the primary researcher of the present study holds the exclusive role of being the sole play therapist in the country of Bangladesh. A foundational course on therapeutic play was offered in 2018 by the Department of Educational & Counselling Psychology at the University of Dhaka in Bangladesh. The course was developed in alignment with the defined guidelines set forth by the University of Roehampton. The implementation of this course in Bangladesh marked a pioneering endeavor, serving as a pilot project aimed at assessing the viability and application of the program within the distinctive context of the country. The participants included professionals from many fields, such as counselors, psychiatrists, psychologists, social workers, teacher, special educators and other relevant disciplines working with children. The study conducted by Imran et al. (2020) showed that the implementation of that foundation course in therapeutic play has the potential to enhance participants' attitudes, knowledge and skills pertaining to their work with children in the context of Bangladesh. Additionally, it was recommended that further development of play therapy courses in Bangladesh be undertaken to enhance professionals' positive attitudes, acceptance and aptitude in effectively supporting children facing challenging circumstances. This initiative would result in the establishment of additional foundation courses focused on therapeutic play. The pilot study yielded valuable data and insights that were instrumental in guiding several important revisions to the introductory curriculum. These revisions included the incorporation of

local toys, poems, story books, and Bangladeshi case studies, as well as an extension of the course duration. These modifications were made with the aim of contextualizing the curriculum to align with the cultural and historical aspects of Bangladesh. Following the guidelines proposed by Imran et al. (2020), three more fundamental courses were introduced in Bangladesh to evaluate the cultural suitability, possibilities, and challenges related to the integration of therapeutic play.

The purpose of the research

The primary aim of this study was to assess the cultural effectiveness and appropriateness of foundation courses in improving the practice of therapeutic play by mental health professionals in Bangladesh. Additionally, the study sought to identify the practicality of these courses and any potential obstacles they may encounter. The results of this study will provide valuable insights that may be utilized to enhance programs focused on increasing the competence of mental health professionals in Bangladesh who work in child-related fields.

Method

Study design

A mixed methodology was utilized in this study, incorporating both quantitative and qualitative approaches. This approach is consistent with other research strategies employed in similar studies (Lindo et al., 2012; Tsai, 2013). The study employed pre-test and post-test research design for the quantitative aspect of the investigation. Standardized questionnaires were used for the quantitative part of the data collection procedure, while reflective journaling and an online follow-up questionnaire were used for the qualitative part.

Table 1.

Study Design

Pre-test	Treatment	Post test	Follow Up
PTAKSS Questionnaire	40 hours FCTP Course (6 hours per week)	PTAKSS Questionnaire, Reflective log	Online google form, 4 months after the post-test

Participants

A sample size of fifty participants was chosen using purposive sampling methods. The ages of the participants varied from 26 to 53 years. The prerequisite for enrolling in the therapeutic course was two years of relevant professional experience with children. The research participants consisted of the course participants who voluntarily provided consent to participate in the study.

Ethical Consideration

Approval for all operation involving human participant in the study was obtained by the Ethical Review Committee of the Faculty of Biological Sciences at the University of Dhaka, Bangladesh, with reference number 216/Biol.Scs (See Appendix-1). The participants were provided with a clear explanation of the study's objectives, and it was emphasized that their contributions would be highly regarded. The objective

of the study was clarified to the participants. Informed consent was taken from the participants before starting the study, as evidenced by the completion of the consent form (See Appendix 2). Participants were informed that strict measures would be taken to ensure confidentiality and that their personal demographic information would not be used or disclosed anywhere. They also had the option to withdraw from the study at any given point. They were given the opportunity to voluntarily withdraw their responses from the study at any time. Even upon the completion of the study, if they would have wanted that they had the option to request the removal of their responses. In that case, participants were instructed to contact the researcher, providing their participant's identification number, upon which their responses would be deleted.

Measures

Four measures were taken for this study:

a. Demographic Questionnaire (See Appendix-3)

b. Pre-test and Post-test Questionnaires of Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) of Kao & Landreth (See Appendix-4)

c. Reflective Journal of the lead researcher/facilitator

d. Follow up form (See Appendix-5)

a. *Demographic Questionnaire*

The participants' backgrounds, including gender, age, ethnicity, educational level, job experience with children and any courses or workshops they had taken relevant to therapeutic play, were investigated using a demographic questionnaire.

b. ***Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)***

Shu-Chen Kao and Garry Landreth (1997) developed the Play Therapy-Attitude-Knowledge-Skills Survey (PTAKSS), a self-administered questionnaire, assess the effect of play therapy training on participants. The influence of Play therapy training on participants' attitudes, knowledge and abilities has been extensively studied in play therapy research applying this self-administered questionnaire (Kagan and Landreth, 2009, Lindo et al., 2012). Recognizing the standardization, practicality and comparability of the questionnaire, it was decided to use PTAKSS as a quantitative tool for data collection in this study. The principal researcher took permission from the main developer of PTAKSS to use in this study. The PTAKSS is a 5-point Likert-based scale and the total number of items is eighty-one. There are three sub scales in PTAKSS: Attitude scale (items 1-33), Knowledge scale (items 34-55) and Skill scale (items 55-88).

c. ***Reflective journal of the lead researcher/facilitator***

The primary researcher used a reflective journal during the course. Additionally, the participants were encouraged to maintain a reflective journal during the course. Each participant presented their reflective journal in their preferred creative media at an activity called "My Journey Story" at the end of the course. The researcher's reflective journal covered the participant's as well as the researcher's feelings, thoughts and response to the course. The Gibbs Reflective Cycle (Gibbs, 1988) (See Appendix-6) was used to write the reflective journal.

d. ***Follow-up form***

The participants were administered a follow-up questionnaire around four months after completing the foundation course. The purpose of this questionnaire was to gather their perspectives on the potential integration of therapeutic play techniques into their respective professional practices. The information was compiled using a Google form. Individuals who

encountered difficulties in completing the Google form were then contacted via telephone in order to get their responses.

Overview of the Foundation Course on Therapeutic Play (FCTP) in Bangladesh Course

Facilitator

The lead researcher facilitated the FCTP 2, 3, and 4. The facilitator was the principal investigator of the study, a play therapist with the training from the University of Roehampton.

Medium of Course

As all of the participants had Bangla as their native language, the course was taught entirely in Bangla language.

Structure

The main focus of implementing the Foundation Course on Therapeutic Play (FCTP) in 2018 was to enhance the utilization of play therapy among a wide array of practitioners in Bangladesh while adhering to the established benchmarks established by the University of Roehampton. It was a modified iteration of the Play Therapy Foundation Course offered by the University of Roehampton. After the first pilot foundation course in therapeutic play was completed successfully, three more foundation courses (FCTP-2, 3, and 4) were held with few modifications. Though the preliminary FCTP encompassed a teaching period totalling around 37 hours, it was then extended to 40 hours for future iterations of the program, specifically FCTP-2, FCTP-3, and FCTP-4. The training was conducted over a period of seven consecutive weeks, primarily on Fridays. Participants were mandated to uphold a minimum attendance percentage of 90% in order to meet the eligibility criteria for the foundation course certificate.

Content

The Foundation course offered an opportunity for learners to acquire knowledge about play therapy through direct experience. The individual could learn about and reflect on the practice of play therapy from their own perspective. Participants would gain the knowledge and skills necessary to incorporate play therapy strategies into their current practice, particularly when working with children.

A few adjustments were made to FCTP-2, 3, and 4 based on the reflections of the participants from FCTP-1 (Pilot study). Bangla-language local literature was utilized in lieu of English-language literature throughout the story telling session of the course. Since Bangla was the participants' native tongue, they had little trouble grasping the stories' nuances and contexts in English. In addition, participants were given Bangla story books so that they could use them in their work with children, as these books were readily available in Bangladesh. Bangla local songs and poems with body movement “Brotochari” were used every day for warm up activity which was praised and well accepted by the participants.

The pilot study included a diverse assortment of toys sourced from both the United Kingdom and Bangladesh. As time progressed, slimes and sensory objects imported from the United Kingdom deteriorated as a result of weather changes. As a result, toy materials that are affordable, accessible and low-cost within the local community were incorporated into the course. The course made use of Bangladeshi cultural artifacts such as Shital Pati (Local Mats), wooden figurines, musical toys, recyclable plastic glasses and cups, and mud cooking pots, Chapati dough (instead of clay), local salt and chalk, different types of seeds etc (See Appendix 7)

The primary investigator has undertaken the responsibility of serving as the sole play therapist in Bangladesh and has been actively employing play therapy techniques with children

since 2019. The researcher conducted a series of clinical case studies that employed play therapy as an intervention for socioeconomically disadvantaged children in Bangladesh. The incorporation of this case studies was integrated into the foundation course with the aim of fostering comprehension about the use of play therapy in the context of interacting with children.

The length of the course was 37 hours in the pilot study which was extended to 40 hours. The extended time was given to more experiential activities (Free play, Sand tray, projective play, and narrative play). The duration of the course spanned a period of seven weeks, commencing at 9 am and concluding at 5 pm (8 hours). The daily class duration consisted of 6 hours, excluding a 2-hour interval for breaks (lunch, snacks break and prayer break). The overall teaching duration amounted to 40 hours (6 hours X 7days = 42-2 = 40 hours), excluding a 2-hour period designated for Pre-test and posttest questionnaire completion.

Table 2.

Overview and Outline of Foundation Course in Therapeutic Play

	Day Wise Content
Day 1	• Pre-test questionnaire • Introductions - to the course and to each another • Set up Group Contract • What is therapeutic play & Play Therapy? Demonstration of excerpt from BAPT DVD • Essentials of therapeutic play- including role played case study • End with a story and Brotochari (Local song and poem with movement) (Each Day)

Day 2	• The importance of play in child development • Discussion of cultural values regarding play • Choosing toys (with acknowledgment of cultural variations and availability of resources) • Experiential play activity and free play
Day 3	• Historical overview of Play Therapy and underpinning theory - • Introducing E-P-R (types of play), Embodiment play • Embodiment / Sensory play - including hands on experience of sensory play
Day 4	• Projective play - including use of metaphor/stories • Role play • Narrative Play and Stories
Day 5	• Using art therapeutically • Introducing core skills in building a therapeutic relationship
Day 6	• Therapeutic limit-setting • Self-esteem and empowerment • Theories of attachment and trauma/loss
Day 7	• Ending in Therapeutic Play • Journey Story presentations • Endings rituals • Post Test • Certificate Ceremony

Procedure

On the first day of the course participants were given a brief explanation about the background and purpose of the study and invited to participate. They were informed about the confidentially and anonymity of their participation and were required to sign consent forms and complete demographic details. Participants were instructed to read the statements in the PTAKSS questionnaire carefully and then choose one option by giving a tick (√) mark to the appropriate alternative response to each statement. On the last day of the course, they repeatedly filled out the PTAKSS questionnaires. Participants completed a follow-up form four months after the course ended. Throughout the duration of the study, both the researcher and the participants engaged in the practice of maintaining reflective journals, which were then utilized for qualitative analytical purposes. The researcher's own reflections were transcribed into a narrative format and carefully reviewed multiple times to make sure that no data were overlooked. Subsequently, distinct patterns were found and the collected data was systematically classified into thematic categories. Thematic analysis is widely utilized as a prevalent qualitative research strategy. Ultimately, the study's results were presented in a descriptive manner, organized according to each thematic category. The quantitative data analysis utilized Statistical Package for Social Sciences (SPSS) version 25.

Results

a. Descriptive Statistics

A descriptive statistical analysis was used to collect information about participants which is presented in Table 3.

Table 3.

Particiapnts Demographic Characteristics (N=50)

Demographic		N	%
Gender	Male	6	12
	Female	44	88
Age (In years)	21-30	19	38
	31-40	20	40
	41-50	8	16
	51-60	3	6
Level of Education	MPhil	3	6
	MS	47	94
Years of Work Experience with Children	0-2	3	6
	3-10	36	72
	More than 10	11	22
Previous Workshop Experience relating to Therapeutic Play	0	20	40.0
	1-4	28	60.0

The study involved the evaluation of responses from a total of fifty participants. The mean age of the participants was 34.02 years, with a standard deviation 7.09 years. The participants were from different backgrounds, such as Psychologists (16), Behavior therapists (6), School Psychologists (6) University Faculties (2) and Special Educators (20) who had prior work experience with children. The majority of participants were female (88%).

A vast majority of individuals polled (94%) have completed their master's degrees. A significant proportion of participants (72%) possessed a range of three to ten years of professional experience working with children. Among the entire sample, 60% of respondents said that they possessed prior experience with Therapeutic play while the other 40% of the participants indicated that they had not attended any such workshops. All the participants who responded having prior experience of therapeutic play, had joined the orientation session on Play Therapy conducted by the researcher.

b. Paired Sample t-test

In order to assess the impact of the course, paired sample *t*-tests were conducted with the data. Paired sample *t*-tests revealed that there was a statistically significant increase in total scale scores from pre-test (M= 252.60, SD = 40.25) to post-test (M= 320.16, SD= 22.28), ($t(49) = 13.73$, $p < 0.001$).

On the Attitudinal subscale, there was a significant increase in scores from pre-test (M= 117.04, SD = 9.18) to post-test (M= 120.26, SD =14.42), ($t(49) = 1.95$, $p < 0.001$). Participants' scores also exhibited a significant increase from pre-test (M= 54.42, SD = 10.29) to post-test (M= 68.98, SD= 5.53), ($t(49) = 9.32$, $p < 0.001$) on the Knowledge subscale. Furthermore, participants' pre-test scores (M = 81.14, SD = 30.92) exhibited a statistically significant increase to their post-

test scores (M= 130.92, SD = 12.18), (t (19) = 12.79, p < 0.001) on the Skills subscale. The results showed that the post-test means were significantly higher than the pre-test means in all three subscales. The effect size was small for attitude and large for knowledge and skills subscales and for the full scale (see Table 4).

Table-4.

Paired Sample t-test on PTAKSS

Scale	N=50	Pretest	Posttest	df	t	p	D
Total	Mean	252.60	320.16	49	13.73	p <0.001	1.94
	SD	40.25	22.28				
Attitude	Mean	117.04	120.26	49	1.95	p <0.001	0.28
	SD	9.18	14.42				
Knowledge	Mean	54.42	68.98	49	9.32	p <0.001	1.32
	SD	10.29	5.53				
Skills	Mean	81.14	130.92	49	12.79	p <0.001	1.81
	SD	30.92	12.18				

The participants showed an overall significant improvement in attitude, knowledge, skills and the total scale after finishing the course (Figure 1). Skills had the greatest increase (49.78), followed by Knowledge (14.56) and Attitude (3.22). In the overall total scale, the improvement was 67.56. It should be noted that this was based on subjective self-reports and there was no objective testing of knowledge and skills.

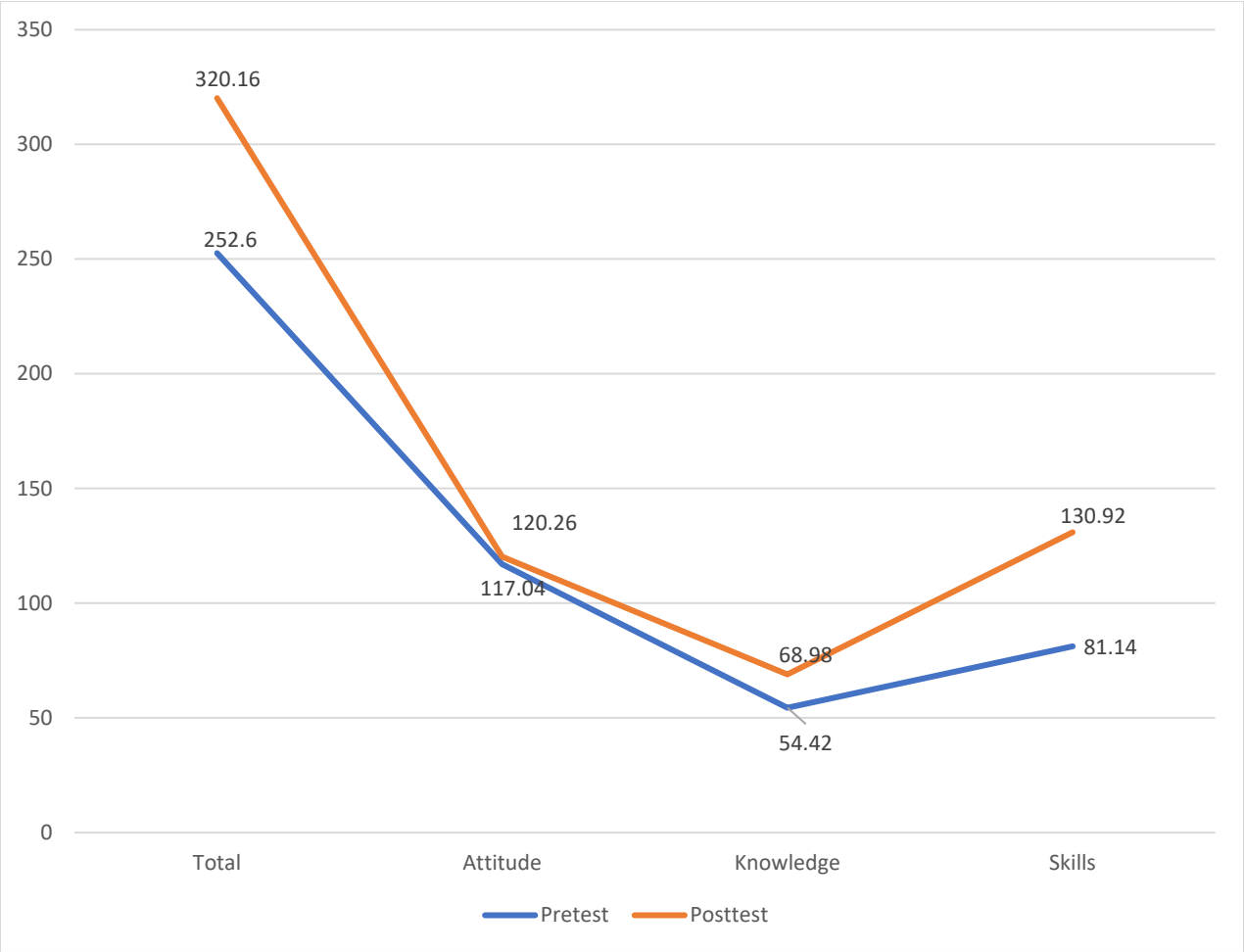

Figure 1. Total, Attitude, Knowledge, Skills Scales on Pre-test and Post-test

c) Reflective Journal

Three main areas were identified in the reflective log, which are explained below:

1) Importance of Understanding Children Behaviors & Techniques of Managing Children

2) Reflection regarding the class

3) The dual role of the researcher

1) ***Importance of Understanding Children's Behaviors & Techniques of Managing Children***

The course aided the participants to learn about the children's behaviors and how to manage them. They learnt the skills of working with children more compassionately by understanding children's feelings and emotion.

One participant mentioned, "*I learned a lot from this course. Like how to build rapport with a child, how to understand a child's feelings and how to communicate with a child".*

Participants went through their childhood memory which helped them to understand how to connect with children through play. They shared how the course helped them to understand the importance of good therapeutic relationship and its positive impact on the children and family system. Participants got the idea to create a strong rapport with the children, they needed to deal with children more interactively and playfully. In addition, they acquired knowledge regarding the management of children's emotions, including those with special needs.

One participant mentioned that, "*As I'm working with special needs students, they need to be taught in a consistent manner repeatedly and need more instructions and prompting. So, the usage of therapeutic play will help them to remain calm through exploring different emotions."*

Participants learnt the skills for not imposing own idea on children during any activity which is one of the core concepts of Child Centered Play Therapy (CCPT). They learnt the importance of following the lead of children rather than giving direction all the time. The participants also provided feedback regarding the course's favorable influence on both their personal family dynamics and their work environments. Consequently, individuals began allocating increased attention and time within their households to engage in recreational activities with their own offspring.

2) *Reflection regarding the class*

The views of the participants regarding the course's pattern (including its format, teaching methods/style, and material) were positive. The majority of participants reported that the training was very simple to grasp. The practical aspects of experiential learning, such as free play, sand trays, the utilization of puppets and different toys, relaxation through the use of clay, squiggle game, use of story proved to be more beneficial. The majority of respondents stated that in order to strengthen their therapeutic play skills with the children, they required further supervised practice as well as an advanced certificate program or diploma program. The participants conveyed their desire for more training and supervision to enhance their ability to support the clients of their children.

One participant mentioned, "*The Foundation course on therapeutic play has provided me with insights to effectively support and comprehend children. However, the current situation falls short of meeting the necessary requirements. I require additional training and supervision in order to effectively provide support to my child clients through the use of therapeutic play."*

3) *The dual role of the researcher*

The researcher accomplished a dual function in this study, assuming the roles of both researcher and facilitator. The individual's professional background and expertise in Play therapy informed their role as both a researcher and a facilitator of the foundation course.

In the pilot study, referred to as FCTP-1, the researcher collaborated with his clinical supervisor as well as with the play therapy supervisor from the University of Roehampton who is a qualified play therapist certified by the British Association of Play Therapists (BAPT), to

perform the session. The researcher conducted FCTP-2, 3, and 4 by himself as being the sole play therapist in Bangladesh. There was an opportunity to select participants from the FCTP-1 cohort who might provide assistance during few sessions. It could not happen as the participants were preoccupied with their personal and professional task.

Before embarking on the course, the researcher contemplated whether he would possess the capability to effectively manage and successfully accomplish all assigned tasks inside the designated time frame. Furthermore, it would be necessary for him to conclude the session and arrange the toys and materials. He expressed concern on the matter. Over the course of time, the level of concern lessened. The participants exhibited a high level of helpfulness throughout the duration of the course. Support was offered during various activities and sessions over the duration of the course. The participants actively engaged in the process of organizing the room, effectively categorizing the training materials and toys. Additionally, they adhered to the designated schedule for attending the session and adhered to the allocated time for taking breaks. Consequently, the researcher had a sense of support.

The sample consisted of individuals with a wide array of professional backgrounds, including those from academics, mental health, special education, and school counseling. The study's participants demonstrated a wide spectrum of ages and professional backgrounds. The researcher did not report experiencing any significant levels of stress during the delivery of the topic, which is in contrast to the findings observed in the pilot study (Imran et. Al, 2020). During this particular instance, the researcher demonstrated an elevated level of self-confidence and poise in relation to the delivery of the content.

d) Follow up form

The barriers and possibilities of incorporating therapeutic play in the workplace is being investigated by the utilization of follow-up form. The participants unanimously recognized the significant importance of integrating play therapy approaches in their interactions with children. However, they also identified several obstacles that impeded the effective implementation of therapeutic play in their professional circumstances. A considerable proportion of participants conveyed the perspective that the absence of appropriate arrangements and settings would provide a substantial obstacle to the implementation of therapeutic play in their work execution.

One participant mentioned that "*There exists a structural issue within our current context. Our current capacity does not allow for individualized attention to children and providing them with opportunities to play.".*

A small number of participants noted that their job responsibilities differed due to the nature of their work, which involved conducting sessions over the telephone. As a result, the implementation of therapeutic play or play therapy in their work situation was hindered by structural barriers.

One participant mentioned "*I am prohibited from utilizing the floor as a means of engaging with the children. Additionally, the requested play toy materials are not being provided by them."*

A limited number of individuals expressed their concern regarding time constraints as a barrier within their workplace. The employees in the professional setting are faced with a substantial volume of work, requiring their involvement in supplementary official responsibilities that extend beyond their initial assignments. The participants also raised concerns about the inadequacy of equipment and toy materials.

The participants have additionally engaged in discourse over the advantages associated with enrolling in the course. The individual stated that the course provided them with the essential skills to effectively engage with children. Additionally, it was noted that the individuals had an increase in self-

confidence and acquired a set of competencies that facilitated a deeper comprehension of the children they were engaged with.

One participant mentioned that, *"The course helped me to understand the significance of play which holds great importance in a child's life. Children utilize play as a means of expressing their feelings and thoughts. It also helped me to engage in a more empathetic way while interacting with children, effectively communicating with them and demonstrating a genuine grasp of their emotions*"

The participants also provided concrete illustrations of how the FCTP training had positively impacted their professional environments.

One participant mentioned that, "*I can recall the various types of play and how those play relieve tension and boost confidence. With my clients, I've already used storytelling, squiggle games, and following a child's lead (art). These are extremely helpful techniques which sometimes help me create rapport with children."*

Another participant mentioned that, *"The significance of therapeutic play in comprehending children's behaviour and emotions is noteworthy. Utilising techniques such as storytelling and sand games can provide an avenue for children to express their traumatic experiences. Moreover, these activities can serve as a means for self-reflection."*

The participants have expressed their enthusiasm for enrolling in the more advanced portion of the course, as it will provide them with a more comprehensive understanding of the utilization of play therapy in their work. The individual expresses a desire to expand their proficiency in therapeutic play techniques, with the aim of strengthening their self-confidence in interacting with children within a professional setting.

One participant mentioned that *""I know that if I learn more about play therapy, I will feel more prepared to concentrate and work with children. The formative years of a child's life are crucial to the development of their character. Making parents aware of this time period is*

important. So, a certificate program in play therapy can give me the credentials I need to use therapeutic play in my work with children."

The participants also expressed the need to organize supervision and follow-up sessions subsequent to the completion of the foundation course, as this will contribute to the improvement of professional practice and the assurance of client safety.

One participant mentioned that, *"After doing the foundation course, I came to know about play therapy and the course also increased my interest to learn more. If I can do a diploma level course under supervision, I will be able to learn how to apply play therapy to children well. Currently, I am limited to implementing a few therapeutic play strategies during a session."*

The participants articulated their conviction that play therapy would facilitate a more effective exploration of children's emotional challenges and the underlying causes, while also providing support for children in coping with those challenges.

Discussion

Continuous professional development (CPD) is a crucial requirement for professionals working in specialized fields since it enables them to enhance their skill sets and expertise. Mental health professionals, particularly those who specialize in child psychology, actively seek chances such as courses and training to augment their professional proficiency. The Foundation Course on Therapeutic Play is a very suitable choice for professionals in Bangladesh, as it successfully combines theoretical knowledge with practical skills. The main objective of this study was to evaluate the efficacy of the Foundation Course on Therapeutic Play (FCTP) and to investigate the barrier and possibility of the course within the context of Bangladesh.

A statistically significant difference was observed in the total scores of the participants, as well as in their attitudes, knowledge, and skills when comparing the pre-and post-tests. This finding demonstrates that the participants experienced enhancements in their attitudes, knowledge, and abilities subsequent to undergoing a forty-hour course. Despite the differences in training participants, facilitator and the number of training days, this finding aligns with other studies that have similarly shown the effectiveness of play therapy training in various countries (Kagan & Landreth, 2009; Lindo et al., 2012; Zohari, 2014). The likely explanation for the consistent results might be attributed to the standardized training framework commonly employed and followed by all experts in play therapy. The difference in the attitude subscale score was low compared with the other two subscales of knowledge and skills. One explanation could be that the participants who joined the course came with a positive mindset to uplift their skills in working with children. The second explanation could be that it takes time and a gradual process to change someone's attitude. The participants could start the process of self-exploration and personal reflection with

the help of the course through the different experiential activities. The impact of the attitudinal change might be seen in their professional life while working with the children.

While demographic information such as gender, age, level of education, and job experience has been gathered from the study participants, no analysis has been undertaken to investigate potential variations in scores among different sub-groups defined by these demographic data. The observed disparity in sample sizes across these subgroups is noteworthy, as exemplified by the substantial contrast between the male subgroup with only 6 participants, and the female subgroup with 44 participants.

The inclusion of reflective journaling in the study facilitated a full comprehension of the participants' own experiences regarding the training, in conjunction with the administration of questionnaires. The findings of the reflective journal elucidated the participants' favorable reception of the course. Despite the fact that several of the participants had prior experience of joining Play Therapy Orientation session by the researcher earlier, still the concept of employing play as a therapeutic intervention was seen as novel and distinctive process by the participants. Consequently, their desire to gain information about the techniques of utilizing therapeutic play was increased with the aim of incorporating such practices inside their professional setting. One participant reflected, "*I did only the foundation course. This is not enough to support my organization with the skills. I told my organization that I need higher training in Play therapy to support the children."* Through the course, participants gained new insight into how to self-reflect and comprehend the children.

The researcher's personal reflection in the reflective journal engaged him to understand and aware the challenges as well the impact of being in the dual role. The researcher's dual role has

enabled him to aware of the challenges and remain focus through continuous reflection and creative innovation which is also aligned with the findings of Trondsen and Sandaunet (2009). The participants also This situation has enabled the researcher to immerse himself in a dynamic exchange of knowledge and skills that helped the participants and the researcher to develop professionally.

The findings of the follow-up form investigated the barriers and opportunities of the FCTP course in the Bangladeshi context. Participants identified obstacles to implementing the concept and practice of therapeutic play in the workplace. The absence of appropriate arrangements and settings, insufficient instruments and toys, time limitations, workload, and additional office tasks would be the primary obstacles in the way of putting therapeutic play into their practice. However, All the participants agreed that integrating therapeutic play techniques into their work with children was necessary. They appreciated the course pattern, content and the way of delivery. The foundation course gave the participants confidence and skills to understand the children in a better way with whom they were working with.

The findings discussed above, derived from both quantitative and qualitative data, suggest that the experiential activities (including role play, free play, narrative creation, creative art, sand tray exercises, sensory play and reflective conversations) incorporated in the course have a significant impact on the participants. In addition to enhancing their learning experiences and understanding of play therapy, participation in these Therapeutic Play courses helps them create a positive attitude about working with children when regarded as a whole. The aforementioned findings highlight the significance of incorporating suitable experiential learning and practice

opportunities into a course or training, which aligns with the conclusions drawn by Lindo et al. (2012).

Limitations

A number of limitations were uncovered in the course of this inquiry. The findings of this study were impeded by the limited number of individuals who were recruited for this specific study. The given scenario may not provide a thorough or exhaustive comprehension. The sample size of the study examining foundation courses on therapeutic play and subsequent research was restricted to participants exclusively from Dhaka city, which poses limitations on the generalizability of the findings to other parts of the country that may have insufficient resources. In order to address the current limitations, it is advisable to broaden future foundation courses on therapeutic play to encompass new districts within the country of Bangladesh.

Secondly, this study incorporates the data collected from participants enrolled in three foundational courses focused on therapeutic play. Despite the COVID-19 epidemic necessitating the online delivery of one batch, our analysis has thus far failed to account for the distinction between online and offline classrooms. It is recommended to engage in more research in order to evaluate the results and ascertain any disparities in the effectiveness of therapeutic play foundation courses depending on the mode of the content delivery.

Thirdly, it is important to note that the quantitative portion of the study relied on self-reported data obtained by a questionnaire. This questionnaire was extensive, consisting of nearly 88 items. Consequently, there exists a potential for recall bias in the responses provided by participants. It is recommended to employ a survey instrument with a restricted number of questions in order to mitigate the occurrence of such instances in future research endeavors.

Conclusions

Based on the empirical evidence presented in the study, a plausible inference can be drawn that the implementation of therapeutic play training yielded favorable outcomes for the participants. Notably, this intervention effectively enhanced their attitude, knowledge, and abilities, despite its novelty within the context of Bangladesh. There is a pressing need to provide training for play therapy specialists across diverse contexts in order to effectively extend their reach to a wider range of individuals. Numerous outreach initiatives can be arranged within mental health organizations in Bangladesh with the aim of fostering the utilization of play therapy. In addition, it is suggested to include play therapy courses in the mental health courses of universities in Bangladesh. This initiative has the potential to facilitate the growth of a larger cohort of play therapists across the nation, thereby enhancing the mental well-being of children in Bangladesh.

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Appendix-1

Ethical Approval Form

ডিন অফিস
জীববিজ্ঞান অনুষদ
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Ref. No. 216/Biol. Scs. **August 30, 2023**

Ethical Review Committee

Professor Dr. Mahjabeen Haque
Department of Educational and Counseling Psychology
University of Dhaka

Sub: Ethical Clearance.

Dear Dr. Mahjabeen Haque,

With reference to your application on the above subject, this is to inform you that your research proposal entitled "The Effectiveness of Foundation Course on Therapeutic Play in Bangladesh" has been reviewed and approved by the Ethical Review Committee of the Faculty of Biological Sciences, University of Dhaka.

I wish for the success of your research project.

30.08.2023

Professor Dr. A K M Mahbub Hasan
Dean, Faculty of Biological Sciences
University of Dhaka

Appendix-2

Consent Form

Title of the research: Effectiveness of the foundation course on therapeutic play in Bangladesh

I'd like to invite you to participate in a research study called "The Effectiveness of Foundation Course on Therapeutic Play in Bangladesh". The aim of the study is to evaluate the impact of the Foundation Course in Therapeutic Ply (FCTP) in Bangladesh. Data will be collected before starting the FCTP course and the last day of the FCTP course. It will require 15-20 minutes to fill up the questionnaire.

All data gathered during this study will be held securely and anonymously. No identifying details will be recorded on your questionnaire response so that your data will be completely anonymous. If you wish to withdraw your data at any point, you will be able to do this.

I agree to take part in this research and am aware that I am free to withdraw at any point without giving a reason. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected.

Name:

Date:

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Appendix-3

Demographic Form

Please read each statement/question carefully. From the available choices, circle the one that best fits your reaction to each statement/question. Thank you for your cooperation.

Gender- Male / Female

Age-

Education Level-

Education span-

Years of work experience with children-

Any course or workshop attended related with Therapeutic Play- 0 /1/ 2/ 3/ 4

Appendix-4

Play Therapy Attitude-Knowledge-Skills Survey

On the following statements, please indicate your response with each statement in the following manner:

1 ---- Never
2 ---- Seldom
3 ---- Sometimes
4 ---- Often
5 ---- Always

Sl	Statements	Never	Seldom	Sometimes	Often	Always
1	I enjoy being child-like sometimes.	1	2	3	4	5
2	I am accepting of the child part of myself.	1	2	3	4	5
3	I enter new relationships with children with confidence and relaxation.	1	2	3	4	5
4	I am a warm and friendly person to children.	1	2	3	4	5
5	I usually provide too many answers to children.	1	2	3	4	5
6	I have a high tolerance for ambiguity.	1	2	3	4	5
7	I am vulnerable and make mistakes at times.	1	2	3	4	5
8	I know myself and accept myself as who I am.	1	2	3	4	5
9	I have a sense that children trust me.	1	2	3	4	5
10	I appreciate my childhood.	1	2	3	4	5

On the following statements, please indicate your agreement or disagreement with each statement in the following manner:

1 — Strongly Disagree
2 — Disagree
3 — Undecided
4 — Agree
5 — Strongly Agree

	Statements	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
11	Children's behaviour is usually unpredictable.	1	2	3	4	5
12	The underlying motivation of children's behaviour can be understood.	1	2	3	4	5
13	Children are miniature adults.	1	2	3	4	5
14	Children are irresponsible.	1	2	3	4	5
15	Children possess a tremendous capacity to overcome obstacles and circumstances in their lives.	1	2	3	4	5
16	Children's behaviour is usually explainable.	1	2	3	4	5
17	Since children are in the process of developing, they do not usually experience the depth of emotional pain adults are capable of experiencing.	1	2	3	4	5
18	Children are capable of positive self-direction if given an opportunity to do so.	1	2	3	4	5
19	How things seem to children is more important than what has actually happened.	1	2	3	4	5
20	Children's behaviour needs to be moulded and directed for optimal growth and adjustment.	1	2	3	4	5
21	Children's behaviour is usually understandable	1	2	3	4	5
22	Children can be helped to grow and mature faster.	1	2	3	4	5
23	Children usually need considerable structure and direction since they are still learning and developing.	1	2	3	4	5
24	Children are capable of figuring things out.	1	2	3	4	5
25	Children are resourceful.	1	2	3	4	5
26	Children are unkind.	1	2	3	4	5
27	Children tend to make the right decision.	1	2	3	4	5
28	Children need a capable adult to point them in the right direction.	1	2	3	4	5
29	Children think before they act.	1	2	3	4	5
30	Children are capable of insight into their own behaviours.	1	2	3	4	5

31	Children are unfeeling	1	2	3	4	5
32	Children can be trusted.	1	2	3	4	5
33	Children will outgrow most of their problems.	1	2	3	4	5
34	Most children are able to express their feelings, frustrations, and personal problems through verbal expression.	1	2	3	4	5
35	Adjusted and maladjusted children express similar types of negative attitudes.	1	2	3	4	5
36	Most children need direction from a counsellor to work out solutions to their own problems in a counselling relationship.	1	2	3	4	5
37	Typically, an adult must intervene physically or directly to stop most children's aggressive and/or destructive behaviour	1	2	3	4	5
38	Children communicate in much the same way as adults.	1	2	3	4	5
39	Adult counsellors and play therapists use similar techniques	1	2	3	4	5
40	Children's natural medium of communication is play and activity.	1	2	3	4	5
41	How the therapist feels about the child is more important than what the therapist knows about the child.	1	2	3	4	5
42	Children do not have emotional disturbance problems. They just lack education and training.	1	2	3	4	5

On the following statements, please indicate your response with each statement in the following manner:
1-------None
2-------Very Limited
3-------Limited
4-------Good
5-------Very Good

SL	Statements	None	Very Limited	Limited	Good	Very Good
43	In general, how would you rate your knowledge of play therapy as an approach for counselling with children?	1	2	3	4	5
44	How would you rate your understanding of the reasons for selecting and excluding toys and materials in play therapy?	1	2	3	4	5
45	How would you rate your awareness of your own feelings when you are relating to children?	1	2	3	4	5
46	In general, how would you rate your knowledge of how children communicate?	1	2	3	4	5
47	In general, how would you rate your knowledge of identifying areas where limits should be set.	1	2	3	4	5

At the present time, how would you rate your own understanding of the following terms:

1-------None
2-------Very Limited
3-------Limited
4-------Good
5-------Very Good

SL	Statements	None	Very Limited	Limited	Good	Very Good
48	"Play theme"	1	2	3	4	5
49	"Tracking"	1	2	3	4	5
50	"Returning responsibility"	1	2	3	4	5
51	"Therapeutic limit setting"	1	2	3	4	5
52	"Choice giving"	1	2	3	4	5
53	"Play materials"	1	2	3	4	5
54	"Play therapy"	1	2	3	4	5
55	How would you rate your ability to conduct a play therapy session with a child?	1	2	3	4	5
56	How would you rate your ability to effectively assess the mental health needs of a child?	1	2	3	4	5
57	How well would you rate your ability to distinguish differences in counselling adults and children?	1	2	3	4	5

58	How would you rate your ability to identify the strengths and weaknesses of verbal therapy in terms of their use with different age children?	1	2	3	4	5
59	How would you rate your overall ability to relate to children?	1	2	3	4	5
60	How would you rate your ability to achieve the frame of reference of a child?	1	2	3	4	5
61	In general, how would you rate yourself in terms of being able to effectively deal with a silent child in play therapy?	1	2	3	4	5
62	How would you rate yourself in terms of being able to effectively deal with an aggressive child in play therapy?	1	2	3	4	5
63	How would you rate yourself in terms of being able to effectively deal with a reluctant anxious child in play therapy?	1	2	3	4	5
64	How well would you rate your ability to discuss the issue of confidentiality with parents?	1	2	3	4	5
65	How would you rate your ability to help parents understand their children?	1	2	3	4	5
66	In general, how would you rate your ability to accurately articulate a child's problem?	1	2	3	4	5
67	How would you rate your ability to critique a play therapy session?	1	2	3	4	5
68	How well do you think you could identify play themes in a play therapy situation?	1	2	3	4	5
69	In general, how would you rate your skill level in terms of being able to provide appropriate counselling services to children?	1	2	3	4	5
70	How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a child?	1	2	3	4	5
71	Rate your ability to communicate to a child your understanding of the child's feelings and play activity in play therapy.	1	2	3	4	5
72	Rate your ability to select appropriate toys for play therapy.	1	2	3	4	5
73	Rate your ability to identify children's emotions in play therapy.	1	2	3	4	5

74	Rate your ability to structure the play therapy relationship.	1	2	3	4	5
75	Rate your ability to understand symbolic play in play therapy.	1	2	3	4	5
76	Rate your ability to understand the meaning of children's questions.	1	2	3	4	5
77	Rate your ability to communicate the steps in therapeutic limit setting.	1	2	3	4	5
78	Rate your ability to set limits on children's behaviour in play therapy.	1	2	3	4	5
79	Rate your ability to establish a facilitative relationship with a child in play therapy.	1	2	3	4	5
80	Rate your ability to build children's self- esteem without causing dependency in play therapy.	1	2	3	4	5
81	Rate your ability to track a child's behaviors in play therapy.	1	2	3	4	5
82	Rate your ability to reflect children's feelings in play therapy.	1	2	3	4	5
83	Rate your ability to reflect the content of children's play in play therapy.	1	2	3	4	5
84	Rate your ability to facilitate children's spontaneity and creativity in play therapy.	1	2	3	4	5
85	Rate your ability to facilitate decision making and responsibility by children in play therapy.	1	2	3	4	5
86	Rate your ability to verbally match the affective and activity pace of a child in play therapy.	1	2	3	4	5
87	Rate your ability to be succinct and specific in communicating with children in play therapy.	1	2	3	4	5
88	Rate your ability for self-supervision of counselling relationships with children.	1	2	3	4	5

Appendix-5

Follow Up form of Therapeutic Play Course

1. Name: (leave blank if you wish to remain anonymous)

2. Profession:

3. Designation:

4. Age:

5.Gender:

6. Number of years in the above profession: (In years)

7. Date FCTP attended:

8. In what capacity do you currently (or plan to) work with children? [Select ONE only]

a. Teaching

b. Counselling

c. Mentoring Scheme

d. Support Worker

e. Therapist

f. Other, specify:

9. Which geographical area of Bangladesh do you work/cover?

10. What is the age and gender of the children you work with?

11. On average how many children do you see a week?

12. What proportion of the children you see are from?

a. High to middle income professional families

b. Low-income families, manual workers, laborers

c. Destitute or orphan children

13. Please give a brief description of your job:

14. What are your aims and objectives for the children you work with? (At least 3 objectives)

15. What are the biggest challenges you face with the children in your job?

a. Behavioral

b. Basic hygiene

c. Addiction (Drug/ alcohol)

d. STD's and other such diseases

e. Trauma

f. Physical abuse

g. Other, specify:

16. How do you try to overcome these challenges? [Select ALL that apply]

a. Referrals (to clinics/ rehabilitation centers / orphanages etc.)

b. Further training for yourself / your team to better deal with these issues

c. Sourcing the right experts to assist you in field

d. Other, Specify:

17. In what ways has FCTP helped you in your day-to-day job? [Select ALL that apply]

a. Provided skills to work better with vulnerable children.

b. Trained ability to identify most 'at risk' children.

c. Provided techniques to apply for behavioral issues.

d. Provided a network of people with wider expertise.

e. Given me the confidence / skills to work with vulnerable children.

f. Given me the skills to better understand the child I am working with.

g. Other (specify) _____

18. Please provide some examples of how FCTP has helped you in your day-to-day job? (two to three examples)

19. What are the barriers and facilitators for implementing therapeutic play in your organization?

20. On a scale of 1 to 10, how helpful has this course been in helping you to achieve the aims and objectives you listed at Q10? [Please circle]

	1	2	3	4	5	6	7	8	9	10	
Not Very	○	○	○	○	○	○	○	○	○	○	Extremely Likely

21. How likely are you to recommend this course to a friend or colleague who works with vulnerable young children? [Please circle]

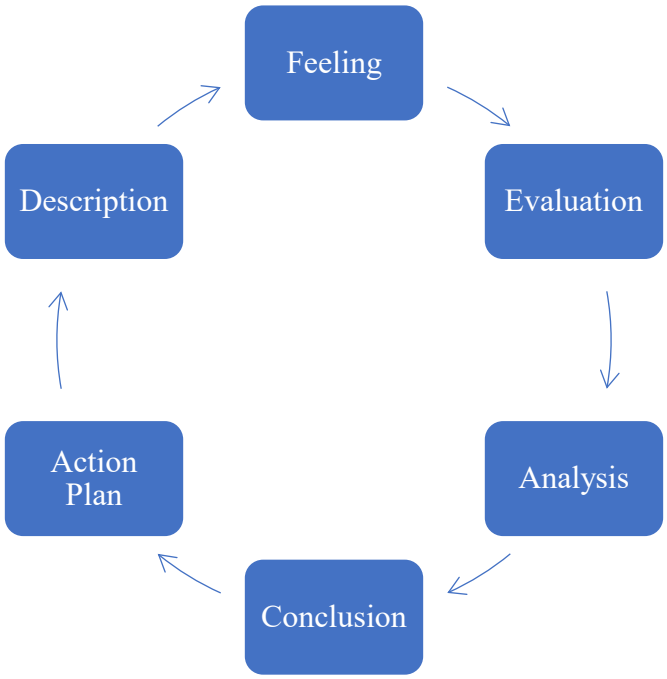
	1	2	3	4	5	6	7	8	9	10	
Not Very	○	○	○	○	○	○	○	○	○	○	Extremely Likely

22. Would you be interested in doing a diploma course in play therapy?

23. How will the diploma course help you?

Appendix-6

Gibbs Reflective Cycle



Appendix-7

Accessible local materials of the course

Figure 1 Lentils and papers

Figure 2 Soyabean Seeds

Figure 3 Different seeds

Figure 4 handmade figures

Figure 5Local Soap bubbles

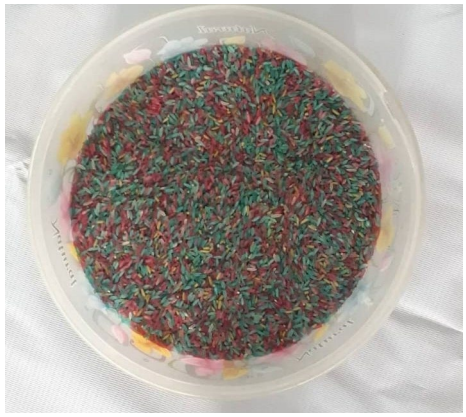


Figure 6 Rice with different colors