

THE PLAY INTERVIEW AS A SOCIAL WORK TECHNIQUE IN A CHILD GUIDANCE SETTING.

**An analysis of five individual play interviews
with children with adjustment problems conducted
by Social Workers in the Provincial Child Guidance
Clinic of Vancouver.**

by

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ABSTRACT

This is a descriptive study of play interviewing as done by Social Workers in a Child Guidance Setting, when play is used in the treatment of children with adjustment problems.

The purpose of the study is twofold:

1. To demonstrate that the play interview as a social work technique is a valid part of social work practice when conducted within defined limits.
2. To identify and examine the realized and potential diagnostic and treatment features inherent in the play interview.

This study contains a review of social work philosophy, concepts, principles and techniques, (formulated as a basis for viewing the play interview) a survey of the salient literature on play techniques (dealing with theoretical assumptions about the value of play as a tool in treatment) an analysis of five individual social work play interviews. The fourth chapter contains a discussion of the findings of this study in relation to the implications of related studies focused on social work contributions to the services of the Provincial Child Guidance Clinic of Vancouver. This study complements six previous studies done on other aspects of child guidance practice by social workers at this clinic and discusses its relatedness to these studies throughout. In order to reach the major objectives of this study two schedules were employed in the analysis of the play interview recordings.

A schedule of 13 social work interviewing methods drawn from Social Work literature by Glover and employed by Glover and Moslin in their studies on case-work treatment methods was employed to identify interviewing methods utilized in the play interview. The second schedule made up of seven diagnostic and treatment features, drawn from the literature on play techniques.

Twelve of the thirteen social work interviewing methods were identified in the play interviews thus demonstrating the similarity of the play interview as a social work technique to its counterpart the social work interview. These findings support the findings implicit in Glover's study; that most social work interviewing methods are identifiable in play interviews. A second schedule made up of diagnostic and treatment features drawn from the survey of the literature on play techniques was applied; for the purpose of identifying diagnostic and treatment features inherent in the play interview and support or point up any contra-indications to the first hypothesis, that the play interview is a valid part of social work practice.

Six of the seven diagnostic and treatment features were identified in the play interview records. These features were then matched with their counterparts or equivalents in the social work interview. These findings further demonstrated that the play interview is similar to and just as much a valid part of social work practice as the social work interview.

This study thus provides a glimpse of the treatment potential of the play interview as a valid part of social work practice and points up the value of extending and developing the use of play interview as a social work treatment method. Conversely this study (by comparison) illuminates the richness of the treatment potential of the social work interview per se.

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CHAPTER I

SOCIAL WORK PHILOSOPHY, PRINCIPLES, CONCEPTS AND METHODS AS A BASIS FOR EXAMINING PLAY INTERVIEWING IN SOCIAL WORK, WITHIN THE CONTEXT OF A CHILD GUIDANCE SETTING.

The study and use of play interviewing in a clinical setting is a natural outcome of the present point in the development of direct treatment in the field of Social Work. Historically Social Workers have always attuned their services to meet changing welfare needs. Within the field of Child Welfare, social workers have gradually broadened their services from the initial job of protection work to include the use of guardianship, custodial care (orphanages) foster home care to involvement in the direct social and psychological treatment of children and adults through the medium of the professional interview.

Play interviewing in social work as practiced in child guidance may be more clearly understood if specific examples are connected with social work's basic philosophy, its accepted concepts and principles as well as techniques. These factors must be viewed in relation to the changing Child Guidance Movement, the specific administrative structure of the local Child Guidance Clinic, as they must also be assessed together with other social work studies done on child guidance practice by social workers in the local community.

After 1917, when the mental hygiene movement got under way, concentrated attention by the various disciplines became focused on working with

severe adjustment problems. Out of this concentrated attention grew the acceptance of the theory of multi-causation and its not unnatural offspring, the multi-discipline approach, embodied in the setting up of child guidance clinics.

Child guidance was a new form of treatment service in which psychiatrist, psychologists, social workers and nurses co-operated in helping parents and children resolve the problems of adjustment they encounter in living together. As Chave states:

"The typical child guidance clinic is structured to give a four-fold service to clients; physical, psychological, psychiatric and social with members of each discipline contributing their special skills as required in each case." 1

Our local Child Guidance Clinic is a mark of this outgrowth. The Provincial Child Guidance Clinic (hereinafter referred to as the Clinic) was opened in Vancouver in 1932 after the Provincial Psychiatrist requested help from the National Committee for Mental Hygiene for a program on the prevention of mental illness. For the first few years of its service the clinic provided mainly a diagnostic service for social agencies of the greater Vancouver area. By 1938 the annual report of the Mental Hospitals for B.C. stated that considerable treatment was being given at the Clinic.²

At present the local Child Guidance Clinic is a multi-discipline setting. The clinic team (1956) is staffed by 3 psychiatrists, 6 psychologists,

1. Chave, E. C. The Pre-Clinical Conference as a Diagnostic Screen in the Child Guidance Setting, Master of Social Work Thesis, University of British Columbia, 1952, p. 4.

2. Roberts, Fogarty and Chave have all described the historical background, development and services of the Vancouver Child Guidance Clinic in detail. (see bibliography).

3 Public Health Nurses, 16 social workers and 1 speech therapist.

The function of the clinic is to provide Mental Health Services for children. Operationally the clinic is defined as:

"a community agency in which specialized professions combine their knowledge and attempt to employ the resources of the community to meet the problems of children who are poorly adjusted to their environment and have unsatisfied inner needs. This maladjustment may show up in undesirable habits or personality traits; unacceptable behavior or inability to cope with social or scholastic expectations. Children seen include those who are the responsibility of Child Welfare Agencies, when these agencies are concerned about the emotional effects of placement because of dependency, broken homes, and illegitimacy. Patients also include a group of children who have problems because of retardation in intellectual development or because of physical handicaps". 1

The clinic offers five main types of services rendered to the child, his parents, and/or Social Agencies.

- (1) The Diagnostic Service. This involves a full clinical examination of the child by the clinic team.
- (2) A Consultative Service. A study and appraisal by the clinic team through the medium of a case conference, not immediately preceded by a clinical examination of the patient at the clinic.
- (3) Co-operative Case Services. The extension of intensive treatment services to supplement services carried on by the referring agency. In these cases this clinic takes the major responsibility for directing and administering treatment.
- (4) Clinic Treatment Cases: These cases are referrals from parents, private physicians, teachers etc. The clinic takes full responsibility in treatment services.
- (5) Re-examination Services. This service involves a repetition of the diagnostic examination. 2

1. This brief description of the function of the clinic is quoted from written instructions issued by the clinic to referring agencies. (April, 1955).

2. Dorothy Beck describes these services in detail in her thesis, "Resistance of the Adolescent to Casework Services", Master of Social Work Thesis, University of British Columbia, 1954.

It is within the context of a clinic offering these services within its described function that the play interview emerges as a social work technique in the treatment of children with adjustment problems.

This study is primarily concerned with clinic treatment cases and co-operative cases where services have been extended on a continued service basis. Social Workers in this clinic rarely if ever employ the play interview for diagnostic purposes during the Intake period when the initial diagnostic work is being done (Diagnostic Examination) for the Diagnostic Conference. The child being interviewed almost exclusively for this purpose by the psychologist and/or psychiatrist.

Social Work Philosophy, Concepts, Principles and Methods.

In order to grasp the essentials of play interviewing in their context as a part of social work practice, it is necessary to view these essentials from the basis of a framework of Social Work philosophy, concepts, principles and methods. Such knowledge is necessary for sound social work practice, as well as an understanding of the social work approach to treatment.

It is generally agreed that present day social work interviewing is a combination and refinement of the principles and methods of earlier days. It is beyond the scope of this study to trace the evolution of casework principles and methods, (1) or evaluate the influence of sociology, dynamic psychology, cultural anthropology and other factors in the moulding and refinement of the social work interview, although a better understanding of the theoretical orientation of the social worker might be possible in the light of such facets in the profession's historical development.

1. Glover, has traced the evolution of casework interviewing methods up to the present day (1951). Glover, Geoffrey. Ernest., Casework Interviewing Methods in a Child Guidance Setting.

However, an attempt will be made to work out a definition of the interview as a social work technique in the context of a Child Guidance setting from the basis of social work philosophy, concepts, principles and methods as they have evolved and are articulated today.

As Abrahamson points out, "The Matrix of all processes in social work originate from basic philosophical roots and valid working principles which have always permeated our profession".¹

The Basic Philosophy of Social Work Method:

The basic philosophy of social work method is the, "Belief in the worth of every individual in his potential for growth and change and in his right to find his most satisfying social adjustment for himself and the community".²

The following 14 social work concepts emerge from this affirmatory statement of belief:

1. "Social work is based on an understanding, an acceptance and a faith in individuals, groups and communities who join together in applying the philosophy and principles of democracy, and who use democratic concepts to bring about growth and change.
2. The social worker is an enabler, which imposes upon him the responsibilities of leadership rather than authoritative direction.

1. Abrahamson, Arthur C., The Supervisory Process in Public Welfare, Public Welfare, Volume 13, No. 2., April, 1955, p. 65.

2. Exner, Helen, "Philosophy, Concepts and Principles of Social Work Method" a paper, distributed as Class Notes, at the University of British Columbia (September, 1954) unpublished.

3. Social work strives for the maximum development and self-fulfillment of each individual and of the whole group.
4. Social work recognizes and encourages the intellectual and personal worth of each individual and group, and provides for free participation in decision making about issues and problems.
5. Differences of opinion about issues are recognized and accepted.
6. Individual differences are recognized, accepted, and understood. Moreover, the services of different individuals and resources are utilized in those areas in which each is most competent.
7. Individuals, groups, and communities are part of a culture which may determine the way an individual or a group reacts to certain problems and, also, the way in which a solution to difficulties is worked out.
8. Social work uses sound evidence as well as scientific method and experimentation to solve problems or issues and to increase knowledge about individual, group, and societal behavior.
9. Continual evaluation of objectives, processes, and outcomes is necessary and consistent.
10. Social work efforts are based on its deepest understanding of the family as the primary group in a democratic society.
11. Social work recognizes, accepts, and understands that individual and group behavior and conditions are caused.
12. Any growth and change within individuals, groups and communities, even though decided upon by them, is accompanied by varying degrees of resistance to change.
13. Individuals, groups, and communities mobilize and use both internal and external resources to modify or solve stresses.
14. Attitudes of individuals, groups, and of the social worker himself, assume considerable bearing on cause and effect relationships and in the solution of personal and social difficulties." 1

Principles of Casework (Science and Art)

Principles are derived from basic concepts. The following eleven

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1. Abrahamson, op. cit., pp. 64 ff.

principles are universally accepted among all progressive social workers regardless of the schools of thought.

1. "To accept each person as he is without judging him (neither condoning nor blaming) but with understanding, and to believe in his potential for growth and change.
2. To see each individual's worth, strengths and resources, and to help him feel them.
3. To try to understand the meaning of his experiences to the individual in order to help him.
4. To understand why his behavior is caused and try to understand the causes in order to help him (diagnosis and evaluation).
5. To see the strengths, losses and potential for the individual in the fact of the family being the primary and most dynamic unit of society.
6. To recognize and implement his right to a satisfying and contributing interaction with other people and his environment, through helping him satisfy his basic needs.
7. To recognize and maintain his self-determination and right to choose, but to help him know what he is choosing in terms of reality and social limitations.
8. To enlist and accept his participation in selecting a goal, in planning and doing.
9. To make available to him as many resources as possible to meet his need, and as far as possible, to enable him to use them.
10. To respect his confidence, being truthful and realistic with him as to necessary use of information and in all planning with him.
11. To give him the security of professionally responsible help, as skillful as the search for knowledge of others, of ourselves, and of ways of helping can make it."¹

It will be seen that the notions described under the labels of social work concepts and principles complement each other and sometimes overlap. How-

1. The Principles cited have been taken from a mimeographed paper edited by Helen K. Exner, School of Social Work, University of British Columbia, 1954, (unpublished).

ever the affirmation of the belief in man's worth, dignity, and right of self-determination called the philosophy of social work method appears to be compatible with the notions outlined under concepts and principle.

These notions appear to group around beliefs about the worth of individuals, groups, and communities and their right to harmonious growth. This also involves the recognition of the forces that operate to produce or delay this growth in relation to what the social worker as a professional person can do or "believes" about it. These notions were spelled out to provide referents that in part account for the point of view the social worker brings to the play room. These principles and concepts along with social work methods and the social work conception of relationship, in essence, are the constants to which the professionally trained social worker has been exposed.

Out of this framework of philosophy, concepts and principles of social work methods emerge the specific interviewing techniques which have evolved and have been defined and redefined in practise. These methods in turn are vivified by the use of the social work relationship.

The Social Work Relationship as a Basis for Interviewing.

It is generally agreed that all social work presupposes a treatment relationship. An explanation of the meaning of the term "relationship" in social work is essential. Gordon Hamilton states:

"It is only when rapport is created for a professional purpose that these may be said to be a "client". The extent to which the client will make use of the casework relationship depends upon the kind and quality of his emotional need and its place in the harmony of the personality. By no means do all casework situations call for

equally strong worker-client relationships". 1

It follows that casework relationships vary in strength and the ways a client uses relationship are endless. The same should hold true in play interviewing if it is concluded that such a technique is valid for social work practice.

It is generally agreed however, that, "the client tends to see and use the worker in terms of his own experience with other people, (particularly when transference predominates) with early familial figures."²

The Social Worker brings to the relationship a professional self-disciplined towards the end one is serving - to enable the client to help himself by understanding and meeting his psycho-social needs.

3

Felix P. Biestek, has spelled out the nature and purpose of the casework relationship as it fits into the context of present day social work practice. (1954). Biestek defines the casework relationship as: "...the dynamic interaction of feelings and attitudes between the caseworker and the client with the purpose of helping the client achieve a better adjustment between himself and his environment".

Biestek also points out that there is a conceptual distinction between the processes of study, diagnosis and treatment in casework and the case-

1. Hamilton, Gordon., Theory and Practise of Social Casework, Columbia University Press, New York. 2nd ed. rev. 1951, p. 29.

2. Ibid, p. 33.

3. Biestek, Felix P. "An Analysis of the Casework Relationship", Social Casework. Volume XXXV, No. 4., February, 1954. pp. 57 ff.

work relationship but that they are inseparable in reality. He states that, "in the relationship the interaction is primarily internal and the energy consists of feelings and attitudes. In study, diagnosis, and treatment, the interaction is primarily external and the energy consists of words and actions.¹

Biestek summarizes his analysis of the casework relationship by stating that:"it

"it is important to distinguish the elements...which constitute the casework relationship...and the prerequisites and effects of the relationship. The elements are seven; they are the dynamic interactions of feelings and attitudes between the client and the caseworker. There are three stages in these interactions: the first originates from the seven basic needs of the client; the second is the caseworker's sensitivity, understanding and appropriate response to the needs; and the third is the effective awareness by the client of the caseworker's response."²

Biestek names and defines the seven elements of relationship. They are: (1) Purposeful expression of (the client's) feelings; (2) controlled emotional involvements (of the social worker); (3) acceptance of the client; (4) individualization; (5) the non-judgmental attitude; (6) client's (right to) self determination; and (7) confidentiality.

This, then, is the essence of casework relationship - the internal interaction of feelings and attitudes between worker and client. The living experience moulded and refined by the social worker's knowledge of and belief in social work philosophy, concepts, and principles and interviewing methods.

1. Biestik, Ibid., p. 61.

2. Ibid.

Social Work Interviewing Methods.

The professional social worker also brings to this relationship a knowledge of human behavior, usually in terms of a psycho-analytical orientation that purports to lend itself to an understanding of human behavior.¹

The social work methods broadly speaking are casework, group work, community organization and research. These methods are also considered fields of specialization within the profession of social work. As the techniques of casework, group work, and community organization, emerge from social work philosophy, principles and concepts and social work research techniques are guided by them it is considered unnecessary to spell out these methods for the purpose of this study. However, to provide a basis for examining play interviewing in social work within the context of the Child Guidance Clinic the interviewing methods² described in other studies on social work interviewing will be spelled out.

This study pre-supposes that social workers do or do not adhere to specific interview techniques and methods ascribed to accepted current social work practice. In order to test this pre-supposition, even on a very small pilot plan, it would be in order to do so by using classifications previously employed by other thesis students who studied social work interviewing, as done in the local Child Guidance Clinic.

1. A spelling out of the psycho-analytical orientation provided social workers is considered beyond the scope of this study. Obviously their concept of training varies among graduate schools of social work - but at most schools training in psychodynamics stresses psycho-analytic notions of personality development.

2. The Term "Methods" as used here is synonymous with techniques, to avoid confusion in quoting relevant studies where techniques have been somewhat erroneously labelled methods. Hereinafter the term methods used in conjunction with interviewing may be taken to mean techniques.

1

As Moslin states:

"From a study of the evolution of casework concepts and casework treatment methods,...present day concepts and methods are a combination of principles and methods of caseworkers of earlier days. The methods were earlier defined and redefined in practice and definite interviewing methods have emerged as skills to help a client through treatment."

2

Ernest Glover in his recent study² made at the Vancouver Child Guidance Clinic, has drawn up a classification of present day (1961) casework treatment methods. Glover identified and described 13 methods³ which seem to have emerged in the evolution of social work interviewing methods. The methods are:

- (1) Encouragement to talk
- (2) Moving with the client
- (3) Giving information
- (4) Guiding
- (5) Motivating
- (6) Aiding expression of feeling
- (7) Accepting feeling
- (8) Personality strengthening (sometimes referred to as ego-support)
- (9) Clarifying
- (10) Holding to the frame of reference
- (11) Re-channeling
- (12) Interpreting
- (13) Setting limits.

1. Moslin, op. cit., p. 28

2. Glover, op. cit., p. 6.

3. Ibid, p. 8 ff. (Italics mine)

Glover pointed out, in his study (1951), "it is likely that this list is incomplete. However, the methods are those which seem to have come out of the development of casework, most of which are seen in application as some of the skills of the social caseworker in a clinical setting". Moslin¹ in a similar study² (1952) used Glover's classification of methods without adding any additional methods. Moslin made some modifications of Glover's classifications in terms of a few minor changes in terminology in his formulations of descriptions and classification of methods. The classification of methods as modified by Moslin will be followed closely in this study. Descriptions of methods will be abstracted from both Glover's³ and Moslin's⁴ work and reformulated for particular application to play interviewing. This classification of methods will be presented here for the purpose of completing the conceptual framework of social work, philosophy, concepts, principles. These interviewing methods have naturally emerged as an outgrowth of social work philosophy, principles and concepts as their medium of application. It is considered that these methods have little meaning outside of their context in the theoretical orientation of the social worker.

Previously defined interviewing methods applied to play interviewing are spelled out below as one frame of reference for this study.

1. The social worker encourages the client to talk or communicate through

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1. Glover, op. cit., p. 8.
 2. Moslin, op. cit. p. 25.
 3. Glover, op. cit., pp. 9 ff.
 4. Moslin, op. cit. pp. 26 ff.

- 1
play the client's thoughts and feelings around the problems that underly the reasons for the child's presence at the clinic.
2. The social worker moves with the client in terms of timing questions and answers to meet the present needs of the client. This permits the client to participate more fully in the interaction by allowing him to indicate (within limits) or withdraw from play activity or discussion and thus move into coping with these problems that are uppermost or of immediate concern.
3. Giving information may be necessary before the child is able to engage in a selected activity or participate in a specific treatment plan (defining the nature of the "helping" situation). Information may be in relation to the child's needs or feelings, resources outside the agency, reasons behind parental behavior or facts in relation to problem solving behaviour etc.
4. Guiding the interview is a social work technique that calls for active participation of the social worker, it involves conveying to the child that the worker is interested in helping with adjustment problems, and working through fears and anxieties by relating communications to social problems or goals and by planning with the child immediate steps to take towards defined goals.
5. Motivating describes an act in treatment indicating to the child the direction treatment and personality growth can take. This usually involves summing up what has been achieved and what realistically can be accomplished in personality growth and concomitant satisfactions.
6. Aiding the expression of feeling involves the provision by the social worker strong emotional support in terms of communicating (through relationship)

1. Since the child learns early in life to conceal what he believes, thinks and feels on many aspects of life, particularly in the area of interpersonal relations, play activity often makes possible the revelation of what the child cannot or will not say. Frank, Lawrence, K., Projective Methods, Charles C. Thomas, Publisher. Springfield, 1948. p. 57.

permissiveness and the opportunity to "re-live" traumatic experiences and/or express suppressed feelings. This may involve the judicious selection of play media or the use of "controlled play" combined with support.

7. Accepting feeling involves the social worker withholding value judgments about how the child should "feel" or express himself and the social worker indicating with attitudes or words that it is "all right" to do this within the play room setting.

8. Supporting is a method whereby the social worker draws the child's attention to the child's present personality strengths. The social worker's expressions of confidence and encouragement are always based on reality.

9. Clarifying is the attempt made by a social worker to help the child understand his obscure feelings and attitudes which pre-conscious or partially conscious are vaguely disturbing at the level of awareness. In general the social worker picks up on the child's expression of a dilemma or conflict and defines¹ or re-states it (using the child's own words if it is a verbalization). The social worker may then relate the attitudes feeling or opinion to reality factors depending upon the worker's assessment of the child's readiness in terms of capacity to gain and benefit from such insight.

10. Focusing involves a method of directing the child's attention to coping with the current problem or concern in terms of deciding what to do about it. The focus may change as treatment progresses.

11. Rechanneling is a method involving the redirection of the child's impulses or reactions into sociably acceptable ways of behaving - this is usually handled

1. The writer believes that communicating to the child the feeling he is expressing in his own language is more important than repeating the child's own words. The child sometimes mistakes the latter for "deafness" etc.

by suggesting (or encouraging the child to formulate and verbalize) various alternative courses of action and enabling the child to make a choice.

12. Interpretation is a method used cautiously and sparingly by social workers, it involves the interpretation of social or personal factors and their interaction.

13. Setting Limits this method is commonly applied to defining and holding the child to a certain time schedule and restricting activities in the playroom, such as the amount of damage that may be done to equipment, etc.

Some social workers set sharply demarcated limits around the area of help available in the clinic in terms of the clinic's function.¹

This then is the outline of the Background of Social Work encompassing four related areas: (1) the philosophy of social work method; (2) social work principles and concepts; (3) methods integrated with; and (4) the living experience of the "helping process", the casework relationship.

The Professional Interview per se as a Technique in the Field of Human Adjustment.

For the purposes of working out tentative definition of the social work interview the writer has chosen as a broad basis, Anne Fenlason's definition of the professional interview in the field of human adjustment. (Containing the helping professions including the various disciplines within Child Guidance Settings.) Anne Fenlason's definition was chosen because it has evolved from

1. This is the concept of strengthening the will and meeting reality by accepting the limits of agency function emphasized by the Functional School of Social Work.

the thinking of modern scholars in sociology, cultural anthropology and social work - and is an attempt to define the interview in its present stage of development (1952) as a technique in the process of change and refinement.

Anne Fenlason (1952) has defined the professional interview thus:

"A good interview represents both a verbal and non-verbal interaction between two or more people working toward a common goal. The interview is a purposeful conversation. When the conversation is aimed at furnishing insight and gaining information or furthering understanding, or arriving at some form of help and counsel its purpose is usually a professional one and the interviewer is likely to be working in some field of human adjustment. The words professional implies that the interviewer has had special preparation for his work that his training, based on transmissible knowledge and skills, has been acquired formally. It pre-supposes an understanding on the interviewer's part of the forces in the environment as well as attitudes and standards of the individual in relation to his particular needs... it emphasizes the principle that the trained individual as a medium for meeting such needs is also a person whose attitudes and background affect in no small measure the reactions of the person seeking professional services". 1

It follows that the professional social work interview emerges from this broad definition of the professional interview per se and is demarcated from the interviewing techniques of other disciplines in the field of human adjustment by the unique theoretical orientation and clinical practice of the social worker.

The Interview as a Social Work Technique:

The interview as a social work technique has emerged as a method of helping individuals, in conflict with their social environment, to help themselves. It complements environmental manipulation as another method used by the social worker in attempts to bring the individual into harmony with his environment.

1. Fenlason, Anne, F., Essentials of Interviewing. Columbia University Press, 1951, p. 3.

A meaningful definitive statement covering the what, why, and how of social work interview must perforce emerge from the philosophy, concepts, principles and methods of social work.

A Tentative Definition of the Social Work Interview.

The interview as a social work technique may then be defined for the purpose of this study as:

"A verbal and non-verbal interaction between two or more individuals working towards a common goal - the adjustment of the interviewer to his social environment. The interviewer is a professional person whose theoretical orientation is in the field of social work and as a result is consciously and/or unconsciously drawing upon the knowledge of and belief in social work philosophy, principles, concepts and methods. The social worker makes a conscious use of self in the management of relationship to meet the psycho-social needs of the client and in the application of techniques focused on relating the client's conscious feelings and attitudes to his functioning in the environment in a way calculated to enable the client to solve his problems of social adjustment. The interviewer also attempts to communicate and act upon the assumption that the interview is a purposeful communication within the context of the total socialwork process which includes related interviews and (where applicable) a constellation of direct and indirect contacts with the client's relatives, employers, teachers, and other significant individuals in the client's environment, and the involvement of the agency or clinic, and/or other community resources."

During the evolution of the social work interview as a treatment technique and the growth of the concomitant knowledges and skills a special kind of social work interview emerged from its context in social work, (nourished and moulded by the impact of psychoanalysis and related disciplines) called the play interview.

The following chapter will attempt to trace the evolution of the play interview, with the major emphasis on its context in social work, and survey the major sources and theoretical assumptions that have enriched and at times limited its strengths.

Objectives and Methodology of the Study

Objectives.

The major objectives of this study are: (1) To demonstrate that the play interview when properly conducted within defined limits, is a valid part of social work practice within the competency of the professionally trained social worker; (2) Identify and examine the Diagnostic and Treatment features inherent in the Play Interview.

The focus of the study will be on the major characteristics of the play interview, and the social work interviewing methods employed when play is used as a tool in the treatment of children with adjustment problems within the context of the local Child Guidance Clinic.

Methods.

Chapter I attempts to spell out social work philosophy, principles, concepts and methods as a basis for examining the play interview in social work, in a Child Guidance Clinic and deriving a tentative definition of the interview as a social work technique.

Chapter II views, from the basis outlined in Chapter I, the evolution of the play interview, (with the major emphasis on its growth as a social work technique in a psychiatric setting,) and presents a brief survey of the literature in social work, psychiatry, and psychology covering, the main theoretical assumptions and techniques in play techniques which have influenced the development or have been incorporated in the social work play interview.

Chapter III contains an analysis of a series of play interviews with regard to

identifying the social work interview methods used and the major diagnostic and treatment features identifiable in the play interview. Specifically this chapter contains an analysis of five process recordings of individual play interviews. A schedule of thirteen interviewing methods, classified by Glover, descriptively defined, were matched with elements in the recordings which on the basis of the writer's clinical judgment constituted the use of the respective interviewing method. Clinical judgments were based on the following criteria: When two or more elements were present in the recording that matched the elements described in the interviewing method and when on the basis of the writer's clinical judgment evidence in the recording indicated the equivalent of the described method was being employed - the social worker's responses and activities were identified in terms of being said interviewing method.

A second schedule, comprised of diagnostic and treatment features drawn from the literature surveyed in Chapter II, was applied in the analysis of the play interview recording. These features were descriptively defined and identified in the recordings on the basis of the writer's clinical judgment when the child's responses and activities matched the defined feature.

Both schedules were employed for the purpose of reaching the two, above mentioned, major objectives of this study.

Chapter IV contains a discussion of the implications of this study in the light of the findings from the analysis of play interview recordings, presented in Chapter III, together with the summarized findings and conclusions of related research studies focused on social work treatment methods in the Provincial Child Guidance Clinic of Vancouver.

CHAPTER II

THE PLAY INTERVIEW IN CHILD GUIDANCE

This chapter is an attempt to trace the evolution of the play interview and survey the contributions of play techniques developed by related disciplines that have been and may be used to enrich and develop the art and science of play interviewing in the field of social work.

General knowledge and skills about interviewing are not exclusive to any one profession. In order to examine the play interview as a technique in social work, from the basis of social work philosophy, principles and practice, it is necessary to recognize and be knowledgeable about the contributions and influences of related fields. All professions have drawn heavily on basic knowledge and experience derived from many sources. Tessie Berkman stressed that:

"...the practice of social work in direct and responsible relationship to psychiatry has experienced many phases since its beginnings early in the present century. At times it leaned heavily on what had been learned in other social work settings, at times forging ahead in uncharted directions, this particular practice has been at all times an integral part of the total fabric of social work."¹

In tracing the evolution of the play interview in child guidance the major emphasis will be on the emergence of this technique in its context in social work.

If this chapter appears to neglect contributions from fields outside of social work, psychology, and psychiatry it is because the focus of the study limits the use of material to contributions having direct bearing on the develop-

1. Berkman, T. C., "Psychiatric Social Work," American Journal of Orthopsychiatry. Vol. 25., No. 3., p. 511 (Italics mine).

ment and refinement of the play interview, with the view, "That the moment that an environmental factor is considered in terms of an attitude or a complex of attitudes which affect the patient, the social worker can no longer be considered as a person bringing a social science contribution to bear on a problem, but rather as bringing a contribution in a historical sense, at least, from psychology or psychiatry".¹ This in no way negates the important contribution of psychology, sociology and cultural anthropology to the social worker's fund of knowledge about individual and group behaviour. In the interests of clarity it should be noted that the controversial dilemma of the overlapping of a social work method and the method of psychotherapy is not an issue here.

Social work practice takes place on a continuum with environmental services at one end and some kind of psychological services at the other. At present, the latter end of the continuum seems to be best represented by Florence Hollis's concept of "Insight Development", in which "the worker must help the client to an awareness of his strong projection of his inner needs... his reaction to anxiety and hostility without sufficient rational provocation".² The fact that Hollis states that the latter technique should not be utilized without some training beyond that available within graduate social work education implies that social casework on this level tends to merge with psychotherapy, and may in fact be psychotherapy.

1. Ibid. p. 518

2. Hollis, Florence, "The Techniques of Casework", Journal of Social Casework, Vol. 30, p. 236.

A similar situation appears in the social work literature attempting¹ to hold to a demarcation between social group work and group therapy.

As has been stated, what constitutes psychotherapy is not an issue to be sorted out within the scope of this study. However, what constitutes valid social work practice at the present stage of development in social work is considered to be within the focus of this study. Charlotte Towle expresses these points succinctly as follows:

"A profession has a defined scope and function. It will have drawn on related fields of knowledge and skill. It will have, however, a context of knowledge and method peculiarly its own, to which other professions can contribute, but for which they cannot substitute. It is a professional person's right and obligation to maintain that identity...a profession like an individual has come of age when it has developed capacity for inter-dependent relationships, notable qualities of which are readiness to give and take without anxiety and without need to dominate or to suffer loss of identity." 2

The evolution of the play interview in social work will be traced as it evolved - as play was used as a special tool to facilitate the application of social work principles concepts and techniques. Bearing in mind that, when play interviewing is viewed, chiefly if not solely as a major psychotherapeutic device and used within that context the social worker who undertakes such a responsibility then needs a period of specialized training and thereafter an extended period of close supervision by a child psychiatrist. The firm opinion does not hold to the social worker who uses play as a means of establishing a relationship and attaining social work treatment goals.

1. "Any dichotomy between social and clinical pathology is at best an artificial one", Schiedlinger, Saul., "The Concepts of Social Group Work and of Group Psychotherapy," Journal of Social Casework, Vol. 34, 1953, p. 292-297

2. Towle, Charlotte, The Learner in Education for the Professions, University of Chicago Press, Chicago, 1951, p. 160.

Play-Tool and Concept.

The use of play as a tool in helping children with adjustment problems is a more recent contribution to our culture but its exact beginnings cannot be precisely localized. One source mentions that the first person to advocate studying the play of children in order to understand and educate them was¹ Rousseau.

The first recorded actual use of play in therapy (1928)² reportedly³ was the case of a phobic five-year-old boy, a patient of Sigmund Freud. As most of the early work with children employed Freud's methods, (that is to say, the principles of psychoanalysis were applied to children.) rather than Rousseau's.

Before tracing the growing use of the play interview in social work⁴ some clarification of what is meant by the controversial concept of "play" should be noted.

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1. Lebo, Dell, "The Development of Play as a form of Therapy from Rousseau to Rogers", The American Journal of Psychiatry, Vol. 112, No. 6. December, 1955, p. 418
 2. Lebo, op. cit. p. 418
 3. Freud, S., Collected Papers, Vol. 3. Hogarth, London, p. 147-289
 4. Since an exhaustive study of the evolution of the play interview is beyond the scope of this study only that part of the literature reflecting the major contributing sources that have influenced, enriched and moulded (or have been incorporated in) the social work play interview will be cited. A. G. Woltmann has made a comprehensive survey of the literature on play technique which is now (October, 1955) in the hands of the publishers (Grune & Stratton) and should be available shortly.

Play has been defined as "all activities of children that are spontaneous and self-generating that are ends in themselves and that are unrelated to "lessons" or to normal physiological needs of the child".¹ This definition² however broad and vague seems to be generally accepted (1954).

Without becoming immersed in the controversy around the nature and meaning of play we may say that for the purposes of this study the term play will be taken to mean something a little broader than the definition cited. It will include the wide range of activities the child engages in during the play interview. Indeed Dr. Lowrey's statement, "We should be far more accurate if we spoke of "activity" or (activities) instead of "play" with reference to therapy",³ holds for this study of the play interview. For it is the activity with its release of fantasy, imagery, fears, doubts, ambivalences, hostility and other feelings which make up the ingredients in the interview facilitating the study diagnosis and treatment of the child client, as well as of the adult. The term "activity", in this sense, is synonymous with play; it is apparent that in recent years the play of children has assumed a special interest to specialists in the fields of child development and mental hygiene.

Philosophers and educators have sought to account for the phenomena of play. Many theoretical explanations have been advanced. The two theories that seem to have been the most widely accepted were: (1) that play is a discharge of

1. Lowenfeld, Margaret, Play in Childhood, Gallance, London, 1935.

2. Woltmann, Adolf., G., "Concepts of Play Therapy Techniques", American Journal of Orthopsychiatry, Vol. 25., No. 4. October, 1955, p. 772

3. Lowrey, Lawson, G. "Therapeutic Play Techniques", American Journal of Orthopsychiatry, Vol. 25, No. 3. July, 1955, p. 574.

surplus energy and; (2) that it is a preparation for adult life. ¹ With the advent of dynamic psychology,

"according to which behaviour may express needs and motives not realized consciously, play became the object of investigation by application of this dynamic approach. Subsequently observation and research led to the formulation of dynamic interpretations of play and its functions, such as problem solving, anxiety-relieving, the attainment of mastery, fulfillment of wishes, reworking reality into digestible doses, and transforming passivity into activity. Having found in play a means of detecting some of the psychodynamics and emotional states underlying the individual child's behaviour, workers in clinical settings have come to rely upon play interviewing as an important diagnostic tool in appraising the source and nature of the young child's disturbance. Conversely because of its healing qualities play has also become an important therapeutic agent in the hands of the skilled clinician". ²

Contributions from other Disciplines.

Knowledge acquired from other disciplines enriches the body of knowledge and skill of the social worker. Some of the major contributions to play interview techniques will be briefly surveyed.

Some theoretical assumptions about the value of play in the study, diagnosis and treatment of children with adjustment problems.

There appears to be a number of divergent views about the value and use of play in helping children with adjustment problems, among both the

1. See Helen Finlayson's Master of Social Work Thesis, Play Therapy, University of British Columbia, 1954, pp. 3 ff. for a more detailed treatment of theories about the nature of play.

2. Shugout, George. "The Play History. Its Application and Significance", Journal of Psychiatric Social Work. Vol. 24, No. 4., September, 1955, p. 204. (*italics mine*). (Footnote) The healing qualities of play itself is open to question but the therapeutic value of the play interview is beyond reasonable doubt.

psychoanalytically oriented authors and authors supporting non-analytical¹ approaches to the understanding of human behavior.

Play in Psychoanalysis.

Within the body of psychoanalysis two main schools of thought have² developed which are associated with the names of Melanie Klein and Anna Freud. As could be expected, a number of psychoanalytically oriented authors with an adherence to one or the other schools of thought, have presented theoretical variations in emphasis on recognized values within play techniques and added some concepts of their own.

Melanie Klein, maintaining that the character of a child is like that of an adult, fashioned her treatment of play much the same as adult analysis, substituting the method of free association (which children cannot use) for the method of free play. Klein perceived the child's play as symbolic representation of unconscious content and interpreted as such directly to the child. Klein perceived the child as being overwhelmed by a domineering super ego and further as-³sumed that transference neurosis does take place in children.

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1. The term non-analytical is taken to mean an approach or view towards treatment from an orientation that is not psychoanalytical.
 2. Trail, P. M., "An account of the Lowenfeld Technique in a Child Guidance Clinic with a survey of Therapeutic Play Techniques in Great Britain and the U.S.A.". Journal of Mental Science, Vol. 91, 1945. p. 43-78.
 3. Woltmann, A. G. "Concepts of Play Techniques". American Journal of Orthopsychiatry, Vol. 25., No. 4. October, 1955. p. 777

Anna Freud in contrast to Melanie Klein, believes that children do not develop a transference neurosis. She maintains the phenomena of transference would not arise in the 'play-therapist' situation as the child's super ego is not as yet fully formed and the child's parents are present in external reality. Anna Freud further maintains that the child's anxieties are often due to the strictness of the parents rather than pressures from its own
2
super ego.

Loretta Bender appears to support the 'non-transference' view of Anna Freud, and makes a further assumption about the therapeutic value of play per se. Bender states:

"on the basis of twenty years experience with children at Bellevue Hospital and after publishing a book on the subject, Child Psychiatric Techniques (1952), if the play technique used is important to the adult and gives him a tool with which he can understand the child and relate to him with confidence and warmth, the play set-up will undoubtedly contribute to the relationship. Beyond this I doubt if there is any specific value to play procedures". 4

1. Tallmann, F. F. and Goldenstein, L. N., "Play Techniques", American Journal of Orthopsychiatry, 1941, Vol. XI, Part 3. pp. 552 ff.

2. Woltmann, op. cit. p. 787.

3. "Play therapy sessions cannot be likened to adult psychoanalysis. In the latter the adults entire libidinal life interests, pre-occupations and fantasies (day and night through dreams) are by calculation, mobilized and channeled into one hour of free association through which the individual's whole life can be relived. This is not true of children in play therapy sessions in which only a passing fragment of the developmental curve can be observed...it should be realized that the fragmentary glimpse through revelation to us even to the point of making us feel omnipotent, is really only a glimpse of what is going on all the time and is not necessarily or specifically therapeutic to the child". Bender, Loretta, "Therapeutic Play Techniques" a discussion, Journal of Orthopsychiatry, Vol. 24. No. 5. October, 1955, p.787.

4. Ibid, p. 785.

Bender goes on to outline some of the positive values of the use of play as a tool in the study, diagnosis and treatment of children with adjustment problems..."Play techniques have been very important in our understanding of projective phenomena in the maturing child, his capacities to reveal his inner life and his problems in play material, and to demonstrate his maturational capacities by the way he organizes the material given him."¹

²
Erik Erikson on the other hand shares Klein's views on transference phenomena and combines two extreme points of view by recognizing the configurational aspects of a child's play as well as the psychoanalytical.

³
Erikson reportedly maintains that the child's play can be interpreted in terms of configurations manifested in four areas of behaviour: (1) the effective sphere covering the child's manifested emotional interest in, and withdrawal from, an object of behaviour; (2) the ideational realm as manifested by the verbalized content and acting out; (3) the development of spatial factors indicated by configurations in three dimensional sphere; (4) finally, verbal aspects of play are evidenced by modes of expressions by the voice and manner of speech in terms of pitch and rhythm. From all this the therapist attempts an approximation of what he sees and hears. Erickson's view⁴ is that the play

1. Ibid, p. 786

2. Erickson, Erik H. "Studies in the Interpretation of Play". Genetic Psychology Monograph Series No. 22. 1940. p. 557-671

3. Woltmann, op. cit. p. 777.

4. Erikson, Erik, op. cit. pp. 558 ff.

observer froms an impression (it was as if--) and associates past impressions, previous observations on the child in question, data communicated to him by the child's parents etc.--and reflects on latent possibilities --interpretation takes place when the therapist, at a time which he deems to be right, conveys these reconstructions to the child.

Erikson further states, that,

"often the microsphere...(i.e. the small world of manageable toys) seduces the child into an unguarded expression of dangerous themes and attitudes which arouse anxiety and lead to sudden play disruption. This is counterpart in the waking life of the anxiety dream.."

Erikson describes the phenomena of transference as the..."tendency (especially strong in neurotics) to transfer basic conflicts from their original infantile setting, into every new situation including the therapeutic one"¹.

Erikson describes play disruption, "as the sudden and complete or diffused and slowly spreading inability to play"². Erikson states that, "the antithesis of play

disruption is play satiation, play from which a child emerges refreshed as a sleep from a dreamless sleep - both disruption and satiation are very marked and very clear only in rare cases. More often they are diffused and must be ascer-³tained by detailed study"

Erikson has identified, "self-curative trends in spontaneous play", as a full cycle of play disruption and play satiation during which..."the ego flooded by fear regains through transference its synthesizing power"⁴.

Play in Non-psychoanalytical Treatment Situations.

1. Erikson, Childhood and Society, W.W. Norton and Company, New York, 1950 p. 196.

2. Ibid. p. 196.

3. Ibid, p. 202

4. Ibid, p. 196.

The non-analytical views on the value of play as a tool in helping children with adjustment problems are also divided into two main approaches to the use of play. This division is based on the kind of play used; (1) Spontaneous (free play); or (2) Controlled (planned) play activity. The non-analytical theorists usually subscribe to one or the other types of play in developing their particular approaches or a judicious use of sequential combinations.

Controlled Play.

In the 1940's, two of the best known exponents of controlled play, among American workers with non-analytical play techniques, were Joseph C.
¹
Solomon and Jacob H. Conn.

Solomon uses 'created play situations' for the release of hostility. Solomon sets up a series of life situations with a family constellation of dolls representing the life situation of the patient. This method, according to
²
Tallman and Goldensohn is an outgrowth of Levy's and Conn's work. Solomon believes that the value of the procedure lies in the release of hostility towards parents, siblings etc., the free expression of love fantasies, the alleviation of guilt feelings, the incorporation of therapeutic suggestions in the directions of growth, and desentization by means of repetition.

Solomon differentiates his methods from Conn in that the former makes no early attempts to identify the dolls, keeps situations in the third person

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1. Trail, op. cit. pp. 45 ff.
 2. Tallman and Goldensohn, op. cit. p. 554.

as long as the child wishes to remain anonymous, and aims not merely at the elimination of isolated symptoms but at the improvement of the child-family relations. Conn apparently uses his techniques more for diagnosis and research than therapy.

David M. Levy¹ also utilized 'controlled play' techniques in what he calls release therapy. He believes that such psychotherapy (with children) is a blend of techniques aimed at the feelings of the child (affect therapy) and at the thinking of the child (insight therapy). His 'release therapy' is an affect therapy in which no attempt at insight is made, nor are there any attempts to change the attitude of parents or the nature of the milieu. He considers: (1) the restoration of the traumatic situation for the purpose of alleviating anxiety arising out of the original situation; (2) controlled play situations for the purpose of modifying social attitudes - exemplified by Levy's sibling rivalry studies; (3) simple release of aggression; (4) simple release of infantile pleasure - the last is used for problems in which a child has been made overly clean or too conforming by too rigid or early applied discipline; and (5) the release of masculine striving in girls referred for denial of femininity - designed to release penis envy and fulfill in play actual possession of the organ.²

Levy considers psychoanalytic therapy as the most highly evolved combined insight and affect therapy 'free play interpretative therapy'. It

1. Ibid, p. 553.

2. Tallman and Goldersohn, op. cit. p. 553

utilizes free play which is analogous to free association and interpretation by the therapist. He states that it is indicated only in profound personality disturbances.¹

William M. Cameron is another exponent of controlled play. He stresses the cathartic and relationship value of the play technique and the importance of timing in allaying the child's mounting anxiety and guilt, by interpretation. Cameron supports Levy's views by maintaining that, if the therapist is not analytically trained, it is wiser to substitute a more controlled play technique for free play.²

Spontaneous (Free) Play.

A passive type of play therapy utilizing spontaneous play developed concurrently with the forms of active play therapy of D. Levy, Solomon and Conn.

In passive play therapy - the child's play was not restricted by the therapist. The therapist just sat in the room with the child. The child acted in different ways to find out what was permitted and the therapist allowed himself to gradually become a part of the child's play. Consequently as Lebo points out, "...a large choice of toys and the passive accepting attitude of the therapist, not all of a child's play will have strong emotional or symbolic value. Some play activities will be simply re-enactments of the child's everyday experiences".³

1. Ibid. p. 554.

2. Ibid, p. 554.

3. Lebo, op. cit., p. 420.

Relationship Therapy.

Otto Rank is credited with originating the 'Relationship Therapy' approach to treatment. This technique is similar to the passive type of Play Therapy. The child is given complete freedom in his selection of play materials. The child is permitted to engage in whatever activity he chooses in the presence of his worker. The worker may play with the child at the child's request but his participation in play is minimal. This approach differs from the various types of child psychoanalysis in that the major emphasis is on the creative power of the emotional relationship between the worker and client.

Rank's approach was developed and modified by Taft, Allen, Rogers¹ and others. Jessie Taft was among the first social workers to apply the relationship therapy approach in its context of spontaneous play in the treatment of children with adjustment problems. Taft called play "a therapeutically limited relationship - a true analytic situation in the Rankian sense therapeutic² in possibility if not in actual result".

Taft stressed the importance of the personal development of the therapist and the time elements in therapy. However as Lebo points out:

"Relationship therapy while starting out as an independent movement has merged almost completely into a newer therapeutic attitude, the non-directive approach...the person responsible for the submergence of relationship therapy and the emergence of non-directive therapy is Carl Rogers...because non-directive therapy emphasizes that the client contains within himself the necessary ability to solve his

1. See footnote page. 35.

2. Taft, Jessie, "Dynamics of Therapy in a Controlled Relationship". McMillan, New York, 1933. p. 39

own emotional problems its methods were immediately applicable to children as well as adults. Indeed non-directive therapy originally grew out of working with childrens problems. Rogers client centred philosophy was quickly and successfully applied to play therapy by Virginia Axline". 1

Virginia Mae Axline is probably the chief exponent of non-directive play therapy. In this technique the concept of "spontaneous play" is utilized to the full. This technique is based on the work of Carl R. Rogers. The Rogerian philosophy and principles applied to adult counselling were found readily translatable to play therapy. There are 8 basic principles in non-directive (Rogerian) play therapy:

1. The therapist must develop a warm friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behaviour.

1. Lebo, op. cit. p. 421

2. "It was discovered first by Otto Rank and subsequently by others that when therapy took place the major factor seemed to be not so much the counselor's interpretations as it was the client's acceptance. When directive counseling failed, on the other hand, Rank held that it was due to the client's negative will which in his urge for his own independent solution necessitated resistance to the counselor's interpretations. As a result of this Rank, Taft, Allen, Rogers and others began to develop a technique which would take away the client's resistance by reducing the counselor's directiveness and allowing the client... to take responsibility on himself for solving his problems in his own way. The technique of Rogers, especially, seems to be the one which shows the highest degree of non-interference on the part of the counselor and which after the initial structuring of the relationship has been made allows the client almost complete freedom of expression and choice in the solution of his problems". Curran, Charles A., Personality Factors in Counseling. Grune & Stratton, New York, 1945. pp. 18 ff.

5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way, the therapist follows.
7. The therapist does not attempt to hurry therapy along. It is a gradual process and recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship". 1

2

Margaret Lowenfeld is another exponent of free play within a uniquely structured setting.

She emphasizes the importance of form principles or the configurational aspects of the child's play. She uses trays filled with sand. Against such a realistic background children place toys and build realistic though miniature worlds. She speaks of her "World Games" as instruments"...with which a child can demonstrate his own emotional and mental state without the necessary intervention of an adult either by transference or interpretation and which will allow of a record being made of such a demonstration". 3

Lowenfeld in stressing reality form factors, (the emphasis on the

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1. Axeline, Mae, Virginia, Play Therapy. Houghton Mifflin, Boston, 1947. p. 75.
 2. Lowenfeld, Margaret, "World Pictures of Children". British Journal of Medical Psychology. Vol. 18. pp. 65 ff.
 3. Trail, op. cit. pp. 43 ff.

importance of form factors being supported by the views of Bender and Schilder)¹
also minimize the importance of the use of relationship as an adjunct to the
play activity. Some of the major approaches to the use of play techniques in
the treatment of children with adjustment problems have been briefly mentioned.

The common denominator to be drawn from the various systems of
thought is that, the child communicates ideas and feelings through the medium
of play in a clinical setting. The various approaches mentioned were designed
to use play as a tool in helping children with adjustment problems for the
most part in ² individual play sessions. Out of the various approaches surveyed
a number of notions regarding the value of play techniques may be identified.

Play Activity as a Projective Technique.

Play activities may also be viewed and interpreted as projective
techniques.

1. "Physical properties of the play object as well as the laws of gravity are also played with by the child...the emotional problems and formal problems cannot be completely separated. The child's experimentation with form and configuration is an expression of his tendency to come to a better handling of objects by action. By trial and error the child comes to an insight into the structure of objects". Bender, Loretta; Paul Schilder., "Form as a Principle in the Play of Children". Journal Genetic Psychology. Vol. 49. 1936, p. 254-261.

2. No specific consideration has been given to play techniques designed for work with groups of children as the Vancouver Child Guidance Clinic at present does not attempt to use play other than in individual play sessions.

1

The child's "projections" insofar they are part of all but the simplest perceptions of the child subsume all play activities.

As Frank states:

"Basically a projective technique is a method of studying the personality by confronting the subject with a situation to which he will respond according to what the situation means to him. Thus almost any thing or experience can be utilized for projective techniques, including standardized tests of intelligence², if the examiner will look for the idiomatic way (such as an item analysis) the subject has responded to that test, as contrasted with the customary measurement of conformity to age or other norms...The essential feature of a projective technique is that it evokes from the subject what is in various ways, expressive of his private world and personality process...What is important is that the situation be sufficiently plastic and unstructured to permit this imposing of these personal forms and meanings or, if organized and structured, to allow the subject to manipulate or react to the situation or its constituents in his own individualized way...Thus projective techniques may range from wholly amorphous plastic ductile materials to the highly conventionalized situations activities and symbols or patterns which each subject utilizes or responds to in his own idiomatic fashion".³

1. Projection here is used in a broad sense and refers to the child's apperceptive distortions. The term "projection" in social work is generally taken to mean a defence mechanism (against anxiety) the nature of which has been described by Freud as the, "process of ascribing one's own drives, feelings and sentiments to other people or to the outside world as a defensive process that permits one to be unaware of these "undesirable" phenomena in oneself." However as Bellak states, "as so often happens on careful rereading of Freud (following a reference by Dr. Ernest Kris) it was found that Freud had anticipated our present trend of thought. He said in Totem and Taboo (p. 875) "but projection is not specially created for the purpose of defense it also comes into being where there are no conflicts. The projection of inner perceptions to the outside is a primitive mechanism for which, for instance, also influences our sense perceptions so that it normally has the greatest share, in shaping our outer world. Under conditions that have not yet been sufficiently determined even inner perceptions of ideational and emotional processes are projected outwardly, like sense perceptions and are used to shape the outer world, whereas they ought to remain in the inner world". Projective Psychology, Edited by, Abt, Edwin, and Leopold Bellak., Alfred H. Knopf, New York, 1950, p. 10 (*Italics mine*).

2. The Standardized test uses group norms to measure the individual's conformity to or deviation from the norm and rate the individual's performance in relation to a defined group. The projective method is concerned - with the individual's ideational or perceptual field in terms of his way of perceiving (apperceptive distortion patterns) things and his underlying attitudes. David Rappaport, Diagnostic Psychological Testing, Year Book Publishers, Chicago, 1945, Vol. 1. p. 10 Vol. 2. p. 89.

3. Frank, Lawrence, K. Projective Methods., Ryerson Press, Toronto, 1948, p. 46

As Frank points out:

"One way of classifying projective techniques is to see them as belonging to different patterns, depending on what they require or seek to evoke from the subject. Thus there are:

1. Constitutive Methods which require the subject to impose some structure or organization upon the unstructured plastic materials or only partly organized situation presented to him. 1
2. Constructive Methods which require the subject to arrange materials with definite size or shape or pattern into larger configurations including the sorting of diverse objects.
3. Interpretative Methods which elicit from the subject an interpretation of some experience or some composition in which he finds a personal meaning or affective significance.
4. Cathartic methods which not only reveal the personality process of the subject by what he finds therein but also permit and encourage his emotional or chronic affective reactions (it is probable that every projective technique offers an occasion for some emotional or affective reaction, but some are specifically designed for that purpose). 2
5. Refractive Methods which give clues to the subjects personality process by the way he alters or distorts a conventional medium of communication such as language or handwriting as idiomatically used by each personality." 3

All these methods encourage the child to reveal his thoughts and ideas about the stresses he is facing in his environment as well as his characteristic way of perceiving, organizing, and dealing with situations and interpersonal relationships. It should be noted that any single action, verbal statement or

1. The most highly developed and oldest of the constitutive methods is the Rorschach Ink Blot Test. However, formal or spontaneous art productions of all kinds such as paintings also provide projective materials for understanding the individual personality in terms of constitutive responses.

2. The therapeutic doll play (Levy), the use of plasticine and its later destruction and similar manipulative materials (for example balloons) stories, psychodram's etc., provide methods for eliciting emotional reactions and the release of chronic tensions.

3. Ibid, pp. 47 ff. (*Italics mine*).

disruption must be seen and interpreted in the context of the subjects total production and, where possible, in the light of previous knowledge of the child's life history in terms of family constellation, environment and interpersonal relationships.

From this survey of the literature a number of compatible and conflicting notions about the values inherent in play technique may be drawn.

Some of the Values Inherent in Play Techniques.

The various approaches include the notions that:

- (1) Play is a valuable tool in building relationships.
- (2) Play provides an opportunity for the child to work out spatial relationships and is curative in itself.
- (3) Play provides opportunity for the child to develop a transference neurosis and thus facilitates treatment.
- (4) Play may not be used to create a transference neurosis in the child.
- (5) Play is not therapeutic in itself.
- (6) Spontaneous play is analogous to free association and should not be used except in psychoanalysis.
- (7) Spontaneous play precipitates at times self-curative trends.
- (8) Spontaneous play provides experiences that make changes possible and leaves the individual the freedom to work out the most pressing conflicts or areas of concern closest to the surface and to decide the nature and direction of the change.
- (9) Controlled play focuses the child's attention of the problem area and gives the child the opportunity to relive, and sort out or become desensitized to previous trauma.

Bearing in mind that within the limits of controlled (or "structured") play-spontaneous play may occur - a number of compatible diagnostic and treatment features may be drawn from the various approaches to the employment of play techniques in the treatment of children with adjustment problems, despite the number of conflicting notions that have been identified.

Within the confines of the two major kinds of play activities,
1
spontaneous (Free) Play or controlled (Structured Play) the following diagnostic and treatment features were identified.

Diagnostic and Treatment Features Identified in the Literature on Play Techniques.

(See Bibliography)
Source

Features

1. Play Disruption: (2)

The sudden and complete or slowly spreading inability to	Erikson
play (usually preceded and accompanied by the child's an-	Frank
xiety reactions, paleness, inhibition of movements etc.)	

1. Spontaneous (Free) play sessions are usually conducted in a playroom where a maximum variety of play materials are set up and held constant. Usually children are not permitted to bring toys in or take toys out and toys are replaced as needed but usually new play materials are not added during the course of treatment.

2. Erik H. Erikson states, "that this abrupt, sudden interruption, or diffused and slowly spreading inability to play offers the most informing clues to the subject's hidden personality difficulties. Thus it is not only the play configuration but the active manipulation and verbalizations of the subject which must be observed and interpreted as a whole sequence. Any single action or verbal statement must be seen and interpreted in the context of the subject's total production". Frank, op. cit. p. 55.

<u>Features</u>	<u>Source</u>
2. <u>Play Satiation or Desensitization of Trauma.</u>	
The re-living of a traumatic experience and/or playing out of a painful conflict or event (in a less traumatized atmosphere) in such a way as to make the child "feel better" or become less sensitized to the trauma. Usually marked by animation, hilarity, cheerful aggressiveness etc.) and the presence of the phenomena of "transference".	Cameron Erikson Levy Solomon Conn Klein
3. <u>Self-Curative Trends in Spontaneous Play.</u>	
A pattern of play activity in which the child runs the full cycle of play disruption and play satiation and resolves the relevant conflict or problem to the degree that there is noticeable movement in his ability to relate or make social adjustments.	Erikson
4. <u>Simple Release of Infantile Pleasures.</u>	
The activity of the child involving tactile or other sensuous pleasures the re-living of primitive pleasures, (not necessarily at a post-traumatic level but simply regression to unsatiated needs of infancy. Usually indicative of early deprivation or strict discipline in relation to cleanliness habits or toilet training).	Levy Solomon
5. <u>Simple Re-enactment of the Child's Everyday Experiences.</u>	
Activity of the child not having strong emotional or symbolic significance. (Usually occurring when the child	Lebo

<u>Features</u>	<u>Source</u>
is provided with a large choice of toys and a passive accepting interviewer.)	
6. <u>Learning in Relation to Form Factors.</u>	
Play activity permits the child to learn by trial and error (or by instruction and imitation) about the physical properties of play objects as well as the laws of gravity. (The child acquires skills and gets insight into the structure of objects by action).	Erikson Bender Schilder Lowenfeld
7. <u>Projection.</u>	
Play activities which evoke the child's apperceptive distortions, (structured) by the influence of the memory of past apperceptions on present apperceptions and inferred from the child's expressions and responses at times being identifiable in terms of defense mechanisms, and at times indicative of the child's characteristic way of perceiving reality (when no conflict is present).	Frank Bellak Rank Freud, Sigmund Freud, Anna Erikson Taft
8. <u>Expressive Behaviour in Relation to Problem Areas.</u>	
The child's patterns expressions and activity that reveal his thoughts and feelings about himself and the stresses in his environment. (Gestures, tics all creative productions, painting, sculpturing, story telling etc. all provide indices of problem areas).	Erikson Frank Bellak Axeline Lowenfeld Conn Solomon Levy
9. <u>Adaptive Behaviour.</u>	
Behaviour of the child considered to be rational and ap-	Bellak

Features.

Source

appropriate to a given situation. (This feature overlaps with re-enactment of everyday play experiences somewhat. The child's characteristic adaptive patterns, to the degree they do or do not deviate from an objective norm or a culturally accepted standard, are valuable diagnostic indices. 1

Frank

IMPLICATIONS FOR SOCIAL WORK

The play interview as a technique in social work does not appear to have emerged (like non-directive counselling) from any single psychoanalytical or non-analytical system of thought.

It is apparent that social workers from the functional school, are more deeply indebted to the works of Rank and Taft - and thereby borrow more heavily from the "Relationship Therapy" approach.

The so called Diagnostic School of Social Work appears to have taken a more eclectic approach and to have incorporated techniques and play media from the various approaches - and accepted a wider range of theoretical assumptions underlying play techniques found to be compatible with social work principles, theory and practice.

In actual practice social workers (from both the functional and diagnostic schools) have from time to time with the aid of specialized training and/or working under direct supervision of specialists from other disciplines have directed and interpreted play activity from the theoretical orientation

1. Perceptual, (7) Expressive (8) and Adaptive (9) responses are always co-existent.

¹
of the related disciplines . In this role the social worker is not employed within the valid confines of the profession of social work.

In the following discussion of the historical development of the play interview in social work within the context of child guidance settings - an attempt will be made to trace the unfolding and development of the play interview from its context in the professional interview in social work. Bearing in mind that at times in certain clinics the play interview was looked upon as a special tool in psychotherapy and when carried out by the psychiatric social worker was directed and interpreted according to the theoretical orientation of the supervising psychiatrist.

An attempt will be made to trace the play interview emerged as a valid part of social work practice as a result of growth within the profession of social work itself.

The use of play as one of several forms of psychological, medical and social work treatment of unhappy children, is one of the more recent innovations in child guidance programs, and appeared as a natural outgrowth of the impact of dynamic psychology on the child guidance movement.

²
The creation of child guidance clinics (1922) was a natural result of the birth of a set of hypotheses about human behaviour emerging from a union of psychiatry and psychology, consummated by such men as Adolf Meyer, Stanley

1. For an example of this see Helen Finnalyson's Play Therapy, Master of Social Work Thesis, University of British Columbia, 1954, discussing a play therapy project and the Vancouver Children's Aid.

2. Child Guidance Clinics were first established under that name as demonstration units by the National Committee for Mental Hygiene.

Hall, William James and their contemporaries.

The Child Guidance workers, embracing as they did, the theory of multi-causation and its natural offspring the multi-discipline approach, soon incorporated and applied some of the psychoanalytical hypothesis and principles being expounded by Freud, Rank and their followers. Their findings strengthened many of the postulates on which child psychiatry was based and added others. Among the new conceptions were postulates formulated by these and other child analysts regarding the value and use of play in the study, diagnosis and treatment of young children.

By the late 1930's the impact of psychoanalytical thinking on Psychiatry, combined with the contributions of clinical and experimental Psychology, had brought about a shift in Child Guidance Clinics to direct treatment of young children as well as parents. Psychiatrists impressed by the findings of child analysts, accepted play as an adequate substitute for verbalization, and began to use play as a tool in the study of diagnosis, and treatment of young children.

In the meantime, as has already been pointed out, social work theory itself was being moulded, particularly by the impact of psychoanalysis. Social workers began to move away from strictly environmental manipulation and began to move in to direct treatment, through the use of the interview and inter-personal relationships, of both parents and children.¹

1. Robinson, Virginia, A Changing Psychology in Social Work. Chapel Hill, N. C., University of N. C. Press 1930, pp 19 ff.

As psychiatrists in Child Guidance Clinics came to depend more on their own observations of children for their diagnostic impressions and began to think in terms of psychoanalytical goals, or psychodynamic concepts in formulating treatment plans, they became less interested in histories of symptom development. Thus the shift to direct treatment of young children led to changes in work with both parents and children, particularly in terms of understanding, working with attitudes and family relationships and interaction parent-child relationships.¹ As a result, in Child Guidance Clinics as consultation and diagnosis began to take up a great deal of the psychiatrist's time, they began to demand new services of social workers.² Social workers, reacting to these demands and to changes within social work theory itself, began to involve themselves in direct treatment.

The psychiatrist, naturally enough, not being able to gather their own diagnostic impressions directly, did not revert back to the previous focus on histories of symptom development, but moved to supervising, (through consultation, case conferencing and training programs) the collection of what they had found to be more relevant data and the implementation of treatment they had found to be more effective.

Thus it was that social workers in Child Guidance settings began to undertake more complicated child personality problems than are usually directly handled in welfare social agencies. With the support of psychiatrists and

1. Hamilton, Gordon. Psychotherapy in Child Guidance, Columbia University Press, New York, 1947. P. 10.

2. Moslin, Robert Sidney. Differential Treatment in Child Guidance Casework, Master of Social Work Thesis, University of British Columbia, 1952. p. 18.

psychologists, the social workers moved into the interviewing rooms and joined the psychologists in utilizing the play rooms for treatment purposes.

A Distinction Between Play Therapy and Play Interviewing.

In the early 1930's psychoanalysts began to use play as a tool for establishing relationship and communication with the child under analysis.

Some practitioners objected to psychoanalytical assumptions, particularly the concept of "transference" and sometimes questioned the value of undertaking child psychoanalysis per se. These practitioners became convinced of the value of play itself as a medium for precipitating and generalizing self-curative trends in the child's personality and became exponents of less intense forms of therapy. To some, play therapy became a magic word, and play came to be thought of as therapeutic in itself.

In 1938 the Concept of Play Therapy was revived at the American Orthopsychiatric Association,² and a deliberate attempt was made to examine this area and bring into focus the meaning of play therapy. From this meeting of experts (among whom were Blanchard, Allen and Lowry) emerged the concept (to quote Allen) "Play Therapy does not exist as different from therapeutic work with the child". Allan further states that in play "...this living experience must be such that the dignity of his own littleness can be expressed and felt around

1. Moslin, op. cit. p. 18 - made a study of 40 cases handled in the Vancouver Clinic in 1950. The findings of the study indicated also that the burden of treatment was carried almost entirely by social workers. Glover, op. cit. 1950, in his study of social work on treatment methods in the Clinic corroborated these findings in terms of the total caseload at the Clinic, on Continued Service.

2. Proceedings of the Meeting on the Section on Play Therapy, American Orthopsychiatric Association", American Journal of Orthopsychiatry, Vol. 8. 1938, p. 499.

the bigness of the adult".¹

Bender (1954)² completes the task of subtracting the "magical quality" from play in her statement:

"As far as I know there is no conclusive evidence that a child's participation in such a play session (with any play techniques that we may be using) is in its essence therapeutic experience, not even when an adult is present and even makes interpretations to the child".

This points up the efficacy of Lucille Austin's (1948)³ definition:

"Play therapy has been loosely used as an overall term for describing any relationship between a therapist and a child where play is used. Play may be used by anyone working with children, but in therapy it is interpreted and directed according to the theoretical assumption underlying the techniques of the educator or therapist".

It would appear that a distinction between the term Play Therapy and Play Interviewing is largely a semantical one. For the purpose of this study play interviewing will be distinguished from the concept of play therapy in the sense that the term, play interviewing will be used to denote when the play interview is interpreted and directed according to the theoretical assumptions underlying the techniques of the social worker. The term play interviewing will thus reflect the theoretical orientation of the social worker and will fall within the confines of the broader definition of the social work

1. Allen, Frederick, Psychotherapy with Children, W.W. Norton, New York, 1942, p. 302.

2. Bender, op. cit. p. 704.

3. Austin, Lucille M., "Some Psychoanalytic Principles Underlying Casework with Children". Child Therapy a Casework Symposium. Family Service Association of America, 1948. p. 3 (*Italics mine*).

interview spelled out in the previous section of this study.

This distinction will serve to confine the meaning of play interviewing as a valid social work technique and will not include play techniques carried out according to theoretical assumptions underlying techniques of other disciplines by social workers with specialized training in other disciplines, or when the social worker under the direct supervision of a specialized person from another discipline is interpreting and directing the child's activity according to the theoretical assumptions underlying the techniques of that other discipline. The latter involves the use of remedial techniques, some form of psychoanalysis, or therapy emerging from the theoretical orientation of another discipline and is not validly social work practice. As such work does not lie within the competency of the trained social worker and requires specialized training and direct supervision from another discipline.

The failure to make this distinction probably accounts for some of the confusion and awe that social workers in the field have felt about play interviewing. It is felt that a clear cut definition of play interviewing will contribute towards a better and more conscious use of casework skills by social workers engaged in play interviewing. At the same time it should clarify the major objectives of this study - as stated in Chapter I: to describe the interviewing methods and major characteristics of the play interview in order to demonstrate that play interviewing by social workers is a valid part of social work practice.

A Tentative Definition of Play Interviewing.

The play interview is a social work technique when the play activity

include the child's verbalizations, is directed and interpreted according¹ to the theoretical assumptions underlying social work techniques.

The following chapter, (through the analysis of recorded play interviews) will attempt to identify the interviewing methods used and the major characteristics inherent in the play interview conducted by social workers working within their own professional competence under the direct supervision of social casework supervisors, in a Child Guidance setting where the services of members of related disciplines are made available.

1. The broad theoretical assumptions underlying social work techniques are spelled out in Chapter I.

CHAPTER III

AN ANALYSIS OF FIVE PLAY INTERVIEWS CONDUCTED BY SOCIAL WORKERS IN THE VANCOUVER CHILD GUIDANCE CLINIC.

This chapter will deal with the analysis of selected play interview recordings aimed at identifying interviewing methods and diagnostic and treatment features of the play interview. It is beyond the scope of this study to identify and trace the evolvement of psychosocial diagnostic statements or treatment goals. The major emphasis in this chapter will be on attaining the two major objectives of this study:

1. To demonstrate that the play interview as a social work technique is a valid part of social work practice.
2. To identify and describe the realized and potential strength inherent in the social work play interview in terms of diagnostic and treatment possibilities.

The Play Interview as a Social Work Technique in the Vancouver Child Guidance Clinic.

Assignment of Children for Play Interviews.

Because of the nature of child guidance, the clinics function permits the extension of the aforementioned services chiefly to children meeting the following criteria:

- (1) Children having difficulties in their parent-child relationships.
- (2) Children having difficulties in their teacher-pupil relationship.

(3) Children whose parents or legal guardians want assistance with these problems.

In terms of treatment¹ the clinic's function defined somewhat by the nature of child guidance tends to exclude most cases of feeble mindedness, neurological disorders and those in which there exists gross social pathology.

These criteria are not rigidly adhered to; and the clinic does as Moslin has stated,

"treat some children whose intelligence is rather limited, or who suffer from neurological disorders if the difficulties appear to be complicated by adverse parental attitudes and the parents desire help in improving their relations with children. Again some adolescents whose difficulties in improving their relations with children. Again some adolescents whose difficulties stem from adverse home situations are treated without much reference to parents..."²

Within these functional limitations, the child guidance clinic has as patients, children manifesting a wide range of behavior and personality disorders. The symptoms that cause parents concern are of many types, aggressiveness, uncontrolled behavior, nervousness, sensitivity, fears, excessive shyness, and other difficulties in relating to people, various kinds of school maladjustment; physical disorders without identified organic bases; delinquencies of various kinds marked peculiarities of behavior and personality.³ These and a host of other complaints bring children to the clinic.

(1) As Moslin points out, "Many parents bring feeble minded children to the clinic for psychometric rating. These parents are also helped to accept the limitations of these children and to learn better ways of handling them" Moslin, op. cit. p. 37

(2) Moslin, op. cit. p. 37

(3) Ibid. p. 38.

Treatment Procedure at the Clinic

The first step towards treatment is handled by the social worker, on Intake Duty, who processes the application for help, transcribes identifying data and the presenting problem.

The application is forwarded to the Supervisor of the Intake Department and an Intake Social Worker is assigned to the Case. The Worker interviews the parents or guardians of the child and explores the various facets of the presenting problem and presents the case to the clinic team at the pre-clinical (intake) conference². At the Intake Conference the clinic team comes to a decision about the disposition of the case. If the case falls within the function of the clinic and seems to be a suitable case for the clinic - the clinic extends diagnostic services. Various members of the team are assigned to the case and a Planning Conference is held. Interviews are scheduled for the various steps in the diagnostic examination, and a date set for the Diagnostic Conference.

At the Diagnostic Conference the clinic team pools its thinking on the case and a treatment plan is formulated on the basis of the data and recommendations made available by the various disciplines.

The findings of the physical examination, the psychological tests, the psychiatrist's interviews, the social worker's interviews and social history are studied by each discipline in the lights of its particular orientation. If the

(1) Ibid. p. 38

(2) Chave op. cit., pp 17 ff has discussed in detail the purpose and value of the pre-clinical conference in the Vancouver Child Guidance Clinic.

clinic team decides to extend continued service members of the clinic team are assigned, in accordance with the clinic teams group decision, to their respective tasks in treatment and the case is placed on the waiting treatment list.

The Social Worker and Treatment in the Clinic

At present the bulk of direct treatment to clients extended by the clinic on a continued service basis is carried out by social workers.¹ Direct treatment usually involves the extension of casework services through the medium of the interview usually to both the child and parents and frequently to other significant figures in the child's environment.

The importance of the social work interview, as a technique in treatment in this setting becomes obvious in that it subsumes casework practice per se and is the major tool (utilizes almost exclusively) by social workers in the clinic in terms of direct contact with and treatment of client's and collateral figures.

The Role of the Various Disciplines in the Clinic when Play is used as a Tool in Treatment on a Continued Service Basis.

When the clinic team accepts a case for continued service in terms of offering direct treatment and the treatment plan involves play interviews for

(1) Glover (1951) states in his thesis, Casework Interviewing Methods in a Child Guidance Setting, that "it became recognized that social workers in most instances could take over individual treatment within the clinic as long as the knowledge and experience of a more specialized person was available through consultation. In the years 1948 and 1949 a study of 141 private cases showed that the burden of treatment was carried almost entirely by social workers." Glover., Op. cit., p 17.

the child a social worker or a psychologist is assigned to the case. Because of the shortage of psychiatrists on the staff of the clinic at present (1956) there are no play interviews conducted by psychiatrist on a continued service basis. The child is interviewed either by a psychologist or a social worker according to the decision of the clinic team. The criteria on which such decisions are based have not, as yet, been crystallized in this clinic.

Usually, the clinic team assigns a psychologist to a case where the problems have been diagnosed as predominantly the result of intra-psychic conflict.¹

Children whose problems are considered predominantly a matter of adjusting to social pressures in the external environment (disturbed social relationships) are usually assigned to social workers.

Such factors as the child's need for identification with a person of the same sex - and the sex of available workers - along with the training and experience of available workers in psychology or social work are also considered.

In brief the child's needs are weighed against the sex, special interest, experience, training and aptitude of available workers and (in service) staff training programmes.

The Children Assigned to Social Workers for Play Interviews Grouped According to Reason for Referral.

The private and co-operative cases of children assigned to social

(1) It should be noted that often, because a child psychiatrist or psychologist is not available to provide direct treatment, the case will be assigned to a social worker or the only alternative.

workers in 1954- 1955 may be grouped into three divisions.

The largest group of cases was referred because of difficulties in social relationships at home, at school or in the community. This division included such socially unacceptable behavior as stealing, lying, precocious sex activity, temper tantrums, destructiveness, fighting with other children, exhibitionism and the Second Division referred because of personality reactions including sociocloniveness, timidity, excessive fears, excessive fantasy life, negativism, selfishness, hyperactivity and unpopularity with peers.

The third group was classified as habit formation and included sleeping and eating difficulties, speech disabilities, nail biting, excessive masturbatory activity, enuresis, soiling and thumb sucking.

The chronological age range of children selected for play interviewing ranges from two approximately to twelve years although the bulk of the children would fall approximately at any given time, along the age range of 5 to 10 years. Play is used whenever it is considered appropriate regardless of chronological age.

An Analysis of Play Interview Records.

This study is a natural outgrowth of the theses by Glover¹ and Moslin² and others on social work treatment methods in the clinic. In their studies they examined and discussed social work interviewing methods and purposes.

(1) Glover, ap. cit. (see bibliography)

(2) Moslin, ap. cit. (see bibliography)

This study will attempt to demonstrate that play interviewing is a valid part of social work practice under the conditions already defined by composing the play interview with the Social Work interview per se, in terms of the interviewing methods (with modifications) classified and described by Glover and Moslin.

The Play Interview records will also be examined for diagnostic and treatment features inherent in play techniques.

Reasons for Selecting the Present Sample.

A pilot study of a random sample of written records of current and closed cases (1955-56) containing play interviews by social workers revealed that the bulk of recording was "summary". It was felt that these records did not adequately reflect the content of the play interviews in terms of interviewing methods or inherent characteristics for the purpose of this study.¹ In order to reach the main objective that of identifying and describing the major interviewing methods employed and the salient features in the range of characteristics inherent in the play interviews; it was decided to take a 100 per cent sample of social workers in the continued service department of the clinic currently conducting play interviews and request each one to provide the writer with a process recording, from a Private Case of a single one hour play interview.

(1) These findings are supported by Glovers study "there was difficulty in findings records at the child guidance clinic which illustrated fully the technique of the worker in relation to movement in treatment although many records were written, in process very few gave a clear conception of worker's methods for the entire progression of the case. The scarcity of cases showing good process recordings may be explained by the fact that hours for dictation are not sufficient or that workers do not record with a view to illustrating the treatment process." Glover op. cit pp 62 ff. This appears to be even more marked with reference to play interviews.

The sample was limited to one interview per Social Worker because of the limited time the workers could contribute to research. This sampling method was chosen in an effort to get a wide range of variations in methods and techniques. Each social worker was informed that identifying information would be removed and that the record would be used for research purposes and asked to contribute a process recording of a single interview and to include a final section for their impressions. (Garnered during the interview and based on the child's activity and the Social Workers previous knowledge of the case).

It was explained that the research study would be descriptive rather than ovaluative, and no attempt at a critical analysis of the recordings would be made, and that identifying data would be removed.

Cases reported were at varying stages of treatment. There were four boys and one girl in the sample, ages ranged between 9 and 13 years. Each child was being interviewed on a weekly basis.

Explanation of Schedules.

Two schedules (1) will be used for the analysis of records for the purpose of: 1. demonstrating that play interviewing (under defined conditions) is equivalent to social work interviewing per se, and therefore a valid part of social work practice.

(2) See appendix, A.B.C.D. and E. for transcripts of the play interviews and relevant data.

- A. Alf, white, male, age 11 yrs. - 1st interview.
- B. Bill, white, male, age 9 yrs. - 14th interview
- C. Clara, white, female, 10 yrs. - interview
- D. Don, white, male, age 13 yrs. - 2nd interview
- E. Ed, white, male, age 9 yrs. - 14th interview.

(2) To identify realized and potential strength of the Play Interview in terms of diagnostic and treatment features. The first consists of:

1. Interviewing Methods - (Techniques).

The first schedule consists of Moslin's (2) modified schedule of Glovers classifications of interviewing methods (3). Moslin's classification of methods are essentially the same, the methods are redescribed by the writer in chapter one (see page 12). These descriptions have been extracted from both Moslin and Glover's attempts at definition by description and modified for applicability to play interviewing. The purpose of this schedule is to identify the social work interviewing methods present in the play interview, as a partial fulfillment of the stated objectives of this study.

Methods of identifying interviewing methods:

The interviewing methods were identified in the play interviews recordings by matching the social workers responses with the elements present in the descriptions of methods presented in this study in chapter one (pp 13-6).

When two or more elements were present and in terms of the writer's clinical judgment the social worker was attempting to apply the equivalent of one of the 13 methods described in the social workers responses were identified as being equivalent to the respective method.

Illustrations of each method identified were presented, to define by example the internal criteria on which the writers clinical judgment was based. It is realized limitation of the study like that of Glover's and Moslin's that precisely standardized criteria were not set up for the identification of inter-

viewing methods.

However, such a device although it would provide a more objective analysis of data was felt to be beyond the scope of this study on two counts.

1. This study contains a very limited number of play interviews and setting up objective criteria for the identification of methods, would be more apt to measure the limitation of the written records than the actual method employed in the play interviews. Clinical judgment based on a conscious effort to be objective and yet flexible enough to draw upon inferences that could be made from the material and a knowledge of social workers and play interviewing was believed to be in the instance a more fruitful method for the purposes of this study.

2. The setting up standardized criteria suitable for the study and use in future research would be a study in itself.

Diagnostic and Treatment Features in the Social Work Play Interview.

The second schedule (4) contains the major diagnostic and treatment features identifiable in the play techniques and drawn from the survey of the literature. (See Chapter two, page 17, for a description of the features identified). This schedule was applied in the analysis (5) of the 5 play interviews, in an attempt to identify that diagnostic and treatment features in the play interview in terms of the response patterns of the child.

(5). This study involves a "blind" analysis of five recorded interviews, the writer had no background knowledge of any of the cases with the exception of Alf's case, which was selected from the writer's own case load.

As it is not the purpose of this study to evaluate the play interviews in terms of specific interpretation of diagnostic or therapeutic indices, no attempt will be made to interpret the meaning of the child's play activity or identify the dynamics underlying identifiable defence mechanisms or apperceptive distortions. Such interpretations would presuppose a detailed knowledge of the child's family constellation, interpersonal relationships and environment. For this reason alone, such interpretations would be quite beyond the scope of this study which does not deal in any detail with background material.

The broad purpose of the application of the schedule was twofold.

- (1) to identify diagnostic and treatment features of the play interview at varying stages of treatment for comparison with diagnostic and treatment features strung along the temporal continuum of the social work interview.
- (2) to examine the realized strengths and the potentials of the play interview in terms of diagnostic and treatment possibilities.

It was considered possible that this schedule of diagnostic and treatment features, drawn from the literature of psychology, psychiatry and social work would identify interviewing dynamics (at varying stages of treatment) strung along a temporal continuum that could be compared with the dynamics along the parallel continuum of the social work interview, with a view to pointing up contra-indications (in terms of dissimilarities or unequivalents) to the major hypothesis of this study: That the play interview is a valid part of social work practice when conducted within the limits demarcated in this study.

Method of Identifying Diagnostic and Treatment Features.

The diagnostic and treatment features as identified and described by experts in the field of Play Techniques were drawn from the literature, listed

and defined. A schedule made up of those features was applied to the play interview recordings.

Features were identified there, on the basis of the writer's clinical judgments, the recording of the child's responses indicated that the features as defined in the literature was present. Clinical judgments were defined by example (i.e. illustration)¹.

The similarities and dissimilarities inherent in the characteristic features of both kinds of interviewing will be identified and compared (when the equivalent is present, and assessed when the equivalent is absent) with an eye to pointing up contra-indications to the thesis that play interviewing is a valid part of social work practice.

The play interview records will also be studied during the application of the schedules for methods or activities that appear to run contrarily to accepted social work practice or manifest qualitative differences that made those features unacceptable, as valid social work practice to the related disciplines. The play interview records will also be scrutinized for additional identifiable characteristics that may be unique to the social work play interview.

(1) It is noted that this method of identifying features has grave limitations; under any circumstances. In terms of facilitating future studies it represents a cardinal error in research. In research focused on electrically recorded interviews, supplemented by full and careful recordings of the social workers impressions, this method would be probably unjustifiable. However for the purpose of this limited study where it is possible to incorporate all the play interview recordings studied in the appendices, and in view of the limitations of process recording - this method of identifying diagnostic and treatment (therapeutic) features is considered adequate for the purpose of this study.

An Analysis of Five Process Recordings of Individual Play Interviews

The Schedule Applied: On application of a modification of Moslin's schedule of methods to the analysis of five play interview recordings, 12 of the 13 methods were identified on the basis of evidence registered by the recorder according to the clinical judgments of the writer. See table 1.

It appeared that, encouragement to talk, giving information, setting limits, moving with the child and focusing were evidenced most frequently in the recording, followed closely by aiding expression of feeling, accepting feeling and supporting.

Rechanneling, interpreting and clarifying were in evidence the least of all - while the method "motivating" was not in evidence at all. As this sample was so limited the statistical differences are not considered significant. The purpose of the study being partially fulfilled by the establishment of the fact that most of the thirteen interviewing methods were employed. Illustrations of their employment will be presented to demonstrate the similarity of the methods and purposes of play interview, and the social work interview. However, it is interesting that these findings correspond closely at points with Glover's analysis of four cases. Glover states, "of the 13 methods identified in Chapter one, only rechanneling and interpreting were not found in all four records at some point.... rechanneling was found most infrequently re-feeling by the client seemed to be a preliminary step in the single example found in the four records"

TABLE I

Method in Terms of the Social Worker's Expressions and Activity

Social Work Interviewing Methods	Frequency of Methods in Individual Interviews					
	A	B	C	D	E	Total
1. The encouragement to talk and/or communicate through play	4	5	4	5	5	23
2. Moving with the child	2	2	5	2	2	13
3. Giving information	6	3	3	4	4	20
4. Guiding discussion and/or play	1	2	-	3	-	6
5. Motivating	-	-	-	-	-	-
6. Aiding expression of feeling	3	1	3	2	1	10
7. Accepting expression of feeling	4	1	3	1	1	10
8. Supporting	4	2	-	2	-	8
9. Clarifying	1	-	1	-	2	4
10. Focusing	3	2	2	1	3	11
11. Re-channeling	1	1	-	-	-	2
12. Interpreting	-	2	-	2	-	4
13. Setting limits	3	1	3	4	1	12
Total number of methods identified	32	23	27	22	21	123

Glover does not state what the incidence of the interpreting or motivating methods were in the four cases he examined. However, Moslin's count of interviewing methods with mothers in various stages of treatment, indicated that the records of the cases he studied showed little evidence of the methods of:

Rechanneling (20%) Interpreting (2%) and Clarifying (4%)

Moslin's count of Motivating was 10 per cent while Focusing was down to 2 per cent - although in this study Focusing ranked fifth in incidence of the 13 methods. (It was identified a total of 11 times in four play interviews). It must be noted that the criteria for identifying methods in all these studies is defined rather vaguely and broadly (mostly in terms of illustrative examples): this, combined with limited sampling, makes these figures of little significance except as reflecting certain aspects of case recording. Also, some of the methods are more complex than others and involve a greater number of responses: they are thus more difficult to identify in recording.¹

However, as these interviewing methods are employed in the social work interview, as established by Moslin and Glover, and have been identified and counted in the analysis of play interviews. A demonstrable similarity of

(1) It should be noted that both Moslin and Glover's descriptions of methods point up the fact that the methods vary in terms of the number, complexity, and continuity of the social worker's responses required to meet the conditions outlined in the description of method. Also, at times methods are identified partly in terms of the client's responses. For example, the single response "oh" (Glover p. 33) was given to illustrate encouragement to talk because the client proceeded to fulfill the conditions described in method by talking about the problems underlying the reasons for being at the clinic. The method Motivating, for example, could not be put into employment to simply, because it involves (1) encouraging the client to participate, (2) indicating the direction treatment and personality growth might take, and sometimes (3) summing up what had been achieved. An item analysis of operational definitions of these methods might explain that the popularity of methods correlated with their simplicity.

method has been shown to exist as evidence the play interview is a valid part of social work practice. The study will now proceed to illustrate the application of these methods in the play interview to demonstrate that the purposes of employing these methods are social work oriented and are related to social work goals - adjustment to external pressures in the environment (i.e. social adjustment).

ILLUSTRATIONS OF PLAY INTERVIEWING METHODS

1. Encouragement to talk and/or communicate through play

All workers in the four interviews chosen responded to the child from time to time in such a way as to encourage the child to express himself in play. One of the best illustrations of the worker encouraging the child to express himself in play is found in the case of "A". (see appendix 3), where controlled (structured) play was used. The social worker states "I put some finishing touches on the water colour, and remarked that I was trying out the paints and was just finishing off the sketch". The worker then discussed some of the reasons why "A" was coming to the clinic, and discussed A's experience at the clinic and his psychological tests. "A" seemed to move away from discussing his clinic experience but moved into discussing his liking for arithmetic and his need to be "ahead". "A" then talked about painting. "A" said he usually did drawings of underwater scenes picked up a crayon as he was talking, began to sketch an underwater scene. (See appendix 3 for description of the drawing.) After some discussion of the drawing, "A" moved into a discussion of his fear of drowning. Apparently the drawing itself precipitated A's discussion of this area of concern and at the same time provided the clinic with an art production spelling out a projection of "A's" unconscious or pre-conscious concerns.

Thus the child through the play activity was encouraged to express his thoughts and feelings about his problems on two levels - conscious and unconscious - and through two mediums verbal and nonverbal.

Moves with the Client.

A good illustration of moving with the child is found in case "B" (see appendix B) where the worker allows the child to withdraw from play activity. "When there was only a very few minutes left to play, worker joined in to see if B. would find playing with someone as much fun as playing alone. As soon as worker did this, B. said our time was up. Worker said B would probably find sometime that sharing play activity was as much fun as playing alone and terminated the interview". This appears to be an example of where the worker moved ahead of the child to test his readiness for worker participation, and then retraced her steps, moving with the child, by accepting his lack of readiness and his desire to terminate.

Giving Information

This method is one that appears to often overlap with "setting limits" in the play interview.

A good illustration of this method is found in case of "Alf" (see appendix A) where the social worker responds. "I said that there might be some "caps" in the box on the bench and set down by the table. Alf came over and loaded the gun. He fired one cap off at a time, and remarked, that the caps should be in a circular roll. I suggested that the caps might fit inside the gun." Here the social worker gave Alf the needed information to enable Alf to utilize the gun more fully in his play and to go on to participate in the interview by recognizing the social worker as a warm friendly person and a source of information.

Guiding the Interview

The worker's response in the "E" case is a good example of guiding the interview in terms of conveying to the child that the worker is interested in helping with adjustment problems - and planning with the child immediate steps to take towards defined goals. "I suggested that if he wanted to talk over with me anything that he has been thinking in relation to Martin, I would be happy to do that I said there is a great deal to learn about ourselves and other people.

Motivating.

This method probably because it involves a more intricate pattern of focused responses; (indicating to the child the direction treatment and personality growth may take, summing up what has been achieved and what realistically can be accomplished in personality growth) was not found in evidence in any of the five records analysed. However, certain elements were present in some of the records in terms of single responses. For example in the Alf case, the worker stated, "I suggested that if Alf were willing we could plan on having four or five Saturday interviews and then decide whether to continue or not. I said by that time Alf would know me better and that would give us lots of time to talk things over. Alf agreed I said that we had covered a lot of ground and next time his folks would know he was going to be an hour ..." This excerpt may be considered to have all the elements of "motivating" except summing up specifically what had been achieved and what realistically could be accomplished. This may have eventually taken place and perhaps the "motivating" method threaded through a series of interviews in elements or specific responses.

Aiding the Expression of Feeling.

In so far as it involves permissiveness and emotional support and

opportunity to re-live traumatic experiences is probably best illustrated in the case of A. (particularly when this method is used, in the context of a limited client-worker relationship). In this initial interview there is a minimum of relationship involved and the judicious use of drawing as projective medium that reveals problem areas with a minimum of awareness on the part of the client and therefore requires little in the way of relationship and minimize the danger of losing rapport.

"As I sat observing the sketch being shaded in I remarked about the treasure chest being suspended in the water, adding that it was an interesting effect.¹ A said he always drew a money chest in his drawings". It would appear at this point A became anxious as he stopped shading in the drawing and wandered away "A got up and moved about the room" (play disruption).

Accepting Feeling is method involving the social worker's ability to be nonjudgmental and indicate that it is "all right" or natural to feel whatever one feels. A good illustration of this method is found immediately following the previous illustration from the A case. The following passage of the case record is quoted to trace the threads of the accepting feeling method running through a series and combination of methods. "A said, "yeah, but I can't swim." He paused and then said in a confidential tone, "you know there is something queer about my family, none of them can swim." The worker accepts A's feeling at this point and combines this method with (a) clarifying - by reflecting the emotional connotation of A's statement "I said, it seems funny to you that no one in your family can swim". A said

(1) See Appendix A (Italics mine) this last remark seems to be an "open" statement calculated to aid Alf to recognize and verbalize his feelings and thoughts associated with this particular element in the drawing.

"Yeah, - they couldn't learn I guess." A then went on to tell how he almost drowned in a swimming pool when he walked underwater with the goggles on."

Here the worker brought A back to the area of concern by using the method (10) Focusing. The worker made a comment about the drawing, "I said it was possible for chests to float around like that in deep water as the water pressure would hold them up". A, responding apparently to worker's warmth and interest, came back in. On this neutral ground "A" said, "I know, I saw that in 20,000 Leagues under the Sea". Here the worker responded with what appears to be a combination of ego support, Supporting and Focusing. The worker states, "I said, drawing A's attention to the drawing that it was a very well done underwater scene and that it made me feel that it would be very interesting to go down after that buried treasure"¹. A said he would rather go down as a frogman. I agreed that would be a better way if the water wasn't too deep. A said "Yeah, but I can't swim".

Supporting

A good illustration of the social worker drawing the child's attention to his present personality strengths is found in Alf's interview. (see appendix A). The social worker states, "I told Alf that on the basis of his test results he should be able to do well in high school if he was interested in going on in school. Alf said he liked school. I said I guessed it was no news to him that he had better than average ability in school work. Alf agreed and said with pride that he always did well in exams."

(1) The worker here appears to be communicating symbolically that Alf is an interesting worthwhile person and that the worker would like to get down to the bottom of things and help Alf look at his problems.

Clarifying

This method involves recognizing with the child ambivalent or conflicting feelings or thoughts in an attempt to lend clarity to vague thinking and precipitate integrative processes. An element of clarification in this sense is a straight reflection by the worker of the emotional connotation of the child's activity or verbalization.

A good illustration of this method is found in the case of "Clara" (see appendix 3). "Clara returned to the easel, turned her paper over and then drew a horse again. Worker commented that the horse was running (thereby recognizing what the child was expressing and communicating this awareness. This element of clarification is very similar to "reflection" in non-directive counselling) Clara seemed pleased with her drawing decided to paint it black and white which turned out to be more of a gray patchy colour. Worker commented that some horses are black some are white, some are brown and others are more of a mixture of colours". Although this last response appears to be more closely related to information giving than clarification, the social worker's pattern of responses in relation to the drawing appear to be an attempt to reflect what the child was expressing, bring it into clearer awareness in readiness to relate the child's response to social adjustment goals. In this instance the worker was unable to carry through on the clarification.

Focusing

This method involves directing the child's attention to coping with a current problem or concern. In the play interview it appears to be often used to recognize and enable the child to return to an anxiety producing situation usually with due respect to his readiness and right self direction. This method or elements of the method appears most often after play disruption

occurs. A good illustration of this method is found in Clara's play interview. After requesting that the social worker christen her, Clara discussed the matter and demonstrated how it was to be done. The worker states Clara apparently became a little anxious over the discussion and she decided (play disruption) that we should stir the paints in the jars. We did so and when they were mixed she said she would do some painting. Worker asked if she (Clara) wanted to do anything more about the christening game or if she wanted to go ahead and paint. Clara seemed rather relieved to go on with the christening as apparently it had some meaning to her".¹

Rechanneling

This method, perhaps because it contains more elements in terms of directed responses, and involves the redirection of the child's impulse or reactions into sociably acceptable ways, by enabling the child to formulate and verbalize various alternative courses of action. If the implementation of the child's reactions is a necessary element in this method it is not present in any of the five records analyzed in this study.

In Alf's interview (appendix 3) there appears to be an attempt made at rechanneling Alf's fear reactions to water. "Alf agreed and said he sure wouldn't go floating away from shore anymore - that next time he would tie a rope to the tube and anchor it to shore. I said this was a good idea but that there were life jackets one could buy that strapped on around the chest. I said that this left the arms free and said I had learned to swim

(1) See Appendix 5 p.2. (*Italics Mine*). It is beyond the scope of this study to draw diagnostic inferences from the blind analysis of discreet interviews or hazard a guess at the meaning of the play symbolic or otherwise. Such interpretation having little meaning or validity without sufficient background information being available to give clues to the child's private set of values and personal list of symbols containing special meaning for the child within the context of the total interview. However, it is interesting to note that this is a highly distractable little girl. Play disruption occurring frequently as schedule 2, appendix 2 indicates.

by using one. Alf did not latch on to this idea ...". In this illustration the method was attempted but was unsuccessful at this particular point.

In the case of Bill, the social worker appears to be combining elements of interpretation with an attempt at rechanneling Bill's reactions to his perception of his mother's attitude." ... Bill gingerly poked a tip of his finger in a jar of paint. Worker asked him if he felt his mother would object to his getting paint on his finger. Bill felt she would and worker asked him to ask his mother if she would object. Bill's reaction to this is unknown - but it is possible that he would test out his opinion of his mother's attitude by asking her.

Interpreting.

The method of interpretation is usually restricted by social workers to material that is conscious or preconscious and relating it to problems of social adjustment. In a sense the social worker's response to Bill's gingerly approach to finger paints, by asking him "if he felt his mother would object" is interpretation.¹

In Ed's play interview the social worker appeared to be implying at least elements of the interpreting method in the response, "I suggested that it made him pretty angry when Martin tried to break his things or the other boy bragged and picked fights with him and he agreed. I also suggested that it might cause him to worry a bit having these things happen. Ed didn't reply to this."²

Setting Limits

This method involves defining the conditions under which treatment

(1) However it is interpretation based on Bill's previous remarks (see appendix B)

(2) See appendix E

will take place and in the play interview usually involved setting time limits and restrictions on behaviour considered dangerous to the child or worker.

A very good illustration of this method is found in the case of "Clara" (see appendix C). Clara said, "That we had been making a lot of noise and that her mother had remarked that we were very noisy last day. Worker stated that it was alright to make noise in the playroom but sometimes grown ups do not like noise and worker suggested children feel like doing things like this. Clara replied that it was good to have a "feeling place" to come to, to do things like this"¹

Here the worker combined setting limits with giving information by "structuring" what was permissible in the play room and thereby enabling Clara to express her feelings.

In summary the analysis of the five recorded interviews showed that:

1. All the interviewing methods, except one (motivating) were found in a scrutiny of the records.
2. Methods were readily discernable and to some extent easy to identify on the basis of the respective worker's description of his or her responses and activities as requested in the recording and identified by the writer's clinical judgments.
3. The recordings analysed illustrated the fact that methods appeared to overlap, be interdependent and were at times used in combination.
4. The analysis of records indicated, that social work interviewing methods could be readily identified (1) and illustrated (2) in the analysis of play interviews at least on the basis of the writer's clinical judgment. This finding is supported implicitly by Glover's study; Although Glover does not discuss this matter in his findings.

(1) (See appendix C) (Italics mine). This is a good example of elements from a combination of methods, i.e. aiding expression, clarifying and setting limits.

(1) Glover applied his "methods" freely to play interviews in the case records he studied and drew many of his illustrations from them. Glover apparently took for granted that the play interview was a valid part of social work practice and that the same methods were used. He apparently made no attempt to identify unique or additional interviewing methods in his scrutiny of play interviews nor did he discuss the play interview as a special method or technique. Glover. op. cit. pp 32 ff. (illustrations of methods drawn from play interviews p. 34 and p. 40)

2. Glover's own illustrations point up the fact that he identified methods in terms of the social workers responses evidencing elements of his descriptions of methods. For example, Glover illustrates "Motivating" where the social worker states, "I outlined that a program of this kind would mean coming once a week for a couple of months or as long as she wanted that kind of help. I knew it was not easy to go back and face painful memories but we would discuss only such things as she brought up and wanted to talk about. It was a strong thing to do this not a weak thing". Obviously this response does not include all the elements described under the method Motivating, for example it does not sum up what had been achieved or indicate what could be realistically expected to take place in her personality growth. We must assume that these elements were inferred or present in other parts of the record, and that "methods" were identified if some of the elements or steps mentioned in the description of methods were in evidence in the recording. Ibid. p. 37.

The common denominator that may be drawn from the analysis of the case records and the illustrations of interviewing methods is that the application of these methods cited, are aimed at relating the child's expressions and activities to problems in the external environment. The

social worker's focus is not on the re-organization of the inner world but bringing the child's "inner world" into harmony with the environments.

The demonstrates that the social worker's focus remains on the child's conscious or pre-conscious feelings and attitudes (as expressed in play activity) in relation to the child's functioning in the environment. The social worker in the clinic directs and interprets the child's activity from the basis of a theoretical orientation in social work under the supervision of an experienced social worker.

It follows that the first objective of this study has been achieved namely: to demonstrate that the play interview as a social work technique is a valid part of social work practice.

A recapitulation of the definition of the social work interview presented in Chapter One (p. 16) outlines a continuum which the play interview appears to approximate and contain the equivalent elements. "The interview as a social work technique may then be defined as a verbal and non-verbal interaction between two or more individuals working towards a common goal - the adjustment of the interviewee to his social environment, when the interviewer is a professional person whose theoretical orientation is in the field of social work and when the interviewer is consciously and/or unconsciously drawing upon the knowledge of and belief in social work philosophy, principles, concepts and methods, resulting in the social worker making a conscious use of self in the management of relationship to meet the psychosocial needs of the client and in the application of techniques focused on relating the client's conscious feelings and attitudes to his functioning in the environment in a way calculated to enable the client to solve his problems of social adjustment. The interviewer also attempts to communicate and act upon the assumption that the interview is a purposeful communication within

the context of the total social work process which includes related interviews and (where applicable) a constellation of direct and indirect contacts with the client's relatives, employers, teachers and other significant individuals in the client's environment, and the involvement of the agency or clinic and/or other community resource". This definition applies equally to the play interview. Having established a demonstrable basis for establishing that the play interview is a valid part of social work practice this study will proceed to examine the play interview recordings with a view to pointing up any contra-indications to these findings and at the same time continue to pursue the second objective of this study, namely: To examine the realized and potential diagnostic and treatment possibilities inherent in the play interview in terms of the potentiality for relief or resolution of stresses in the environments. This will involve the application of Schedule (2) made up of Diagnostic and Treatment features drawn from the literature on play techniques and described in Chapter Two.

TABLE II.

Diagnostic and Treatment Features in Terms of the Child's
Patterns of Response.

Diagnostic or Treatment Feature	Frequency in Interviews					Total
	A	B	C	D	E	
1. Play disruption	1	3	4	2	-	10
2. Play satiation (including desensitization of trauma)	-	1	2	-	-	3
3. Self-curative trends in spontaneous play	-	-	-	-	-	-
4. Simple release of infantile pleasure	-	1	1	-	-	2
5. Simple re-enactment of the child's everyday experiences	1	1	1	-	-	3
6. Learning in relation to form factors	1	1	-	-	-	2
7. Expressive behaviour in relation to significant problem areas ^(a) . (This behaviour is co-existent with projection phenomena and adaptive behaviour).	3	5	3	-	4	15
Total items	6	12	11	2	4	35

(a) Art productions and other evidence of the apperceptive distortion patterns of the child are not available (black board drawings, finger paintings and other creative art forms not being accessible for study). Also, the graphic descriptions of the drawings and other art creations of the child are extremely summary in the recording. Projective, Expressive and Adaptive behaviour are therefore grouped under one heading (7).

Application of Schedule II Diagnostic and Treatment Features.

Findings.

Six of the seven features described in Chapter II were identified in terms of the child's "responses" and behavioural patterns. The incidence of the various features identified are indicated in schedule 2 p. 3.

However, the statistical findings of this limited study are not considered of sufficient significance for discussion.

For the purpose of this study it is sufficient to identify the presence of these features as diagnostic and treatment possibilities. Self-curative Trends was the only feature missing in the five records, although elements were present and identified, (Play disruption and Play Satiation). It would appear that self-curative trends involving a pattern of play disruption and play satiation would normally extend over a series of play interviews. The blind analysis of individual records does not lend itself to the identification of this feature although part of the pattern is probably present.

Illustrations of Diagnostic and Treatment Features Identified in the Play Interview Recordings. The features identified in the play interviews will be illustrated for three purposes.

1. To define by example the criteria used in identifying the diagnostic and treatment features.
2. To provide a picture of the realized and potential diagnostic and treatment possibilities identifiable in the play interview.
3. To point up contra-indications if any to the hypothesis of this study in terms of dissimilarities or conflicting features between the play interview and the social work interview as defined in Chapter I.

1. Play Disruption.

A good illustration of play disruption particularly when it refers to a slowly spreading and diffuse inability to play is found in Bill's finger painting episode. "He drew a few lines with his finger and then could not proceed". See appendix B for context. This illustration points up a diagnostic sign possibly in the area of cleanliness habits and/or early bowel training. Treatment wise it indicates that finger paints may provide, eventually, (a release of tension) and a medium for desensitization restoration and synthesis of an ego overwhelmed by fear.

2. Play Satiation.

Clara's play interview provides a good illustration of Play Satiation, combined with the features described under Expressive behaviour in relation to significant problem areas..." She drew a second horse and it turned out much the same as the first, with a small head, long legs and flowing tail. Both horses were posed in a very quiet position. Clara seemed to enjoy the painting. However, when she had painted two horses she seemed to feel that the worker should be painting too. Worker said it was quite alright for her to paint on both papers...Clara insisted that worker paint anything she (the worker) wished." See appendix C for context. Clara's enjoyment and desire to share the creative experience with the worker points up the possibility of some desensitization of feeling and satiation in the sublimation of symbolic expression around some area of concern.

3. Self-Curative Trends.

Self-curative trends were not identified in the records but elements of such trends are present in play disruption and play satiation, illustrations of which have been cited. Scrutiny of Alf's case (appendix A) will reveal

other examples.

4. Simple Release of Infantile Pleasure.

A good illustration of the simple release of infantile pleasure is found in Bill's case, "...Bill entered the playroom he wanted to light a fire in the sink and became very animated as he did this". See Appendix B for context. Here the child may be getting erotic stimulation or possibly purely infantile enjoyment from playing with fire. Another illustration in the same case where the simple release of infantile pleasure appears to release feelings and reactivate associations producing anxiety is found when, "Bill gingerly poked the tip of his finger in a jar of red paint. Worker asked him if he felt his mother would object to his getting paint on his finger, Bill said she would...He drew a few lines and then could not proceed." Bill had previously spoken about his mother's feelings about this area and this illustration provides a good example of the social worker relating Bill's activities and expression to problems in the social environment.

5. Simple Re-enactment of Play Situations.

Bill's case also illustrates play activities that do not appear to have any specific emotional value or symbolic significance. These activities appear to occur more frequently and cover longer periods of time. When the child has a large choice of toys and activities. "Bill then chose to go down to the gym and again played all alone with the football". Here the social worker's permissiveness in not limiting Bill's activities to the playroom provided no doubt diagnostic and treatment indices - but the play activity itself isolated from the implications of choice and aloneness probably was simple re-enactment of Bill's everyday play patterns.

6. Learning in Relation to Form Factors.

Dan's case provides a good illustration of how the child plays with the laws of gravity and learns about the various physical laws that govern the universe, in play. "In the cafeteria we rolled the ball along the three bars set up for trays to move along. He did this for a good half hour... he said he didn't ever want to stop doing this...the ball rolled very nicely along the bars and he could knock it back and forth without it falling off the edges" (See appendix C. for context). This example points up the presence of combined features the simple release of infantile pleasure and learning in relation to form factors in the same play activity pattern.

7. Expressive Behaviour Pointing up Significant Problem Areas.

This feature is probably best illustrated in Alf's case, in terms of the co-existent of projective adaptive and expressive features. These illustrations graphically demonstrate that the play interview is rich in diagnostic and treatment possibilities.

Diagnosis and treatment, although conceptually distinguishable are actually co-existent entities; each enriching the other.

Contra-Indications.

None of these illustrations appear to point up contra-indications to the hypothesis that the play interview is not a valid part of social work practice when conducted within the limits defined in this study or that it envelops functional features that are unacceptable as a social work practice from the view point of other disciplines. The lack of contra-indications to the hypothesis of this study can be checked in terms of the similarities be-

tween the identified diagnostic and treatment features and their identifiable counterparts in the social work interview.¹ It may be shown by extensionalizing the elements in the definition of the social work interview in Chapter 1, in terms of behaviour that may be seen and reported; that the Diagnostic and Treatment features of the play interview have for the most part their counterpart in the social work interview (See Table III).

1. It should be noted that the playrooms at the Provincial Child Guidance Clinic are not set up for spontaneous play in the fullest sense of the word. That is the playrooms are not stocked with a fixed maximum amount of play materials. Each playroom is set up with a minimum amount of equipment. The social worker brings to each individual play session toys selected especially for the particular child coming in. A contra-indication to play interviewing as a social work technique that could be argued on the basis of spontaneous play in a permissive setting, being analogous to free association and not to be attempted outside of psycho-analysis--is therefore not present. This contra-indication would be, in all events, modified by the degree of permissiveness of the social worker and the way a child's expressions and activities (analogous to free associations) were handled. If the child's feelings and expressions were recognized as they appeared at the child's level of awareness and related to social adjustment goals, presumably treatment would remain within the competence of the social worker. However, this problem is not an issue of this study.

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TABLE III

IDENTIFIABLE DIAGNOSTIC AND TREATMENT FEATURES IN INTERVIEWING

The	Play Interview	The Social Work Interview.
1.	Play disruption	Sudden shifts or blocking in conversation.
2.	Play satiation	Catharsis or a talking out of a problem.
3.	Self-curative trends in spontaneous play	A full cycle of "blocking" and catharsis, terminated by improved efficiency and comfortableness in dealing with the relevant problem.
4.	Simple release of infantile pleasure	Erotic conversation
5.	Simple re-enactment of the child's everyday experience.	Purposeless conversation, i.e. news of the day or "chit chat" (sometimes used as a defense against facing problems.)
6.	Learning in relation to form factors. ¹	Absent
7.	Expressive behaviour in relation to problem areas.	Expressive gestures, tics, story telling, acting out, letter writing etc.

1. This table shows that six of the seven features identified in the play interview appear to have their counterparts in the social work interview--Learning in Relation to Form Factors, is the exception. However its presence in the play interview does not appear to hafer a contra-indication to the hypothesis of this study--being rather a positive asset in terms of meeting the developmental needs of the child. It could be argued that the equivalent of learning in relation to form factors would be found in the social work interview in terms of learning about agency function, community resources and skills in interpersonal relationships.

The findings emerging from the analysis of the 5 play interviews appear to have realized the two major objectives of this study by:

1. Demonstrating that the Play Interview as a social work technique is a valid part of social work practices under defined conditions.
2. Identifying and describing some of the major realized and potential diagnostic and treatment features inherent in the play interview.

The Social Work Play Interview and Diagnosis and Treatment in the Context of the Clinic.

The findings of this study indicate that when the media of play is employed by social workers in a Child Guidance setting its purpose is for the study, diagnosis and treatment of children with personal and/or social adjustment problems. Treatment goals are primarily social work oriented and children selected for treatment are generally those that are under stresses that are primarily (social) in the environmental milieu. Material related to internal structure is dealt with as it appears at the Child's conscious (or preconscious) level of awareness and related to social adjustment goals. The play interview is a treatment method within the context of the clinic's total treatment program and is a functional adjunct of other treatment methods.

As this study is an adjunct to a pattern of research studies focused on treatment methods and procedures in the clinic the summarized findings and conclusions of the relevant studies will be drawn upon, in the following chapter, in an attempt to formulate and integrate the combined findings of these studies with the findings of this study in terms of pointing up the significance of this study and implications for further research.

Chapter IV will therefore deal with the implications of the findings of this study in relation to the summarized findings and conclusions of the related research studies focused on the treatment program of the Provincial Child Guidance Clinic of Vancouver.

CHAPTER IV

THE SOCIAL WORK PLAY INTERVIEW IN THE CONTEXT OF THE CLINIC'S TOTAL TREATMENT PROGRAM

The Provincial Child Guidance Clinic of Vancouver provides services which the government sees as a necessary part of the Mental Health Program. The Clinic also operates as a demonstration unit. One of the major aims of the clinic team is to provide the best possible treatment services for children with adjustment problems in order to demonstrate to community agencies, hospitals and clinics ways and means of prevention and treatment of personality and behavior disorders.

The very nature of Child Guidance predetermines that the clinic treatment program is focused on the child. Treatment in the clinic is a fusion of healing and services. However, as Glover's study shows the bulk of direct treatment in the clinic is handled by social workers.¹ The majority of the social workers interviewing time is spent with the parents.²

1. Glover op. cit. p. 17.

2. Moslin (1950) drawing his findings from the total caseload in the clinic for 1950 found that mothers received more interviews than children, (58%). Fathers receiving only 11 per cent of the interviews and children only 31 per cent. Moslin, op. cit., p. 4 and p. 47.

In Child Guidance, there appears to be general agreement, among the various disciplines, that for the younger child (and some older children with special problems) the play interview provides the best medium through which individualized help may be given systematically.

It is basic to treatment in the clinic that when a child is assigned to a social worker for play interviewing,¹ the social worker's efforts in treatment are supported by the clinic team. The social worker takes responsibility for working with the child and oftentimes the parents and other significant individuals in the child's environment, but he may consult other team members freely, either individually or as a group in a team conference.

Implications of the Present Study.

The present study while focusing particularly on the play interview as a social work technique in a Child Guidance setting, borrows from and joins with other research studies concerned with the contributions of social workers to the services of the Provincial Child Guidance Clinic of Vancouver. This study is part of a composite pattern of research studies focused on social work treatment methods viewed in relation to the clinic's program of study, diagnosis and treatment.

1. It should be noted that social workers handle the bulk of the cases when play is used as a tool in treatment, on a Continued Service basis, in the clinic. However, children are usually assigned to social workers for play interviewing at the Diagnostic Conference. Prior to the Diagnostic Conference, social workers rarely undertake play interviewing with children. However, play interviews are undertaken by psychologists in the clinic on a continued treatment basis as well as for diagnostic purposes, when time permits. The diagnostic play interviews usually include psychometric and/or projective procedures. Shortages of psychiatrists and psychologists on staff, not policy, is the reason that some children are assigned to social workers.

This study therefore should not be viewed in isolation from other studies but as an adjunct to a pattern of studies focused on treatment methods and procedures.

The composite picture is this:

Glover studies casework interviewing methods employed by social workers working with adults and children within the context of the clinic. Glover identified 13 interviewing methods and showed that they could be subjectively identified and counted.¹

Moslin studied differential treatment in casework with mothers at the clinic and showed that the interviewing methods described by Glover, (with slight modifications by Moslin) were used extensively in social work interviews with mothers.² Moslin identified and counted the interviewing methods present in the case records he studied.³ Moslin showed that the client's personality (as assessed by the social worker) appeared to be a determinant in the worker's choice of methods. He concluded that 90 per cent of social work interviewing methods used were of the supportive clarifying kind. Moslin states that interview casework was done with 10 per cent of the cases he studied and that in half of these cases insight casework methods were employed.⁴

1. It should be noted that Glover identified and illustrated methods in the play interview and social work interview alike. Glover, op. cit., p. 32 ff.

2. Moslin made a statistical count of methods he identified in the social workers recordings of interviews with mothers. Moslin, like Glover, did not state what criteria he used to establish the identity of methods. As Moslin does not give illustrations of any of the methods identified no inferences can be made from definition by example. Further it should be noted, that Moslin's study was limited by the adequacy of recording in the case records studied. It would appear that Moslin's data (like the findings of the present study,) does not lend itself to quantitative analysis. At best, Moslin's statistics on methods are limited to a reflection of certain aspects of the social work recording. (See Moslin, op. cit., pp. 29 ff.

3. pp. 29 ff.

4. Ibid., p. 37

Beck's study of adolescent client's focused on the resistance of the adolescent to casework services. Beck showed that the majority of adolescents who came to the clinic terminated treatment as a direct result of their "resistance". Beck recommended experimentation with another social work method - the more impersonal group work approach.¹

The present study focused on the play interview as a social work treatment method with children (including adolescents) logically fits into the pattern of research studies at this point.

This study, like the other studies mentioned, is descriptive rather than evaluative. However, by taking five current play interview recordings by social workers in the continued service department of the clinic an attempt was made to examine the strengths of the play interview as a social work treatment technique in the context of the clinic's treatment program. This study demonstrated that the interviewing methods as described by Glover and Moslin (with modifications by the writer), are readily identifiable at least on the basis of clinical judgment based on inferences drawn from evidence in the record where (the social worker's) recorded responses approximate a combination of the steps in treatment outlined in the descriptions of method.

This study further shows that the play interview contains the equivalent of most of the identifiable diagnostic and therapeutic features present in the social work interview.

The play interview is shown to be used for the same purposes and

1. Beck, op. cit., p. 121.

goals as the social work interview and demonstrated to be a valid part of social work practice as long as the focus of treatment is on the child's adjustment to his social environment and play activities are interpreted and directed from a social work orientation.

The present study as an adjunct to related studies, also points up the fact that the play interview is a functional adjunct to other treatment methods and is seldom if ever employed in the clinic, except as part of a constellation of other treatment methods focused on parents, siblings, teachers or other collateral figures.

¹ Trasov (1950) and ² Fogarty (1952) both studied the relationship between children with behaviour problems and parental influences. Both studies pointed up the parents' need for direct treatment.

³ Chave in a study of "The Pre-Clinical Conference as a Diagnostic Screen in a Child Guidance Setting" demonstrated the value of the pre-clinical conference for diagnostic screening in a multi-discipline setting in terms of facilitation of:

1. The diagnostic process

1. Trasov, George, Edward, Parental Attitudes and How They Affect the Behaviour of Children, Master of Social Work Thesis, University of British Columbia, 1950, (unpublished).

2. Fogarty, Patrick, J., The Relation of Children's Disorders to Limiting Parental Influences, Master of Social Work Thesis, University of British Columbia, 1952, (unpublished).

3. The Pre-Clinical conference refers to a clinic team intake conference held prior to the clinical examination of the child, now a routine part of the general treatment procedures at the Provincial Child Guidance Clinic of Vancouver. This conference is used to facilitate the selection of cases on a diagnostic basis in accordance with the function of the clinic and to determine when emergency or specialized services should be extended. It is also used to make decisions as to the type and sequence of required examinations.

2. The establishment of treatment goals.
3. The economical use of staff time.

Chave further pointed out that the pre-clinical conference would implement a wider application of the principle of integration at a multi-discipline level in the clinic.¹

The major findings of this group of related studies appear to cover four major facets of the clinic's treatment program:²

1. The treatment of the parents.
2. The treatment of adolescents.
3. The treatment of children.
4. Integration and improvement of services.

The implication of the findings of the present study will be discussed with the major emphasis on the treatment of children and adolescents when play is used as a tool in treatment. However, these implications will be viewed in relation to the findings of the related studies when these findings

1. Chave, op. cit., p. IV

2. Up until now no attempt has been made to pull together the findings or implications of these related studies. As the present study, is merely an adjunct to this pattern of research, not broad enough to integrate the scope of the various studies; it is considered beyond the scope of this study to make a major effort to draw together the findings of these studies and present a unified picture of the clinic's total treatment program. However, the summarized findings and conclusions of these studies will be used as referents to support or modify the findings of this study and to locate the play interview in its proper perspective in relation to the clinic's total treatment program.

bear directly on the play interview as an adjunct to other treatment methods.

Interviewing Methods as a Factor in Treatment.

There appears to be general agreement in the literature on social casework and counseling that methods or techniques are an important factor in treatment. In social casework the broad methods of ego-supportiveness and insight development (~~see appendix "F"~~) ~~for (Florence Hillie's chart)~~ appear to cover most of the techniques involved in direct treatment through the medium of the interview. These broad methods are generally agreed to be important factors in treatment. The present study however does not support Glover and Moslin's conclusions that the social worker's conscious use of methods, as described by Glover, Moslin and the writer, is a significant factor in treatment.

In the analysis of play interview recordings, at least, there is a dearth of evidence that social workers make a conscious use of the broad meth-
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ods described by these studies.

The Limitations of the Research Focused on Interviewing Methods.

A pilot study conducted by the writer and analysis of the findings

1. There is some evidence of a conscious use of elements of methods as in the social worker's use of specific responses, involving reassurance, approval, advice, or suggestion - but no evidence of a conscious attempt to use the combination of responses described for example under the description of motivating. That is not to say that identifiable methods are not being used - they are present at times but that does not mean the social worker consciously employed the method identified, judging from the fact that at no time did the social worker articulate or describe the methods identified either in the content of the record or in the summary of the interview in the section under comments. Such methods as involved single responses like encouragement, advice, information giving (sometimes called interpretation) were frequently identified by the recorder.

of the present study indicate that the analysis of case records as presently recorded in the clinic, by the application of Moslin's schedule of methods, under the present limitations of definition implicit in the descriptions of method (presented by Glover, Moslin and this writer) is of little value in terms of counting the incidence of methods and the assessment of their significance in treatment. The fragmentation of methods, overlapping and combinations defy setting up criteria for the objective identification of methods, that would adequately reflect what actually occurred in the interview.¹

Careful analysis of the illustrations of the application of methods by Glover and even cursory scrutiny of the descriptions of methods indicate that the methods vary in terms of the number of steps or elements required to meet the prerequisites found under the particular label. Also the illustrations indicate that certain methods are identified in terms of evidence indicating elements of the method were applied and the client's responses provided additional evidence or criteria, to justify identification of method. It would appear that the conscious application of method, poorly timed, or inappropriately used, where no response was forthcoming from the client would be most likely not identified.

1. For the purposes of this study it was enough to demonstrate the existence of patterns of responses equivalent to the interviewing methods described, and to illustrate the rare occasions where the patterns of responses approximated most of the elements or steps described as a particular method or technique. These findings illustrated that the social worker's responses in the play interview were similar or equivalent to those made in the social work interview with adults, but did not point up the social worker's conscious use of methods. It should be noted that the findings of this study do not lend themselves to quantitative analysis - the frequency of the rare occasions when a method was identifiable in the recording obviously not being significant except as a reflection of the adequacy of the recording.

~~Bearing~~ Bearing these facts in mind the findings of this study and an analysis of Glover and Moslin's work indicate, that for a variety of reasons, the statistical descriptions of the number and frequency of methods used have little significance except as a reflection of certain aspects of recording.¹

However, assuming that the other findings, based on the analysis of the play interview recordings, in this study, (which appear to be in general agreement with the findings from the case studies of Glover and Moslin) are generally true, the interview methods employed by social workers in the play interview are similar and/or equivalent to the methods used by social workers in interviews with adults.

These findings present insufficient evidence to base recommendations about the teaching or application of the 13 interviewing methods described. Strong indications may be drawn from these findings that research focused on elements of these methods in terms of the social worker's and client's responses and the identification and analysis of such techniques as reassurance, suggestion, clarification, etc., defined in terms of single responses might

1. The findings of these studies support the notion that serious objections can always be raised to any attempt to analyze what goes on in interviews unless the case material has been phonographically recorded. Symonds and Dietrich studied the effects of the time interval following an interview upon the accuracy and completeness of the written report. They found that: "Reports were found to decrease in completeness and accuracy as the time interval increased, with the less meaningful material being affected in a greater degree than the more meaningful. The mean percentages of ideas correctly reported for a combination of three interviews were as follows: 39% when the report was written immediately after the interview, 30% when written after a two day interval 23% when written after a seven day interval. Symonds, P. M., Dietrich, D. H., "The Effect of Variations in the Lapse of Time Following an Interview upon Accuracy and Completeness of Recording". Journal of Abnormal and Social Psychology., 1936., p. 8.

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be more rewarding. However, despite the limitations of the research focused on descriptive interviewing methods, particularly the limitations of the present study, the analysis of the play interview recordings, emphasizes the inherent wealth of the play interview in terms of realized and potential diagnostic and therapeutic possibilities.

The Social Work Play Interview as a Tool in Treatment.

The play interview contains a richer, if not a completely additional dimension, than the social work interview, that of play activities. In view of the findings of this study (supported by the contributions of other disciplines surveyed in the literature), the following assumptions may be made about the play interview:

1. Play activity is the child's way of alerting the trained observer about the nature of his adjustment problems.
2. When the child has uncomfortable feelings and stresses about relationships with his parents, teachers, siblings or other individuals or groups in his environment it helps to express these feelings in the presence of an accepting permissive person in a protected (less traumatized) atmosphere.
3. When a child is suffering from a traumatic experience, it is probable that "re-living" or playing out the traumatic experience in a less traumatized atmosphere usually to some degree desensitizes the child to the original trauma.

1. It would seem that the most productive research in counseling techniques has been focused on the relationship between the counselor's responses and the client's inner world (self concept and other personality factors). For review of studies by Porter, Snyder, Rainy, and Rogers, see: Curran, Charles A., Personality Factors in Counseling, Grune & Stratton Inc., New York, 1947. 204 ff. The equivalent in social work would seem to be a focus on the relationship between the social worker's responses and the client's personality structure in terms of his characteristic ways of dealing with external pressures in the environment. (i.e. social adjustment). It being generally agreed that social casework as a treatment technique does not attempt a re-organization of personality structure but focuses on enabling the client to utilize his present personality organization more efficiently or adaptively to deal with stresses in the external environment. This is not to say, however, that casework help might not precipitate marked changes or re-organization of the client's personality structure.

4. In the play interview, as in the social work interview, if the client is unable to continue discussion of a topic of conversation, or suddenly shifts to another subject of conversation it frequently has significant meaning in terms of the stresses he is facing. The same observations hold in the play interview in terms of "play disruption". The diffuse spreading of the child's inability to play or a sudden shift or cessation of play activities are frequently significant indices to the child's hidden personality difficulties.
5. The play activities themselves as well as the sequential patterns of diagnostic and therapeutic indices (such as play disruption, play satiation, acting out of traumatic experiences, art productions, etc.,) provide an excellent medium for the identification of the child's characteristic way of perceiving and reacting towards situations and people in his (or her) environment, both in terms of the child's defense mechanisms and apperceptive distortion patterns.

On the basis of these assumptions, bearing in mind the social worker's orientation (philosophy, principles, concepts and methods) some implications and recommendations may be drawn up for further research and study.

Implications for Further Social Work Research and Training.

The implications for further research and experimentation and training that appear to emerge from this study (as an adjunct to the pattern of research studies) appear to fall in three main categories.

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1. It is considered beyond the scope of the exploratory study to map out areas for evaluative research in terms of comparative studies of the effectiveness of the play interview as a social work technique in treatment and similar approaches to the use of play techniques, such as non-directive play therapy etc. No doubt an evaluative study of the efficacy of the social work play interview would establish a basis for research focused on setting up criteria as a basis for establishing when non-directive play therapy or other forms of treatment would be more or less appropriate with specific children.

1. The merits of extending and developing the use of play interviewing as a social work technique within the context of the clinic's treatment program.
2. The value of extending and refining the use of the play interview in the field of social work in general.
3. Social work training in relation to play interviewing in a Child Guidance setting.

The Extension of the Use of the Social Work Play Interview Within the Context of the Clinic.

The play interview as a social work technique could be employed routinely or in special cases during the period prior to the Diagnostic Conference. During the period the social worker was gathering material for the intake conference, or when the social history data was being gathered for the Diagnostic Conference the child involved could be brought in for play interviews to facilitate the formulation of a psycho-social diagnostic statement (for the clinic team's perusal at the Diagnostic Conference) and also to gather evidence to support the findings of the Diagnostic work up carried out by the clinic¹ psychologist.

A diagnostic statement giving a tentative psycho-social diagnosis of the child, in itself, would not be a duplication of the psychologist's examination. The social worker's focus on the child's characteristic way of reacting to external stresses and the implementation of skills aimed at enabling the child to mobilize his energies and utilize his strengths in his struggle to adapt, provide diagnostic and prognostic indices not necessarily present in the findings of projective

1. The latter point involving confirmation of the psychologist's findings would involve problems in observation and communication which will be dealt with under (2) "Social Work Training in Relation to Play Interviewing in a Child Guidance Setting."

(or psychometric) tests.¹

The additional information about the child (a diagnostic statement would support²) some of the considerations Chave presents in her argument for the institution of the pre-clinical conference. At times it might be very valuable to have this additional diagnostic information at the pre-clinical conference. Furthermore the necessity for the clinic psychologist and social worker to work together closely on the case at any point in time should promote the wider application of the principle of integration at a multi-discipline level.

The use of the play interview as a social work technique could be extended to include group play for special groups of children, adolescents and possibly parents. This type of treatment could be considered from a social group work or group psychotherapy oriented point of view.

Play Interviewing for Parents.

A form of the play interview with parents focused on overcoming their own difficulties in playing with (and training) their children could also be explored as an educative as well as a therapeutic device.

1. As Fraiberg states: "If the amputation doll brings forth from the little five year old the expression of a castration anxiety, what do we know of him that is not true of every other little boy of his age...We cannot even consider this important unless the ego of this child has failed to deal satisfactorily with this anxiety, that is if the ego has been compelled to develop pathological defense mechanisms or symptoms to ward off the anxiety". In other words, our criteria for diagnostic study are obtained not from id-manifestations but from observations of the ego and its efforts to deal with the instincts. Fraiberg, Selma, "Some Aspects of Casework with Children", Social Casework, Vol. XXXIII, No. 9, December, 1952. p. 376.

2. Chave, op. cit., pp. 69 ff.

The Group Approach in Treatment.

The treatment of children in groups has not as yet been implemented¹ at the clinic. The experiments in group treatment in social group work,² and Group Therapy² have indicated that the "group" can be utilized as a very effective device in treatment of children and adults with adjustment problems, although it has not been found to be the "time saver" that group treatment would imply. It is beyond the scope of this study to even tentatively explore the merits of these various approaches to group treatment and their use in conjunction with the individual play interview - but it would appear to be a valuable addition to treatment in line with the clinic's aim to demonstrate the best possible treatment services. It certainly falls in line with ³Peck's recommendations based on the findings of h&R study and the work of Peck and Bellsmith.⁴ Peck's recommendation that " experimentation in the more impersonal group approach may reap rewards in this problem of handling adolescent resistance".

1. Konopka, Gisela, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting", Social Work, Vol. 1. No. 1. January, 1956, pp.72ff.

2. Slavson, S. R., An Introduction to Group Therapy. The Commonwealth Foundation, New York, New York, Copyright, 1953.

3. Peck, op. cit. p. 121

4. Peck and Bellsmith found in their work with resisting adolescents: "that whereas it had been difficult to bring the resistance of these clients into the open through casework treatment this was accomplished quickly, with some of the characteristic aspects of resistance, through group sessions. Not only is resistance likely to be more externalized in a group setting; but both the worker and the group can aid the adolescent in his struggle with the problem". Peck, Harris, B., Bellsmith, Virginia, Treatment of the Delinquent Adolescent, Family Service Association of America, New York, 1954.

The Role of the Various Disciplines when Play is Used as a Tool in Treatment.

Further study focused on the efficacy and applicability of the play interview in social work within the context of the clinic might well be an aid in setting up criteria for determining whether a particular child might be more (or less) amenable to such treatment as non-directive counseling or more intensive forms of psychotherapy.

The Extension and Development of the Use of the Play Interview in Social Work Practice.

A broad implication of this study emphasizes the need for the extension of the use of the play interview as a technique in social work. Social workers everywhere, in their contacts with children (particularly the age group between infancy and adolescence) will seldom find a more effective medium for communication and establishing rapport than the play interview. Play activities judiciously employed are a most effective way to build relationships, deal with placement and separation problems and other difficulties the neglected, deserted, or bereaved child must face.

An Area for Exploration - Highly "Structured" Play Forms.

Perhaps the most important specific implication that could be drawn from this study, in line with the social workers present stage of development is in the area of "structured" or controlled play in the play interviews. The present study is concerned with play interviews where loosely structured or controlled play was employed.

An important area for further exploration and experimentation would be in the refinement and development of the use of highly focused "structured"

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play in selected cases.

2
David M. Levy worked out such specific stimulus situations as, "New baby at mother's breast, peer attack, balloon bursting, punishment or control by elders, genital difference, birth of a baby, the invisible boy (or girl) in the bedroom of his parents, specific threats, separation etc. The diagnostic and therapeutic possibilities inherent in the use of such play forms await further investigation and application by social workers, particularly in settings where Psychiatric Consultation is available. Highly "structured" play if found to be effective in the social work play interview might be particularly practicable in brief service cases where the child is reacting to a specific traumatic experience.

Social Work Training in Relation to Play Interviewing.

What the social worker can do will of course be influenced by the kind of training prescribed by schools of social work, as well as staff development.

1. The "structured" play situation is used as a stimulus to facilitate self-directed creative free play of the child in treatment. In "highly focused", structured play the child would be exposed to a series of specific stimulus situations. The child then could choose to ignore, or to freely "play out" these situations.

2. Separation play is designed to offer the child opportunity for the release and expressive mastery of separation anxiety and separation anger and to provide diagnostic indices of the child's ability to orient himself in time. The stimulus situation generally specifies a definite time interval. The possibilities of the judicious use of this particular play form for Child Placement Agencies are obvious. If in conjunction with other forms of treatment desensitization of the "separation" trauma could be worked out in the play room rather than "acted" out in reality, the problems of broken foster homes and the "circulating" child might be effectively alleviated. Hombridge, Cove., "Structured Play Therapy" American Journal of Orthopsychiatry, Vol. 25, No.3., July, 1955, pp. 601 ff.

If social workers are to extend and develop the use of the play interview as a valid part of social work practice, play activities must continue to be directed and interpreted from a social work orientation.¹

That does not mean however there is not room for growth and development aimed at utilizing to the full the diagnostic and therapeutic potentials inherent in the play interview.

The social worker in a Child Guidance setting is faced with two major problems.

1. Direct responsibility in treating clients with serious psychological problems.
2. The problem of communicating with and understanding the thinking of the various disciplines in the clinic team.

Moslin stresses the major implication of his study (1952) which is concerned with the training of social workers.

"It appears that a more dynamic training in psychiatric concepts is indicated, based on the assumption that the case worker will need it for a more direct responsibility in treating psychological problems found in some clients that come to the clinic for help. In the present two year training period the student is well initiated into ego-supportive casework and the related techniques. However, to establish a proficiency in treatment aimed at developing insight, further training seems indicated." 2

Moslin points out that:

"If social agencies restrict the type of problem and restrict the

1. It is suggested that schools of social work should include in their basic training a workshop on the art and science of play interviewing. Such training should not be entirely limited to field placement - as some placements do not include opportunities for supervised training in play interviewing.

2. Moslin, op. cit., p. 69.

level of conflict which will be treated by the methods discussed in this study, valuable new knowledge and techniques may be prevented from becoming known. Restrictions set up in advance because certain activity does not seem appropriate for casework will prevent progress and experimentation. What may have been accepted as true traditionally may not be true forever in the light of new knowledge". 1.

In order to develop and refine the social worker's skill in the use of the play interview as a social work technique and bring to the clinic team a more meaningful contribution, the social worker might well benefit by more training in psychodynamics, and more specifically in the rudiments of projective techniques.

A recommendation that is being followed at some schools of social work is the inclusion at the B.S.W. level of a course involving an orientation² in diagnostic testing. This course is designed to give the social worker enough training to be able to understand and interpret psychological reports and ability to report on test findings intelligently. A knowledge of projective techniques would increase the social worker's ability to report intelligently on the child's art productions, management of play equipment and other expressive behaviour involving perceptual, ideational, and effector processes. It would also enable the social worker to interpret and communicate the findings of the psychiatrists and psychologists with greater ease and comfort.

Underlying the recommendation for further training in psychodynamics and the concomitant implications in regard to the problem of integration in a multi-discipline setting is the need in social work for an integrated conception

1. Ibid., p. 69.

2. At the University of British Columbia a more advanced course in psychological testing is available at the Undergraduate level to students majoring in psychology.

of personality that would be more readily transmissible, at the B.S.W.¹ level, than oversystematized constructs of classical psychoanalysis. A conception of Personality that would lend itself to utilizing the diagnostic and therapeutic possibilities of the play interview to the full might well involve the integration of the basic concepts of psychoanalysis and the dynamic theories of learning and perception of Gestalt Psychology.²

In the light of the value of play activities as projective techniques, reviewed in Chapter II and the possibility of the knowledgeable social worker being able to introduce a new element into projective techniques (by identifying and relating perceptual patterns and learning theory to treatment in relation to social adjustment) the desirability of verifying the efficacy of such an approach by social work research is obvious.³ The first step would be

1. As Norman Cameron states, "We are all in this difficulty together because we still look upon our material in an antiquated fashion. It is only because of this that we have on our hands an oversystematized psychopathology which treats language behaviour and emotional conduct as though they belonged in another world. We have already wasted years of effort in trying to work out the internal structure of a fictitious psyche and its esoteric love life, when we might better have been working out the dynamics of the organization, disorganization and reorganization of human behavior of action, reaction of thinking, wishing, loving, hating, learning, fearing, forgetting, avoiding, deserving, hiding - but all these studied as the activities of a social organism not the dreams of a ghost". Cameron, Norman, *The Psychology of Behaviour Disorders, A Biosocial Interpretation.*, Houghton Mifflin Company, New York, 1947, p. 20

2. Bellak states that "Psychoanalysis can be seen as a theory of learning applied to the genesis of percept memories and their lawful interaction with each other. These are expressed in the theory of defense mechanisms, symptoms, formation and character formation. Projective Psychology, edited by Abt, Lawrence, Edwin and Bellok, Leopold, Alfred, A. Knopf. New York, 1950, pp. 30 ff.

3. This is not an argument for neo-Freudianism. It is an attempt to advance Freud's teachings methodologically. Systematic restatement of all psychoanalytical concepts await experimental verification. As Freud's theories were formulated in the light of his awareness of the phenomena of projection (see page 38) such verification seems likely.

the provision by Schools of Social Work of a refresher course on personality development, from a broader base than psycho-analysis, covering the major theories of personality in the broad fields of psychology and psychiatry.

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APPENDIX A.

<u>CASE OF:</u>	ALF
<u>Brief Service Case:</u>	Play Interview No. 1.
<u>Child:</u>	A.White, Male, age 11 years. Canadian born, English-German extraction.
<u>Religion:</u>	Non denominational (sect).
<u>Intelligence Rating:</u>	High bright normal - (T.M.S.B. Form L) .
<u>Source of Referral:</u>	A's mother made application to the Clinic.
<u>Presenting Problem:</u>	Lying and stealing (thefts of small amounts of money from parents and neighbours.)
<u>Clinic Team Diagnosis:</u>	Alf is not seriously disturbed. Recommended brief service (6 interviews.)

Alf arrived at the office, accompanied by his mother, promptly at 3:00 P.M. for his appointment.

I introduced myself to Mrs. A. and shook hands with Alf. I asked Mrs. A. if she desired to wait in the office or come back for Alf. Mrs. A. said she had some shopping to do, and that Mr. A. was waiting for Alf outside in the car. I explained that today's session would be about a half hour. Mrs. A. said that would be fine and made her departure.

First Interview

I led the way to the playroom. Alf came along readily. He is a small boy for his 11 years and quite "outgoing" and friendly. Alf looked over the playroom and picked up a cap gun saying in a loud, clear voice, "Oh boy, let's play cow-boys." He fired the gun and noticed it was empty. I said that there might be some "caps" in the box on the bench and sat down by the table. Alf came over and loaded the gun - he fired off one cap at a time, and remarked that the caps should be in a circular roll. I suggested that the caps might fit inside the gun. Alf opened the gun and remarked that he didn't know if he could load it or not. He loaded the gun and fired off the caps - remarking that he had lots of caps at home but no gun. I replied, "lots of ammunition but no guns?" Alf replied "yes" and came over and sat down and looked at the water colours and the painting I had been doing before Alf came in. I said that we could do pretty much as we liked in the playroom as long as we did not hurt anybody or break up the place.

I put some finishing touches on the water colour, and remarked that I was trying out the paints and was just finishing off the sketch.

I explained to Alf that I had wanted to see him to answer any questions he might have about his experience at the main clinic, and to find out if he was interested in coming in for play sessions on Saturdays.

I asked if Alf had any questions about his interview with the psychologist. Alf said "no", that she had explained everything to him.

I remarked that I had discussed his test results with the Psychologist and that she had said he had done very well.

Alf said he had been going to see Mrs. Peterson but that she couldn't see him. I explained that Mrs. Peterson was a social worker like myself and that she worked with the psychologist. I told Alf that Mrs. Peterson did not work on Saturdays so it had been decided that I would see him so he wouldn't miss school.

I told Alf that on the basis of his test results he should be able to do well in high school if he was interested in going on in school. Alf said he liked school. I said I guessed that it was no news to him that he had better than average ability in school work. Alf agreed and said with pride that he always did well in exams. I remarked that usually marks in school depended on the amount of work a fellow did on a particular subject, but that the psychological tests measured one's ability to learn, rather than just what one has learned at a given time. I said that it was good to know that one had the ability to learn. Alf agreed and said with pride that he was 100 pages ahead of everyone in his class in arithmetic. He said he did five pages a day and if he didn't get the five pages done at school he finished them at home.

I said it sounded like he liked arithmetic. Alf agreed. I asked Alf what he did at school when he finished his work and had free time. Alf said he usually did drawings of underwater scenes. He said he won a prize for a water colour of an underwater scene at school and explained how he used white splotches to give the illusion of water and various details of the drawing. I said that it was very interesting, and that I sure would like to see the painting sometime. Alf said he would bring it next time. Alf picked up a crayon as he was talking and began to sketch an underwater scene. I asked if he ever did other scenes. Alf said once in a while he did "a jet" but he liked to do underwater scenes. I observed that Alf sketched very quickly underwater plants and the ocean floor. He drew a flock of little fish - each fish was drawn in one sweep of the crayon - and he sketched a long elliptically shaped shark - with one deft sweep of the crayon.

As I sat observing the sketch being shaded in, I remarked about the treasure chest being suspended in the water, adding that it was an interesting effect. Alf said he always drew a money chest in his scenes and said the last drawing he did he put Davy Jones' locker in it. This one he informed me was Captain Kidd's treasure chest. He had printed Captain Kidd on the chest - but as it was across the table from me I couldn't make it out at the time. Alf stopped shading in the drawing and got up and moved about the room.

I remarked casually that it was possible for chests to float around like that in deep water as the water pressure would hold them up. Alf said, "I know, I saw that in 20,000 Leagues Under the Sea." I said (drawing Alf's attention to the drawing) that it was a very well done underwater scene and that it made me feel that it would be very interesting to go down after that buried treasure in a diving suit. Alf said he would rather go down as a frogman. I agreed that that would be a better way if the water wasn't too deep. Alf said, "Yeah, but I can't swim". He paused and then said in a confidential tone "you know there is something queer about my family, none of them can swim". I said "it seems funny to you that noone in your family can swim". Alf said "yes, they couldn't learn I guess." Alf then went on to tell how he almost drowned in a swimming pool when he walked underwater with his goggles on, by holding on to an iron rail. He said he let go when he was under about 12 feet of water and bobbed to the surface. He said he was pulled out by a man. He then went on to relate how he drifted out to sea on a rubber tube at Kitsilano and had to hang on to a guard net until he was picked up by a boat. I said that these must have been kind of scary experiences.

Alf agreed and said he sure wouldn't go floating away from shore any more that next time he would tie a rope to the tube and anchor it to shore. I said this was a good idea but that there were life jackets one could buy that strapped around the chest. I said that this left the arms free and said I had learned to swim by using one. Alf did not latch on to this idea - and seemed to be resisting the suggestion that he could eventually learn to swim. I let the subject drop. Alf decided to put some finishing touches on the drawing added bubbles and shaded in the entire drawing. I admired the drawing and mentioned that I could get a box in which he could store drawings or anything made during his interviews.

I suggested to Alf that we could use the rest of the time today to explore the different things we could do together if he decided to come in for play sessions. I said that the main purpose of these interviews would be to talk over things like we had today but we could also use the time to find new ways of having fun. Alf said he thought he would like to come in. I said that would be fine, and asked if he could tell me some of the things he liked to do. Alf said he liked to play games and asked me if I knew how to play "sorry" - I said no, and asked what it was like. Alf took a pencil and sketched a map of the game and explained how it was played. I said it sounded like a good game and I would check and see if we had it in the clinic storeroom. I asked if there were any other things Alf liked to do. He said he liked drawing and finger painting. Alf mentioned that he did finger painting at school and said the teacher allowed only one colour to be used, and that they were allowed a choice. Alf said he chose green. I said green was an interesting colour. Alf agreed but he did not elaborate.

I asked about other games such as Monopoly and Chess. Alf said he had never played Monopoly or Chess but that he liked to play Checkers. He added that he liked to make model planes. I suggested that if Alf were willing we could plan on having four or five Saturday interviews and then decide whether to continue or not. I said by that time Alf would know me better and that would give us lots of time to talk things over. Alf agreed and I asked if Saturday was the best day for Alf to come in. Alf said that it depended on the time as he played football on Saturday morning. I asked Alf how 3:00 P.M. would suit him. Alf said "fine". I asked him to talk it over with his folks and if it was okay we would make it from 3:00 to 4:00 on Saturday.

I said today was quite a short session (40 minutes) but that we had covered a lot of ground and next time his folks would know he was going to be an hour and could come back for him rather than having to wait. Alf said that would be fine. I suggested that we could wash up before Alf left and I would show Alf where the washroom was. Alf said he knew where the washroom was, at the head of the stairs. We went out and washed up. Alf said "good-bye - see you Saturday" seemingly in good spirits and went to meet his Dad who was waiting in the car outside.

Comments:

Alf appears to be an outgoing sociable boy of above average intelligence. He seems to be reasonably well adjusted and socialized. He verbalized some concern about water and the danger of drowning and manifested a preoccupation with underwater scenes in his drawing past and present. The drawing painted up Alf's sense of orderliness and perfectionistic tendencies. He appears to be a conforming friendly personality at present presenting no indications of conscious hostility toward his parents or peers.

Description of Alf's Drawing.

The drawing on a sheet of paper 10" x 12" consisted of a large treasure chest, completely submerged but floating near the surface in the right hand corner under which was three small orange fish of varying size, separated from the ocean floor by a large orange shark. The ocean floor curved down from the left and two breast-like peaks rose in the right hand corner directly under the chest between which was carefully drawn a spade shaped piece of coral with a handle-like object penetrating its centre. The left hand side of the drawing was balanced off by the inclusion of a school of small purple fish, 13 in number, under which Alf sketched two green undersea plants. Alf then shaded the ocean floor in with brown and the water with blue. Alf printed Captain Kidd on the treasure chest with red crayon. At this point in discussion of the treasure chest in his drawing Alf moved away from the drawing. Later he returned and added orange bubbles rising to the surface and carefully completed the shading. Alf used almost the entire sheet for the drawing leaving no borders on the sides or bottom, and as the water came to $\frac{1}{2}$ " from the top it would appear that this margin represents the sky (no recognition of limits).

APPENDIX B

CASE OF:

BILL

Continued Service Case:

Play Interview No. 19

Child:

Bill, White, Male, age 7 years. Canadian Born, English extraction, religion unknown.

Intelligence Rating:

Average (on T.M.S.B. Form L)

Source of Referral:

Mother made application to the clinic.

Presenting Problem:

Bill is restless and does not play well. Repeating Grade 1 at school.

Clinic Team Diagnosis:

Bill is a fearful, anxious, insecure child, over-controlled with perfectionistic tendencies. Bill's anxiety appears to be interfering with his functioning at school.

Interview with Bill.

As soon as Bill entered the playroom he wanted to light a fire in the sink, and became very animated as he did this. Worker made some comments on how interesting fire is, that it is only dangerous when we can't handle it. We said Bill took care with the matches, was careful with the paper, and it was alright to light fires along with a grown up such as parents or worker. Bill burned drinking cups and said it was an Indian Village on fire. He commented that worker was in the teepee. He said I was a bad girl because I had played with matches and had burned my house down. Worker said I could handle matches all right, and wondered if perhaps he was frightened that he may do this. Bill made no response and we again gave some specific interpretation on the use of matches.

Bill cleaned out the sink on his own accord, commenting in a disgusted voice that the ashes felt goeey. Worker said he didn't seem to like goeey things on his fingers. Bill replied that it was very naughty and his mother had told him this. I feel this may be traced to Bill's difficulties - rigid toilet training with mother's emphasis on cleanliness, repression, and conformity. At this point worker was beginning to use finger paints, and Bill gingerly poked the tip of his finger in a jar of red paint. Worker asked him if he felt his mother would object to his getting paint on his finger. Bill said she would, and worker asked him to ask his mother if she would object. I feel that she will not, providing she doesn't realize the significance, and this may relieve Bill's mind. He drew a few lines with his finger and then could not proceed. He got a paper towel and applied red and black paint. Worker drew tulips, as Bill is very fond of flowers and we wanted to associate something pleasant with finger paints.

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Bill then did the same thing with his finger nail and asked which was the better flower. Worker said his was, but I feel I should have discussed this more fully with him instead of allowing it to remain on a competitive basis. Bill then chose to go down to the gym and again played all alone with the football. When there were only a very few minutes left to play, worker joined in to see if Bill would find playing with someone as much fun as playing alone. As soon as worker did this, Bill said our time was up. Worker said Bill would probably find some time that sharing playing activity was as much fun as playing alone, and terminated the interview,

APPENDIX C

<u>CASE OF:</u>	CLARA
<u>Continued Service Case:</u>	Play Interview No.
<u>Child:</u>	Clara, White, Female, age 10 years. Canadian born of English extraction, religion United Church.
<u>Intelligence Rating:</u>	Very Superior (on T.M.S.B. Form L)
<u>Source of Referral:</u>	Father made application to the clinic.
<u>Presenting Problem:</u>	Facial Tic

Clinic Team Diagnosis:

Clara is a sensitive child, unable to express hostility, and tends to be conforming and perfectionistic. There is intense rivalry between Clara and her stepmother. Clara seems to be fearful of growing up and very attached to father.

Interview with Clara.

Clara had suggested last day that she would like to paint today so worker put the easel and poster paints in the playroom. Worker also again set the drum in a conspicuous place. Clara as always, seemed thrilled to see worker when I called for her in the waiting room. She jumped up with a squeal and ran ahead of worker to the playroom. Today she was wearing a little cap with a feather at the back, and long plaits hanging from it. She remarked on her cap and said she must tell worker how she got the feather in her cap. However, at that moment she spied the easel and said she wanted to paint today.

Clara however, wanted to carry on with the party idea she had engaged in last week. Again she asked worker to be a spectator and to read the notice about the party. She printed in large letters on the board PARTY TODAY HURRY AND COME TO THE PARTY.

Clara always seems pleased to have worker join in with the games as she seems rather anxious when she broaches a subject, as if wondering if an adult will go along with the idea. Clara asked worker if she would again play the horn and worker used the pick up sticks box. Worker told Clara that she was glad to participate in the game. Clara said we were going to sing a horrible song. Worker said this would be nice. We could sing horrible songs in the playroom even if we were not able to do things like this elsewhere. Clara slung the drum around her neck, beat upon it wildly and marched around singing:

"16 men on a dead man's chest, yo ho ho and a bottle of rum, drink,
and the Devil, and done with the rest, yo ho ho and a bottle of rum".

She screamed out the words so that worker could scarcely tell what she was saying. When worker asked her what she was saying, she stopped the parade and

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spoke the words clearly and began beating on the drum with no apparent anxiety about starting again as if sure that worker would go along with her. Again Clara marched off playing the drum very loudly with worker marching after her in much the same manner. We went round and round the room at a very rapid rate for a long time. Finally worker said she was feeling tired and would drop out of the party. Clara carried on for some time, finally flopping on to the bench also. She said that we had been making a lot of noise and that her mother had remarked that we were very noisy last day. Worker stated that it was all right to make noise in the playroom but sometimes grown-ups do not like noise, and worker suggested that children feel like doing things like this. Worker suggested that children feel like doing things like this. Clara replied that it was good to have a "feeling place" to come to and do things like this. She said she had more fun at the "feeling place" than when she saw Dr. Jones. She said she did not call it the "feeling place" before. She used to call it the "baby clinic".

She looked over the poster paints and we noted that they were quite dry. Clara said that she would like worker to christen her before she started to paint. Worker suggested that we put a little water in each of the paint jars to soften the paint while we were going on with the christening. Clara went to the blackboard and wrote "S. Marie Onamata Tanathaka H." She said this was the name she wanted to be christened. She demonstrated to worker how worker was to christen her, saying she would be lying on her back and worker was to put a large cross on her forehead with water. Clara demonstrated, so that the cross almost went over her eyes. Worker was to say: "In the name of the Father and the Son and the Holy Ghost I christen you S. Marie Onamata Tanathaka H". Worker asked her about the meaning of the names she had chosen. Clara said they were names she had read in a book. Onamata was the name of a princess she had read of, and Tanathaka was an Indian chief's daughter in another story. Worker stated that we were giving Clara princesses names. Worker asked if Clara would like to be a princess. Clara said no, and added that the long dresses would be a nuisance. Worker stated that princesses are important people. Clara apparently became a little anxious over the discussion and she decided that we should stir the paint in the jars. We did so and when they were mixed Clara said she would do some painting. Worker asked if she wanted to do anything more about the christening game or if she wanted to go ahead and paint. Clara seemed rather relieved to go on with the christening as apparently it had some meaning to her. She sprawled out on the table on her back and told worker she could be the minister now. Worker suggested that she put her arm under Clara as the minister usually held the babies (Clara at this time was posing as a baby).

Clara seemed rather pleased at the response yet there was some anxiety around personal contact. She was pleased about the christening however as worker repeated the words she said. As soon as the christening was over, Clara said she would now go ahead with the painting. She sat down on a little chair at the easel and fastened two pieces of white paper on to the easel. Worker brought her the paint jars and as worker handed them to her, worker called her by the full name that she had been christened. Clara smiled broadly but she did not reply. She decided to use brown for painting a horse and she painted the outline closely. The emphasis on the horse was its long legs and flowing tail. She remarked how beautiful its tail was. She had difficulty in drawing the head and made it small in proportion to the body with the eye at the front of the head

APPENDIX C

rather than to the side. She drew a second horse on the paper and it turned out much the same as the first with a small head, long legs and flowing tail. Both horses were posed in a very quiet position, Clara seemed to enjoy the painting. However, when she had painted two horses she seemed to feel that worker should be painting too. Worker said it was quite alright for her to paint on both papers but Clara said she would draw on the board while worker painted at the easel. Worker asked if there was anything particular Clara would like her to paint. Clara said she could paint anything she wished because if Clara told worker what to paint then worker would not be doing what she felt like. Worker said this was fine but it was Clara's special time to be in the playroom and worker could do the way she wanted if she preferred it that way. Clara insisted that worker paint whatever she wanted so worker painted two dogs on the paper. The first was a recognizable collie but the second dog was not a very successful piece of art. Worker remarked that the second painting was not very good. Clara said adults could always draw better than children. Worker went on painting and asked Clara if she thought adults could do everything better than children. Clara said, "of course they could". Worker said perhaps it seemed this way. There are many things that adults are skilled at because they have had time to practise. Adults are not necessarily good at everything. Clara then came down from the board to look at worker's drawing and she seemed a little perturbed that the dog was not very shapely. She made a suggestion as to how it could be improved and returned to the black-board. When worker had finished the painting Clara returned to the easel, turned her paper over and then draw a horse again. Worker commented that the horse was running. This horse also had a small head and long legs but its tail was a more proportionate size. Clara seemed pleased with her drawing particularly because she had decided to paint it black and white which turned out to be more of a grey patchy colour. Worker commented that some horses are black, some are white, some are brown and others are more of a mixture of colours. Clara said she would take the picture of the horse with her and seemed to forget about the two horses on the other side.

Worker had warned Clara about five minutes before that our time was nearly up. When the time was up Clara said she hated to leave and she seemed to be thinking of things today and do so she could stay a little longer. However, she seemed to recognize her pattern also, she said "Oh I forgot to tell you how I got the feather in my cap but I can tell you next day". Worker said that this would be fine and that worker did like to see Clara when she came in. Clara could not resist painting her face before she left. Worker wondered about her doing this but Clara seemed anxious to show her mother that she could put paint on her face. Worker said that people did not go out on the street with paint on their faces but Clara could put a little paint on her face and show her mother, and wash it off before leaving. Clara delayed doing this and worker had to remark again that time was up. Clara finished up with a good deal of paint on her face and marched out of the playroom to show her mother. Mrs. J. seemed a little perturbed at seeing Clara with the paint on her face. She merely said "Oh!", in a voice that sounded surprised and reproving. Worker stated that Clara had wanted to show her mother the paint on her face and that she was going to wash it off before she left. Mrs. J. laughed a little and when worker left the waiting room Clara and her mother went into the washroom.

APPENDIX D.

<u>CASE OF:</u>	Dan
<u>Continued Service Case:</u>	Play Interview No. 2.
<u>Child:</u>	Dan, Male, age 13 years, white, Canadian Religion - Roman Catholic.
<u>Intelligence Rating:</u>	Moron (T.M.S.B. Form L.)
<u>Source of Referral:</u>	Mother applied to the clinic for help, on social worker's (friend) suggestion.
<u>Presenting Problem:</u>	Withdrawn, subtle, scheming.
<u>Clinic Team Diagnosis:</u>	
Chronic anxiety reaction with physical abnormality.	

Psycho-Social Diagnosis:

This thirteen year old boy, who is second oldest in a family of four children, is experiencing difficulty in every area of his life, especially school, where his work is very poor. Although Dan rates at the moron level of general intelligence, his potential is considered to be much higher. Dan is reacting to his mother's attitude towards him, which is an abusive one when Dan acts out, and also to his mother's ignoring him. The step-father is passive and quiet and will not allow the boy to be outgoing.

Interview with Dan.

Dan in for his second play session. The guns were out on the table, and Dan went straight to them, and picked them up nonchalantly. I told him there was a roll of caps in one if he would like to play with the gun. He started to insert the caps gingerly. His dexterity at this was quite good, but he was intent on getting the caps under the trigger and shooting. He held the gun in a most lax, limp grasp, and his shooting didn't include any play acting of being a cowboy, as most boys of his age would have done. He seemed oblivious of where he shot the caps, and would point at anything without seeming to care. When he used the ping pong gun, worker had to watch that the gun wasn't pointed at her. There was no intention to shoot at worker, but just a lack of awareness of the consequences of shooting a gun. He liked playing with the cap gun best, but said he didn't like caps. He didn't seem to care for the noise of the caps, but he kept shooting them off anyway. When he talked about the guns, he only talked in terms of "this one is bigger than that one." As he tired of playing with the guns, I asked him if there was anything he would particularly like to do and he said there didn't seem to be much to do in the playroom.

I had the football and softball and suggested we play ball in the basement. This was O.K. with him, and we went downstairs. On the way down the hall, he made remarks like, "I can't find my way around in this building", or, "I might get lost", and worker said that within a very short time he would know the building like an old hand. In the play therapy room in the basement we went to the piano, and he

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went up the scale with one finger, and said that his sister had a little piano. They also have an upright piano, but he doesn't play it. We opened the piano up, and looked at the strings, and he asked questions about the black notes on the piano, about certain screws and so on. (This child will run his index finger over a lock as though to experience the feel of it.)

We walked around the playroom a bit bouncing the ball, and I wondered if he would like to kick it around a bit. He wasn't enthusiastic about this, and as we walked towards the ping pong table, he immediately said, "They have painted white lines on the table. What are they for?" We talked about ping pong and other games, and I asked him what activities he liked. He said that he liked swimming and had been swimming at the "Y", but now they are charging \$7.50 for a year, and it used to cost \$5.00 a year. He felt this was too much now, and so he no longer attends. However, his brother still swims at the "Y". He said there wasn't too much to do there anyway.

While he was at the ping pong table he became distracted by the unusual glass in the windows, and we talked about that. I asked him about school, and he said he went to Herbert Spencer now, but he was looking forward to going to Massey Jr. High. He felt it would be more fun there, and his older brother goes there. In the same breath he volunteered, "I have another brother but he is an inch taller than me; but he is only eleven." We walked around the room some more, and he again became interested in the telephones on the floor, and asked if we had any wall telephones at the Clinic. He played with the dials on the telephone. Suddenly he said, "I'd like to see the cafeteria again." In the cafeteria we rolled the ball along the three bars set up for trays to move along. He did this for a good half hour. As he went on and on at this, I said we could stop any time he wanted to if he got tired of it. He said he didn't ever want to stop doing this. (This was a satisfying form of activity for Dan as the ball rolled very nicely along the bars and he could knock it back and forth and back and forth without it falling off the edges. When he did knock it off and it bounced away on the floor, he would make disgusted exclamations at himself, and he kept saying, "I can't do this very well".) However, Dan continued to get more spontaneous about hitting the ball, and I suggested that we really slug the ball along the bars, and this appealed to him. He smiled with pleasure and really hit the ball with force with his fist until one knuckle was cut. This activity seemed to need to be terminated, and I suggested that we go upstairs and shoot caps out of the "long revolver" that he had found in the group therapy room. He indicated at the time that this "long revolver" was better than the ones he had been using in the playroom, and I suggested we go up and fire it. On the way up the stairs, he was interested in being the one who found our way back to the playroom, and I praised him for finding his own way.

In the playroom he found another revolver like the other long one, and he divided the caps between the two, and started to shoot off both revolvers together. There were no caps left in a short time, and I said next time he came we could use a roll of caps in each gun. He showed a little more feeling at this point about shooting off the guns. I started to get his coat out as it was time to leave, and he sat down on the bench and seemed reluctant to leave. He started to talk about school, and said that he would rather come here than go to school. He said, "I don't like morning classes. We have reading, arithmetic and spelling then", and with a lot of feeling he said, "I hate them". In the afternoon he has music, art and some science, and he felt this was much easier.

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WORKER'S IMPRESSIONS:

In this interview Dan definitely responded to warmth and encouragement. He behaved like a much younger child in his detailed exploration of things, rather than explorations on a larger, broader level. He becomes discouraged extremely easily, and needed continual praise and encouragement to keep on with activities. However, when this warmth was forthcoming, he certainly tried quite often to do things.

APPENDIX E

CASE: Ed

CONTINUED SERVICE: Play Interview No. 14.

Child: Ed, White, Male, Age 9 years, Canadian born, English-Dutch Extraction.

Religion: Unknown.

Intelligence Rating: Very superior (on T.M.S.S. Form L.)

Source of Referral: Family Doctor.

Presenting Problem: Somatic complaints of undetermined origin. 3 year period with little growth and no weight gain.

Clinic Team Diagnosis: Free floating anxiety. Difficulty in parent-child relationships. Seriously disturbed - needs psychiatric referral. No available psychiatrist - case assigned to male social worker.

Interview With Ed

Ed into the office alone for his appointment. I asked him how the trip had been, and he said that he had gotten off three blocks too soon, but that was all right. He said it had actually been fun transferring because one of his hobbies is to collect "Buzzers" and transfers and he got both.

I asked Ed how things have been going since we last met. He said that he hasn't been having any trouble with Bartin because Bartin isn't sitting near him. He drew several sketches showing his room, the type of desk they have, his seat in relation to Bartin's and so on. We talked about Bartin at some length as well as about two other boys who have bothered Ed from time to time. I had him spell out as clearly as he could his feelings about these children. I felt that there was some resistance to doing this but not enough to interfere with our relationship. At times he became very busy drawing sketches to illustrate what he was talking about. It seems that Bartin makes overtures of friendship to Ed, but he doesn't trust Bartin. Ed repeatedly said that Bartin gets on his nerves and tries to get him on edge. It became very clear that he is reacting to Bartin's expressed jealousy of him. According to Ed, Bartin has deliberately broken his grader, (\$10.00), his Cadillac, and some other vehicle he owns. The other day when they were playing with Ed's electric train, Bartin deliberately opened the tracks and the train piled up. He said that Bartin became interested in a girl whom Ed likes, and did so only because of Ed's interest. It's O.K., however, because Ed now has another girl.

Ed is reacting to the threat that Bartin poses to his valuable possessions. It is interesting that of the other two boys, one bragged a lot and picked fights with him and could beat him. This boy no longer brags and he finds him all right. The other boy was rude--he sent Ed notes telling him to eat buns (faeces) and to eat cock (penis). Ed immediately gave them to his teacher. This happened last year and he had told me about it before, but I had neglected to put it in the recording. This boy is no longer "rude". I remarked that it seemed to me, and that he should correct me if I was wrong, that Bartin likes him and wants to be friends, but at the same time, he is jealous of Ed. I wondered if this could be true. Ed was

silent for a minute and then said that he has never got a straight deal from Bartin yet. He said that he has never known of a person who liked someone and was jealous of him at the same time. I felt that a person can like someone and dislike him too; we feel this way about most people whom we know.

He repeatedly said that Bartin is a problem and he doesn't know what to do about him. I wondered what he could do and Ed's only solution is to keep out of Bartin's way. I said I didn't know what he could do either, but he couldn't let Bartin destroy his possessions; they are his and he has a right to them. I suggested that it made him pretty angry when Bartin tried to break his things or the other boy bragged and picked fights with him, and he agreed. I also suggested that it might cause him to worry a bit having these things happen. Ed didn't reply to this. I suggested that if he wanted to talk over with me anything that he has been thinking about in relation to Bartin, I will be happy to do that.

We started talking about Television programs again, and he mentioned that I sound a little like the announcer on a program called, "Let's Take a Look." I believe this is a nature program like "Fur and Feathers", another program which he likes. I asked him if there are any programs that tell about people, and recalled that he had told me about programs concerned with the skeletons of animals and so on. Ed said the only one is about cave men and stuff like that. I remarked that he mentioned liking the descriptions of the human heart, lungs, etc., which he found in his encyclopedia. I said that there is a great deal to learn about ourselves and other people. He mentioned that he didn't like the pictures of skeletons in his encyclopedia. I said, if he would like to, he could bring along one of his books and we could go over anything that isn't clear to him. I remarked that we are very complicated things and that it is sometimes difficult to understand how we work. Also, sometimes, a book doesn't answer just the questions we want answered. Ed seemed interested in the idea of bringing in a book. He mentioned that he had gotten a thorn in his finger and when his grandmother tried to get it out, he noticed that there were three layers of skin. He then looked up the subject of skin, ("Our Body Covering, Volume 5) and found that there are over thirty-three layers. I remarked that a person couldn't know that just by looking at his finger, and that it is sometimes necessary to look underneath to find out the truth.

When our time was up I gave Ed the key and he went to the men's washroom to wash his hands.

WORKER'S IMPRESSIONS:

It seems fairly clear that Ed feels threatened by aggressive children because he feels that their aggression is directed at destroying his strength and damaging his masculinity. He apparently sees these threats coming from both boys and girls, although he did not today talk about the girls. Undoubtedly one aim of the aggression coming from other children is designated to weaken, cripple or destroy his strength as a boy. The fact that it presents such a threat to Ed, however, means that he feels weak and also has hostile feelings for other children. There is certainly an element of projection in his feelings about threats from other children. It is interesting that he has not assumed a passive role, and will fight to maintain his integrity. This means that he is still determined to be a boy. If he does not increase his feeling of strength, however, one would expect him to either renounce his masculinity because it represents such a threat, or increase his defence of projection and the paranoid trend. His present defence against his hostile impulses, turning them inwards, may, however, be strong enough to enable him to maintain his present adjustment. I felt that there was some anxiety while I was helping Ed to clarify his picture of these threatening children, but not sufficient to disrupt anything. He obviously has strong defences against looking at his own hostility or looking at what are his real fears concerning the other children.

It was interesting that Ed thought I sounded like the announcer on a program called, "Let's Take a Look". In the past he has reacted when I have inferred that he should "take a look". He may feel that he is being pressured and be warning me that I am going too fast. From the way he spoke of the program, however, I gathered that he liked it.

The strength of Ed's repressed hostile impulses is probably proportional to his fear of other children. This does not seem to be excessive. It is also proportional to the severity of his physical symptoms, (keeping in mind however, the extent of the secondary gains from illness.) This does not seem to be excessive either. Before he can give up his defences and handle his hostility in a mature and realistic way, he has to feel stronger and less threatened. This can be achieved by helping his parents, especially his mother, so that they do not threaten Ed so much. It can also be achieved by supporting Ed and showing him through his relationship with me that he isn't so threatened and that he can express his feelings and learn to control them.

APPENDIX F

BIBLIOGRAPHY

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