

How do Individuals of Color, and First Nations Individuals Conducting Play Therapy with Children  
of Color and First Nations Children View their Play Therapy Practice in Terms of Multicultural  
Competence?

by

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### ABSTRACT

This study is primarily interested in how individuals of colour and First Nations individuals providing play therapy to children of colour and First Nations children view their practice in terms of multicultural competence. Cross-cultural interviews were conducted with five child counsellors ranging in age, gender, cultural background, years of experience, and levels of training and education. Transcripts were analyzed and interpreted using a blended approach of Phenomenology and Hermeneutical Phenomenology. Eighteen coding categories were generated in the first phase of the data analysis, with further analysis developing four major codes each with two to three subcodes. Experiences of engaging in play therapy with children of colour and First Nations children tended to be associated with themes of cultural identity, individual and systemic racism, and personality characteristics and practical skills of the practitioner. A separate, but related category of trends and themes in play therapy/modes is also included.

Co-Supervisors: Dr. Norah Trace  
Dr. Geoff Hett

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## Chapter I - Introduction

This study is interested in the perspectives and lived experiences of people of colour, and First Nations individuals who are providing play therapy to children of colour and First Nations children. Specifically, attention is given to how these counsellors view their practice in terms of multicultural competence. A qualitative approach and phenomenological design provided the theoretical and methodological framework for this study, and it was effective in allowing for the development of different meanings and understanding of experiences by individuals who experience the phenomenon of interest.

It was my decision to develop this study based on my personal experiences as a Caucasian Canadian female providing play therapy in my role as a Child and Youth Counsellor. Beginning with a strong emphasis in my own upbringing as a child and youth on fairness, equality for all people, and a particular enjoyment of learning and diversity, a solid foundation was set. This served to guide my educational and employment choices, and which ultimately led to my receiving six years of counselling training and supervision from women mentors that would forever guide my counselling practice with children and youth from all backgrounds.

The interest in learning about diversity allows for a better understanding of how this impacts the play therapy practice I provide to non-white children, youth and their families. My experience as a child and youth counsellor in a community rich with cultural diversity created a strong sense of needing and wanting to advocate for change within the realm of child counselling. Child counselling, and play therapy in particular, must develop into a practice that better meets the needs of non-white clients. My need for social justice is expressed in how I choose to practice play therapy, the professional

development I access, the community experiences I seek, and academic endeavours I pursue. This thesis is thus developed to understand the perspectives and experiences of non-white individuals providing play therapy in an effort to increase my own understanding of how better to meet the therapeutic needs of non-white children, youth and their families.

### *Play Therapy*

Multicultural counselling is an area of counselling that has been developing quickly in both theory and practice at the adult level, but it is still lacking with respect to counselling children, and particularly in specialized areas of child counselling such as play therapy. As the demographics of Canadian society diversify, the need for the development of a multicultural counselling practice is essential if the therapeutic needs of children from diverse cultural backgrounds are to be met effectively (Coleman, Parmer & Barker, 1993). Tharp (1991) also points out the lack of research on culture in clinical treatment, and particularly with children. Without further research to provide direction, the process of building a multicultural play therapy approach, and practice will be inevitably slow.

For children across the world, play is a means of communication that allows for expression using toys instead of words (Landreth, 2001). The value of play therapy as a developmentally appropriate, and suitable approach for working with children regardless of their cultural background is well supported (Coleman, Parmer & Barker, 1993; Landreth, 2001; Landreth & Sweeney, 1997). Given the popularity of play therapy as a primary mode of child counselling for all children, it seems logical that further research in this area should be of critical importance.

### *Theory and Practice of Play Therapy*

The increasing cultural diversity of child clients has created a need for development not only in psychological practice, but also with theoretical frameworks, and research (Tharp, 1991). The belief that existing counselling services based on, and designed for the majority culture are not suitable for working with individuals from non-white cultures is also well documented (Coleman, Parmer & Barker, 1993; D'Ardenne & Mahatani, 1999; Palmer & Laungani, 1999; Sue, Ivey & Pedersen, 1996). It is not surprising that individuals from different cultural backgrounds are reluctant to access counselling and psychological services. Dynamics of mistrust, perceived misunderstanding on the part of the counsellor, and a lack of awareness and insensitivity of the client's cultural norms and personal meanings are all contributing factors (Nelson-Jones, 2002).

Cultural competence of the counsellor and adequacy of training are two areas of current interest within the research, but have been looked at using quantitative approaches. For example, the Holcomb-McCoy & Myers Multicultural Counselling Competence and Training Survey was administered to elementary school counsellors (Holcomb-McCoy, 2001, as cited in Bell Ritter & Chang, 2001) and then it was used with play therapists (Bell Ritter & Chang, 2001). From the latter study, comes the recommendation that research be conducted with play therapists from a qualitative approach to explore how an individual becomes multiculturally competent (Bell Ritter & Chang, 2001).

Multicultural competence is a concept that has developed with the increasing presence of cross-cultural dynamics in counselling, and it is applicable to any counselling

realm including play therapy. It is a concept defined not according to one definition, but generally is thought of as the degree to which counsellors have the knowledge, awareness, and skills to know when, and how culture can best be used in counselling (Lui & Daniel, 2002). It is important to consider multicultural competence, as a sensitivity to culture that is not only used in the context of counselling. The significance of multicultural competence in the current study is reflected in its use in creating contextual boundaries that help to focus the participant to the research area of interest. The concept of multicultural competence within play therapy practise is a focus and it helps to guide the participants to consider their answers to interview questions in this context.

The individual counsellor's multicultural competency is a key component of multicultural counselling, but the need for a self-examination process is also necessary with the institutions where counselling is practiced (Arredondo & Toporek, 1996). This point should not be overlooked as individual counsellors who practice from a cultural perspective need to be supported by the agencies mandate and practice, if it is going to be effective.

Cultural compatibility of the counsellor and the child, as well as the cultural compatibility of treatment modalities should also not be ignored (Tharp, 1991). Coleman, Parmer & Barker (1993) provide general guidelines for working with non-white children and suggest that research look at the appropriateness of toys in facilitating therapeutic responses from non-white children. With respect to the compatibility of treatment modalities, few treatments specific to varying cultures have been designed and the current trend is to use particular modalities already in existence that lend themselves, better than others, to being adapted to working with non-white clients (Tharp, 1991).

Relating this to the field of play therapy, a strong argument has been given for using a child-centered approach (Glover, 2001). Gary Landreth's child-centered play therapy approach is based on the premise that children have an innate human capacity to strive toward growth and maturity (Landreth & Sweeney, 1997). Through the use of empathic understanding, genuine acceptance, warmth, congruity, and behavioural limits, an atmosphere conducive to the child working toward adaptive behaviours is created (Glover, 2001). The term "adaptive" here, refers to the underlying philosophy and goals of Child-Centered therapy, however it must be pointed out that this is problematic in that child counselling should not be encouraging children of color or First Nations children to adapt to white, mainstream culture. Landreth and Sweeney, (1997) explain that since the counsellor's beliefs, philosophy, theory, or approach to the child do not change regardless of the ethnic background of the child, child-centered therapy is uniquely appropriate to working with children from all cultures. If the philosophy, theory, and approach to counselling children does not change, child-centered play therapy is operating on the assumption that assisting children in counselling is the equivalent to helping them to develop adaptive behaviours that are based on success within white dominant society. Helping children to adapt or adopt White cultural values and traditions is not an approach being advocated in this study.

#### *Methodology Developed for this Study*

The framework used in this study required the blending of two phenomenological perspectives in order to be completed. Specific theoretical and methodological features were drawn from both phenomenology and hermeneutical phenomenology to support the purposes of the current research study. Blending designs in qualitative research can be

seen in Lindseth and Norberg's (2004) article "A Phenomenological Hermeneutical Method for Researching Lived Experience". This research lends support for the idea that phenomenology has branched into streams that are based on theory and method that may differ only slightly from each other.

The current study requires the use of a framework that embraces aspects of both hermeneutical and descriptive streams of phenomenology and is situated between the two. Similar to Lindseth and Norberg (2004) it is important to understand that a collaborative approach of both a hermeneutical and a descriptive phenomenological design is necessary in this study since neither perspective is embraced in its purest of forms. These researchers were also interested in how the participants understood their experiences of a particular phenomenon, and the challenge for the researcher was to be able to analyze the data and make the essence of the meaning visible (Lindseth & Norberg, 2004).

A data analysis process provided by Bogdan and Biklin (2003) was an appropriate framework given that a structural analysis was not required. According to Lindseth and Norberg (2004), there are several ways to do a structural analysis, however it is focused on "considering the text parts as independently as possible from their context in the text" (p.150). In this study however, it would be contradictory to decontextualize participant data given the goal is to keep the participant data in context. Furthermore, these researchers take the position that a structural analysis involves making note of meaning units that do not appear related to the research question such as comments about temperature in the room. Making specific assumptions about participants' life experience based on unrelated comments becomes too much like guessing, and therefore will not be

included in this study. This data analysis was also appropriate to this study because it involved the same series of steps as another hermeneutical data analysis process (Ricoeur, as cited in Lindseth, Marhaug, Norberg, & Uden, 1994). This framework not only accommodated the developing format of this study over the course of the research process, but it also enhanced theoretical and methodological consistency.

Five qualitative interviews were conducted with people of color and First Nations individuals practicing play therapy with children of color and First Nations children. Four major codes were selected for lengthy discussion. Another category called “trends and themes” is presented, however, it is distinct from the other four codes in that it reports on participant perspectives and observations about trends and themes in play therapy, and the modes of play therapy, and does not emerge naturally as part of the participants lived experience.

#### *Hopes for this Study*

With little research having been done in the realm of play therapy and culture, what we know about this topic specifically, is still very much in its infancy stages. For this reason, and because most of the existing research is quantitative in nature, a qualitative study was chosen in an effort to generate more detailed information that might assist in promoting greater understanding and further interest in the area. My hope is that the information generated might reveal thoughts and ideas as to how better to meet the needs of non-white children accessing mainstream play therapy services. All practitioners conducting play therapy, but particularly those working with non-white children, can benefit from learning about play therapy practice and relevant issues from the

perspectives of non-white practitioners conducting play therapy with non-white populations.

Given the call for policy and protocol review and development at the institutional and agency level with regards to multicultural play therapy, it is possible that this study would support a review and revision of current practice with non-white populations. Insight gained through this study may be support the development of a more culturally sensitive play therapy practice. Play therapy conducted from the cultural context of non-white children's lives could play an important role in maintaining cultural values and practices and in this way assist in the preservation of different cultural groups and their values. Finally, this study will serve to demonstrate counsellor accountability to clients and the counselling profession by following professional and ethical standards of practice.

#### *My Hopes for the Profession of Counselling*

A review of the Canadian Counselling Association Code of Ethics states that "Counsellors actively work to understand the diverse cultural background of the clients with whom they work, and do not condone or engage in discrimination based on age, colour, culture, ethnicity, disability, gender, religion, sexual orientation, marital, or socio-economic status (Canadian Counselling Association [CCA], 1999, p.6). The Association for Play Therapy Standards of Practice (2000) states similarly, "play therapists will actively participate in providing interventions that show understanding of the diverse cultural backgrounds of their clients, being cognizant of how their own cultural/ethnic/racial identity may influence interventions and therapeutic philosophy" (p.2). It seems clear that it is the professional and ethical responsibility of the individual

counsellor choosing to work with children from non-white cultural groups to learn and understand issues of culture in play therapy.

### *Definition of Terms*

Throughout the presentation of this research study certain terms are used that may require definition. These definitions stand only for the purposes of this study.

Play therapy as defined by Gary Landreth (2001) is an interpersonal relationship between a child and a play therapist based on a deep commitment to certain beliefs about children's innate capacity to strive toward growth and maturity. In the presence of a caring, sensitive, and empathetic adult, children will show what they feel through the toys and material that they choose, what they do with, and to the materials and the story acted out (Landreth, 1991). The Association for Play Therapy offers this definition: "Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (as cited in Ray, Bratton, Rhine & Jones, 2001, p.20).

Multicultural Counselling has been defined as the development of a therapeutic relationship between a client and a counsellor from different cultures (Pedersen, 1987) More recently, it has been referred to as the preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into the counselling process (Arredondo & Toporek, 1996).

A play therapist is an individual trained in play therapy procedures who is able to facilitate the development of a trusting relationship with a child, and provide the necessary play supplies for the expression and exploration of self (feelings, thoughts,

experiences, and behaviours) through play (Landreth, 2001). The play therapist is considered an emotional and verbal participant (Landreth, 1993). In this study participants had a range of six to twenty-one years of experience practicing play therapy with children, and a minimum of three years of experience practicing play therapy was the baseline criteria for participation. Many child and youth counselling practitioners who provide play therapy to children in Mental Health organizations, hospitals, schools, and community-based agencies; are not required to be registered as a play therapist. In order for a practitioner to obtain the title of "Play Therapist" one has to be certified through an association such as the Canadian Association for Child and Play Therapy or the Association for Play Therapy, Inc in California, USA.

Non-white children can refer to children's specific cultural membership that for the purposes of this study will refer to the commonalities of values, attitudes, motives with the group or groups (Sue, as cited in Tharp, 1991). Degrees of acculturation can vary greatly among children, but also within each ethnic group, and therefore counsellors must see non-white children as unique individuals (Coleman, Parmer, & Barker, 1993).

Acculturation can be defined using Cuellar and Paniagua's (2000) article that quotes Redfield, Linton, and Herskovits (1936).

Acculturation is thought of as "a process represented by all the changes that occur as a result of individuals from two distinct cultures coming into continuous first-hand contact with one another, but particularly those changes that result in changes in the original cultural patterns of either or both groups. If the result of the two cultures coming together is that one or both cultures change, then it is said that those changes are the result of acculturation processes.

Diversity has recently been distinguished from culture and is defined by Johnson, (as cited in Shebib & College, 1994) as the wide variety of variations found within lifestyles, cultures, abilities, religion, age, sexual orientation, behaviour, and so on.

The use of the terms “people of colour” and “First Nations” in this study comes from the primary researchers life experience. During my work at the Kamloops Sexual Assault Counselling Centre, I was once asked by a First Nations individual to be specific about acknowledging her cultural heritage. She requested that I do not generalize her, as a First Nations individual into the term people of colour, hence the use of both terms in the current study when referring to non-white individuals.

Child counselling is a term that is used to describe a relationship between a therapist and a child that primarily seeks to reduce problematic symptoms and achieve adaptive stability (Sours, as cited in Gil, 1991).

Multicultural competence is explained using two different definitions and these are the definitions presented to participants during the interview:

- 1) Culturally competent service providers are aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of the people they serve. They are also aware of the impact of their own culture on the therapeutic relationship and take all these factors into account when planning and delivering services for children/adolescents with mental health problems and their families (Cross, Dennis, Isaacs & Bazron, 1989).
- 2) Being multiculturally competent does not always imply introducing and using culture in therapy, but to have the knowledge, awareness, and skills to know when and how culture can best be used (Liu & Clay, 2002).

Definitions are used for reference, and it is important to point out that culture is a factor beyond use as a tool. Every person and each group of people have a culture built on

shared belief systems in life that need to be respected in counselling relationships. This can occur through change in all aspects of practice, not incorporated into practise as an afterthought, and used as a technique.

The term people of color will only, for the purposes of this paper, refer to those individuals who are non-white, and/or are immigrants who self-identify as people of color. It is not intended to ignore the uniqueness of different non-white groups.

### *Research Boundaries*

The following boundaries are set by this research:

1. This study is limited to individuals conducting play therapy with children from non-white cultural backgrounds.
2. This study applies to those therapists practicing play therapy who consent to, and complete a one-to-one interview with the researcher.
3. Variables in this study include ethnic/racial identity, level of education, years of experience as a practitioner, and geographical location of practitioner.

### *Assumptions*

The following assumptions are expected to prevail throughout this study:

It is assumed that participants will be honest in their responses to interview questions presented by the researcher. However, it is also assumed that participants will share with the interviewer only that which he or she feels comfortable sharing. All therapists have unique cultural issues regardless of ethnicity. The participants in this study are people of colour and First Nations individuals, and the cultural issues inherent to his or her lived experience conducting play therapy with children of color and First Nations children are of interest to this study. The expectation that these participants are required to deal with particular issues in the daily work setting because of having a cultural background other than White Canadian is assumed.

*Summary of Chapter 1*

In this chapter I have presented the reader with an overview of the importance of conducting the current study. Ongoing demographic changes, professional and ethical standards, a lack of knowledge, understanding, and research, and the inability of current practice to meet the needs of non-white individuals are all strong rationale for why this study should be done. The theoretical and methodological foundations have been provided, and a general background of the phenomenon being looked at should be clear. The literature review following is meant to develop a more specific understanding and context for the study and use of material generated.

## Chapter II Literature Review

### *Introduction*

My review of the literature provides theories, topics and concepts as a foundation for a professionally contextual understanding of the themes that have emerged from the current study. What follows are discussions on multicultural counselling, child-centered play therapy, and various issues related to cultural sensitivity in play therapy.

### *Multicultural Counselling*

Multicultural counselling, referred to as the “fourth wave” in counselling (Trimble & Thurman, 2002), “relies upon an assortment of techniques and interventions drawn from different theoretical orientations when working with culturally different clients” (Lee & Ramirez, 2000 p. 301). At this time, multicultural counselling has become more prominent in counselling with adults, and is now being addressed in child counselling. A shortage of research studies on the topic of cultural issues in clinical treatment with children, and more specifically, play therapy has undoubtedly been a hindering factor in the development of new approaches and counselling techniques (Tharp, 1991). This is a critical issue given research conducted in the area of multicultural counselling which found that often traditional counselling approaches not only lack efficacy but in some cases, could be harmful when used among culturally and racially diverse client populations (D’Andrea, as cited in Shebib & College 1994; Coleman, Parmer & Barker, 1993).

Increasing demographic changes have long been identified as one of the main reasons there is such a strong need for the development of a multicultural play therapy practice (Coleman, Parmer & Barker, 1993; Nelson-Jones, 2002; Bell Ritter & Chang,

2002; Shebib & College, 2002). As indicated by the demographic breakdown of Canada's population, (see Appendix A) it is highly likely that any Canadian counsellor will at some time, work with clients that are from various cultures (Shebib & College, 1994). In this case, the primary question of importance counsellors should be asking themselves is whether he or she has enough multicultural competence and training to work effectively with non-white clients.

The inability of therapists to provide culturally responsive forms of treatment has been identified as the most problematic area of service delivery to non-white cultural groups (Sue & Zane, 1987). Most therapists, unfamiliar with diverse cultural backgrounds, and lifestyles', and who have received training primarily based on Anglo, or mainstream populations, will lack the ability to develop culturally appropriate therapeutic interventions (Sue & Zane, 1987). This is not to dismiss the changes that are taking place in the counselling profession regarding multicultural counselling. There is more literature available, research being conducted, and there has been an increase in the number of educational and training available. Despite these changes, it might still seem reasonable to assume like Nelson-Jones (2002), that the perceived inability of counsellors to meet the therapeutic needs of non-white clients remains a contributing factor to the reluctance of different non-white groups to seek counselling from mainstream agencies or that when they do seek counselling actual harm may be done. Consequently, inaccessibility to effectively helpful service has become entrenched as a characteristic of counselling services and many people that are not from the mainstream white culture suffer in silence.

Tharpe (1991) brings up the issue of cultural compatibility with respect to the counsellor, the counselling approaches and interventions. Looking at these issues from an educational context it was found that “most compatibilities have been established through choosing established modalities that per se allow for greater influence of the child’s culture, or at least do not demand incompatible child behaviour” (p. 9). This would also seem true for the majority of mental health services and programs available to non-white children (Tharpe, 1991). Adapting traditional counselling approaches for use with non-white populations is an attempt to address a lack of services, however, western presuppositions inherent in mainstream counselling methods are likely to limit the overall effectiveness of the counselling provided. Given the shortage of people of colour and First Nations individuals providing culturally positive play therapy services, perhaps it is important to identify individual therapists if this is only a transitional measure, until there are a wider variety of non-white service providers, and a sufficient number of counselling agencies and/or larger institutions that are accessible to non-white individuals and their families.

### *Child-Centered Play Therapy*

Child-centered play therapy appears to be the theoretical model most favored by counsellors providing therapy to children according to a study conducted by Ray, Bratton, Rhine, & Jones, (2001). Support for this theory is found in a meta-analysis of 94 research studies examining the effectiveness of play therapy in which participants were asked to identify the therapeutic models that were utilized and considered most effective. It was found that 74 studies were coded as humanistic/nondirective play therapy, 12 were coded as behavioural/directive, and 8 studies could not be coded. The results of this study

support the idea that play therapy will be effective with all children regardless of setting, modality, age, gender, clinical vs. non-clinical populations and theoretical school of thought (Ray, et al., p. 85, 2001). It is important to note that racial/cultural differences are not listed here, but were included as an example of a variable (of the participant's child clients) that was recorded inaccurately, or not at all by some of the individuals participating in the study.

Although Virginia Axline (1947) was the first to apply the philosophy of client-centered or non-directive therapy to children (as cited in Guerney, 2001), child-centered play therapy still has its origin in Carl Rogers' (1951) client-centered therapy. It is often referred to as person-centered therapy (Landreth & Sweeney, 1997) but it remains based on Rogers's belief that all individuals, if presented with nurturing conditions, have an innate capacity to strive toward growth and maturity (Guerney, 2001). This innate drive was not only a motivating force for normal development, but could also propel people toward therapeutic healing given the right circumstances (2001). Virginia Axline (1947), a student of Rogers', was the first to apply the client-centered therapy to children thereby creating child-centered therapy which she described as "a way of being with children rather than doing something to or for children" (as cited in Landreth & Sweeney, 1997, p. 17).

According to the theoretical tenets of client-centered therapy, the structure of the personality consists of three central constructs: the person, the phenomenal field, and the self (Rogers, 1951). Landreth and Sweeney (1997) explain that the person refers to the child and their thoughts, behaviours, feelings, and physical being, and adds that the person is always in a process of ongoing development as they strive toward personal

growth and maturity. The phenomenal field is defined as everything that a child experiences on both a conscious and unconscious level, internally and externally. Rogers (1951) points out that “whatever the child perceives to be occurring is reality for the child”, and that in order to understand “the child and his or her behaviours”, the therapist must “work to understand the internal frame of reference of the child” (Landreth & Sweeney, 1997, p. 18).

The final construct of the child-centered theory of personality is the self, and this revolves around a child’s process of self-differentiation based on certain interpersonal interactions from within the phenomenal field (Landreth & Sweeney, 1997). Rogers (1951) described it as “part of the developing infant’s private world gradually becoming recognized as “me” in the course of interacting with the environment, and this results in the development of concepts about self, about the environment, and about self in relation to the environment”. The self therefore, is the totality of these perceptions of the child.

Landreth and Sweeney (1997) suggest that psychological adjustment is the product of congruency between the child’s self-concept and his or her experiences, but if the child’s perception of a particular experience is distorted or denied then the incongruence between the self-concept and experiences will result in psychological maladjustment. Rogers (1951) further pointed out that self-actualization is the process and result of increased congruence between the child’s experiences within the phenomenal field and his or her self-concept.

Axline (1947) proposed an original set of principles that helped to operationalize the theoretical constructs underlying the child-centered therapy approach, and that would later be revised by Garry Landreth (1991). These principles (see appendix B) provide a

framework to use in the context of play therapy that helps to develop a therapeutic atmosphere and relationship that facilitates the expression of the child's inner person (Landreth and Sweeney, 1997). The therapeutic value of play therapy as explained by Garry Landreth (1991) is based on the belief that children can have great difficulty trying to formulate words, or identify and articulate feelings about how they have been affected by different experiences and events in their lives. In the presence of a caring, sensitive, and empathetic adult however, it may become easier for children to show what they feel through play, toys and material that they choose.

Child-centered play therapy is not a prescriptive approach, and the focus of the therapist is on building a nonjudgmental, caring and warm, genuine relationship with the child (Landreth & Sweeney, 1997). It is the relationship between a caring, genuine therapist and the child that is the determining factor in whether, or not play therapy is effective for the child (Landreth & Sweeney, 1997). When established, an effective therapeutic relationship allows the child to gain courage, and greater self-worth and confidence. It is this relationship, as opposed to a set of interventions and techniques, that provides the conditions for the child to self-explore on a deeper level and allow the "self" to emerge (Axline, 1947; Landreth & Sweeney, 1997). For this reason, the objectives of child-centered play therapy remain consistent with the theoretical and philosophical underpinnings, and focus on assisting the child to:

1. Develop a more positive self-concept
2. Assume greater self-responsibility
3. Become more self-directing
4. Become more self-accepting
5. Become more self-reliant
6. Engage in self-determined decision making

7. Experience a feeling of control
8. Become sensitive to the process of coping
9. Develop an internal source of evaluation
10. Become more trusting of self

(Landreth, 1991, p.81).

It is pointed out that within the dimensions of this framework a child will have free choice to work on whatever issues and problems are most salient for him or her at that particular time (Landreth and Sweeney, 1997).

#### *Significance of Toys and Play Materials*

Although prescribed treatments and interventions are inconsistent with a child-centered approach to play therapy and the primary focus is on the therapeutic relationship, the role of play and play materials should not be undervalued (Coleman, Parker & Parmer, 1993). Efforts of children to communicate are “facilitated by the use of toys as their words and play as their language” (Landreth, 2001, p. 4), and for this reason it is important to provide an appropriate selection of play materials. Child-centered play therapists agree that play materials must allow for the self-directed expression of a wide variety of thoughts, feelings and behaviours (Axline, 1947; Guerney, 2001; Landreth, 1993; Landreth, 2001; Landreth and Sweeney, 1997). Gary Landreth (1993, 2001) provides a guideline for the selection of play therapy materials that have the capacity to facilitate:

1. The exploration of real life experiences
2. Expression of a wide range of feelings
3. Testing of limits
4. Expressive and exploratory play
5. Exploration and expression without verbalization

## 6. Success without prescribed structure

For the reason that toys and play materials can “determine or structure the kind and degree of expression by the child”, toys are selected carefully on the basis that they will facilitate a broad range of expressions on the part of children (Landreth, 2001, p.14).

Landreth (1991) further categorizes play materials into different groups: 1) Real life toys such as dollhouses and families, and puppets that allow for the representation of the child’s real family. 2) Acting out – Aggressive-release toys such as toy soldiers, bop/punching bags, and rubber knives can allow for the release of pent up emotions, 3) Toys for creative expression and emotional release include sand and water, clay and paints. Understanding the role of play materials in facilitating therapeutic play for children is an important feature of play therapy that should not be overlooked.

### *Developmental Appropriateness*

The developmental appropriateness of play therapy has been well documented (Amster, 1982; Axline, 1947; Coleman, Parker & Parmer, 1993; Guerney, 2001; Landreth, 1982, 1994, 2001; Landreth & Sweeney, 1997; McMahon, 1992; Bell Ritter & Chang, 2002). Landreth (2001) points out the developmental appropriateness and benefits of play for children as the basis for the argument that play therapy is a logical mode of counselling for children:

Play is a unique medium that facilitates the development of expressive language, communication skills, emotional development, social skills, decision-making skills, and cognitive development in children. Play is also a medium for exploration and discovery of interpersonal relationships, experimentation with adult roles, and understanding of one’s own feelings.

(p. 4).

Children, and generally those under the age of ten, who have not yet acquired the cognitive capabilities to talk out their problems will need to find an equivalent form of accessing and expressing them (Guernsey, 2001; Landreth & Sweeney, 1997). Play itself, is the most natural form of expression for children (Axline, 1969, p. 9), and without the ability to cognitively process problems using abstract reasoning, children need the use of toys and play materials to communicate (Guernsey, 2001; Landreth & Sweeney, 1997). Garry Landreth (1982, 1993) makes a key point that adults expect children to communicate with them using verbal language, that which is most comfortable for them, instead of trying to communicate with children on their level. The argument that counselling approaches for children should not simply be adapted from those used with adults for all the reasons previously discussed, is also supported by Rotter and Bush (2000), authors of the article "Play and Family Therapy" who suggest that "we need to engage young children in therapy, and imposing the adult world on the child is not engaging" (p.2).

### *Cultural Sensitivity*

It is not difficult to see the value of play therapy as a developmentally appropriate mode of counselling for children, but this does not address the question as to how appropriate it may be with non-white clients. Why has child-centered play therapy been considered a culturally sensitive, and effective therapy for working with non-white children?

Geraldine Glover (2001), author of "Cultural Considerations in Play Therapy", points out that because the intent of child-centered play therapy is to allow the child to self-direct the play therapy process and express unconditionally, his or her thoughts

feelings, and behaviors, cultural sensitivity and context can be maintained. The child-driven aspect of the play therapy process is a feature that would allow for the expression and processing of any cultural issues that may be at play for a child. This may be easier said than done however, and largely dependent on the knowledge, skills and awareness of the individual practitioner. Ramirez (as cited in Glover, 2001) states that it is the therapist's role to work from the child's frame of reference and to try to understand the meaning held by the child without imposing his or her own ideas and interventions onto the child.

Landreth and Sweeney (1997) clarify that regardless of the client's cultural background, the therapist's philosophy does not change, and nor do the theoretical and practical approach to the child. "Empathy, acceptance, understanding, and genuineness on the part of the therapist are provided to children equally, irrespective of their color, condition, circumstance, concern or complaint" (p.25).

Glover (2001) illuminates the underlying premise in child-centered play therapy that toys are chosen "without cultural responsiveness assuming that any doll will do as a vehicle of children to express themselves" and that "this may have restrictions" (p.38). Glover maintains that a variety of culturally sensitive toys need to be available to children to allow for the therapeutic work to occur. A lack of toys that are inclusive and representative of many different cultures can cause hindrance and disruption in the child's play therapy process.

Glover (2001) also provides a small sample of suggestions for culturally relevant play materials include: a balance of individuals ranging in age, gender, culture, ability, and class, and this diversity extends to families of individuals as well; artwork, artifacts,

paintings, musical instruments, wall hangings, and a variety of large pieces of fabrics; and a collection of culturally relevant home and kitchen items such as baskets, pottery, mortar and pestle, chopsticks, potato, rice and flour bags, a steamer, wok and cutting board. (p.40).

### *Cultural Issues of Concern*

Coleman, Parmer, and Barker (1993), and Glover (2001) caution that play therapy based on Rogers's client-centered therapy may fall short in regards to being culturally appropriate. Although the client-centered approach with children is non-directive and based on unconditional acceptance of the child, and this could be considered a strength in working with non-white children, the appropriateness of these particular features may need to be looked at more closely.

Rogarian techniques for example, may not be appropriate with Asian-American children who are taught to make decisions in consultation with their family. Wendy Edwards (2001) sees an inevitable clash of counselling and cultural values given that a widely held cultural value within some First Nations groups' is the importance of listening, watching, and waiting. First Nations Elders believe these traditions would ensure that knowledge did not become detached from the experience, and that of wisdom from divinity (Edwards, 2001). Cross-cultural differences do exist, and can conflict with the basic tenets of Roger's client-centered counselling approach.

Given the amount of research that supports a changing counselling practice that is effective for non-white clients, there is a direct contradiction to the basic tenets of child-centered play therapy stating a counsellors theory, and practice does not change regardless of the client. Furthermore, Glover (2001) points out that although toys can be

used different children in whatever manner he or she chooses, it is critical to have a variety of culturally diverse toys and play materials. It would also be wise to have posters and toys and various items in the counsellor's office that is demonstrative of recognizing and celebrating non-white cultures.

Since one of the counsellor's responsibilities is to be able to devise techniques in which to incorporate cultural issues into the context of play therapy (Coleman, Parmer & Barker, 1993), it may be in the best interest of the counsellor and the client to seek a more collaborative relationship with the client's parents. Glover (2001) stresses the importance of involving the parents or guardians when working with children from non-white cultures. She states that working within the context of the family can allow the therapist to learn and incorporate parental expectations, and values, according to what is considered developmentally appropriate for non-white children.

Working more collaboratively with the parents may also provide the opportunity for the therapist to be able to learn not only the more general, or common traditions of a culture, but also more of the child and parents as a unique family within the larger culture. Negy (2000) believes this is important because without a sense of the "individual" family culture or system, practitioners are more likely to fall back on generalized assumptions about non-white cultural groups that are stereotypical and inapplicable. As Negy explains, this has a myriad of negative consequences:

Essentially, when the therapists approach clients as "ethnic entities" rather than as unique individuals with their own set of problems, therapists' risk imposing their own issues or concerns onto the clients (one might even argue that making assumptions about clients' issues a priori based on our knowledge of client's race or ethnicity is in itself a form of racism and therefore, inappropriate). (p. 441).

Unfortunately, this is often the result of a lack of education, training and awareness around multicultural issues. However, knowing that individuals and families have their own unique culture inside of the larger group membership means that within group differences can no longer be ignored.

### *Acculturation*

After extensive study of the overall importance of the ethnic matching of the therapist and the client, Sue (as cited in Tharpe, 1991) found only “contradictory and inconclusive evidence as to whether matching is superior”. Juarez (as cited in Tharpe, 1991) argues that it is the therapist’s ability to understand the client’s cultural context and to develop a therapeutic relationship that facilitates the client’s counselling process that is ultimately more relevant than whether there are cultural similarities between therapist and client.

A different finding from Sue’s research (as cited in Tharpe, 1991) is the importance of the difference between ethnic membership (national or geographic origin of ancestors) and cultural membership (commonalities of values, attitudes, motives with the group or groups.). It also lends itself to the idea that within-group differences need to be taken into account in counselling clients from non-white cultures.

One of the most helpful concepts associated with understanding within-group cultural differences is “acculturation”. Acculturation, according to Marsella and Yamada, (as cited in Cuellar and Paniagua, 2000) is defined as “the process that occurs when an individual or group from a given culture is required to adapt and adjust to the

cultural worldviews, customs, and traditions of another group. In many instances, the latter culture is a dominant culture in the interaction”(p. 14).

Increasing attention has been given to the fact that in Canada, cultures have become blended making it increasingly difficult to understand what degree an individual, and an individual’s family has acculturated to mainstream culture, and how this is relevant to the counselling process. Laungani, (2002) warns that several worlds may exist in which we live, however, how different individuals construe their worlds, and the worlds’ of others differently cannot be overlooked. Acculturation is not unidimensional warns Cuellar (2000), author of *Acculturation and Mental Health*, and counselling practitioners need to gain a better understanding of the psychological effects of the acculturation process. Although a number of different aspects of acculturation are important to learn in addition to the models that conceptualize the process, this study primarily seeks to identify acculturation as a process that all individuals are confronted with, and a significant factor not to be overlooked by counsellors.

In trying to understand the “worldview” of different non-white individuals and how that influences the counselling relationship and process, Lee and Ramirez (2000) suggest that counsellors become aware of the challenges faced by non-white individuals living in mainstream culture. These challenges can be distinguished from “chronic environmental stressors, such as poverty or discrimination, to other stressors that can be more acute and circumscribed, such as a new job or migration to a new country” (p. 290). This may be a helpful strategy in that it can disrupt the traditional theoretical belief that designates either the client, or the counsellor as the primary problem in the counselling process.

One particular aspect of the acculturation process that requires some discussion is the issue of individuals struggling with being biracial, and multicultural. Glover (2001) points out that although not all, many children who are of mixed race experience the feelings of “social marginalization and loneliness” specific to the difficulty of being accepted by different cultural groups (p. 38). Given the developmental issues that children face with regard to acceptance among peers, and self-worth as an individual, adding the reality of one’s confusion around cultural belonging might well create a multilayered problem central to the concept of identity. For those individuals of colour and First Nations individuals that do struggle with having a biracial or multicultural identity, it is not difficult to see how this could impact his or her psychological well-being. If a counsellor is going to be effective in cross-cultural play therapy, it is necessary to acknowledge the unique mental health issues that can arise (Cross, Dennis, Isaacs, and Bazron, 1989). Herring (as cited in Glover, 2001) specifies that in the context of counselling “ the therapist needs to examine the circumstances of being of mixed race as a possible influencing factor, being alert to possibilities that the child’s presenting problem may shield a deeper problem of ethnic identity confusion - or not” (p. 38).

#### *A Relevant Research Issue*

To make a final point that holds particular relevance to the current research study, it is useful to return to Sue’s research that was discussed earlier. Sue (1991) makes the recommendation to focus on “more proximal variables, such as how cultural knowledge is translated into particular therapeutic behaviours and decisions” (as cited in Tharpe, 1991, p.7). This raises an issue relevant to the field of research.

It might be argued that without more concise theoretical and conceptual standardization in the fields of both play therapy, and multicultural counselling, moving theory into practice is premature. On the other hand, the cusp of integrating cultural theory into practice inevitably requires involvement and activity in both fields concurrently. This should be considered a normal part of the developmental stages of an advancing research field, and is not intended to be an attempt to downplay the importance of gaining a good understanding of theories and concepts central to cross-cultural play therapy prior to putting into practice.

### *Multicultural Competency*

In order for counselling to be more effective with individuals from non-white cultures, mental health professionals must develop their own cultural identities and become aware of their own biases (Coleman, Parmer & Barker, 1993; Shebib & College 2002). Regardless of the theoretical or conceptual approach, the inherent power difference between a counsellor and a client in a counselling relationship becomes even greater when cross-cultural dynamics are present, and the counsellor is from the dominant culture. Finally, the age factor of the relationship between an adult and a child in a counselling relationship creates a third and final difference in power and it is present before the counselling session even begins.

Rastogi and Wieling (2005) in their article *Voices of Color: First-Person Accounts of Ethnic Minority Therapists* stress the critical need for practitioners to examine the power accorded to him or her by virtue of their cultural backgrounds.

“... White clinicians need to examine the contexts of power and privilege that pervade every encounter with a client or colleague of color. To deny the impact and existence of these contexts is irresponsible practice (p.96).

The ability of professionals to increase his or her knowledge and understanding of multicultural issues in counselling, and then apply it in practice requires significant learning that may seem overwhelming and intimidating, if not impossible at times. It may help however, to consider this process in terms of an individual counsellor's level or degree of multicultural competence.

The concept of multicultural competency still varies, but one definition provided by Lui and Clay (2002) is helpful in grasping a general understanding: “Being multiculturally competent does not always imply introducing and using culture in therapy, but to have the knowledge, awareness, and skills to know when and how culture can best be used” (p.2). For programs and services, multicultural competence represents a modern approach to thinking about the philosophy, content and delivery of mental health services (Cross, et al., 1989).

Like acculturation, multicultural competence is a multifaceted concept and counsellors, both white and non-white, may be challenged in identifying each and every aspect. In the face of such a challenge, it may be useful to review guidelines that have been put forth by different authors in an effort to help provide frameworks for understanding and gaining multicultural competence.

Shebib and College (1994) suggest that in order for practitioners to gain cross-cultural counselling competency, he or she needs to understand the development of multicultural clients' worldview:

Counsellors need to possess knowledge about the history, values, and socializations practices of cultural groups within Canadian society, and how their heritages, including the sociopolitical issues facing these groups may have influenced their personal and social development... Cultural knowledge includes information about the client's cultural roots, values, perceived problems and preferred interventions, as well as any significant within group diversity, including differing levels of socioeconomic status, acculturation and racial-identity commitment. (Arthur and Stewart, 2001, p.7 as cited in Shebib & College, 2002).

This does raise an important question however, as to whether it is possible to gain knowledge of all different non-white cultures. This may not be possible, and perhaps having some basic knowledge of different non-white cultures may be as important as an individual therapists attitude toward learning and diversity.

William Liu and Daniel Clay (2002), provide five steps that are designed to assist and guide the decision-making when working with non-white children.

- 1) Evaluate which, if any, cultural aspects are relevant
- 2) Determine the level of skills and information necessary for competent treatment and possible referral.
- 3) Determine how much, when, and how to incorporate cultural issues.
- 4) Examine potential treatments and understand the cultural assumptions of each.
- 5) Implement the treatment using cultural strengths.

Explaining the concept of multicultural competence in all its dimensions is a challenge beyond the scope of this study however gaining a better understanding of its critical importance in play therapy, and all forms of counselling is not. For this reason, it

is useful to review some of the rare research that has focused on multicultural competence specific to play therapy. These studies are quantitative in nature and present a basis in which to conduct the present qualitative study.

### *Multicultural Competence in Play Therapy Research*

Research in this particular area has advanced to identify and categorize different aspects of multicultural competence that are considered to be representative of competencies of the individual counsellor. Sue, Arredondo, and McDavis (as cited in Shebib & College, 1994) have proposed a series of multicultural counselling competencies as the basis of counsellors' education, training, and practice that has been adopted by the American Counselling Association. These competencies have been categorized into three distinct, but related realms: counsellor awareness of their own values, counsellor awareness of clients' worldviews, and intervention strategies that are appropriate for use with non-white populations.

Holcomb-McCoy and Myers (as cited in Bell Ritter & Chang, 2002) have developed the Multicultural Counselling Competence and Training Survey (MCCTS). They used this survey to explore the self-perceived multicultural competence of elementary school counsellors. The study revealed overall that the elementary school counsellors perceived themselves to be multiculturally competent, but also indicated that neither courses in multicultural counselling, or years of counselling experience had any role in being multiculturally competent.

Ritter Bell and Chang (2002) later expanded on Holcomb-McCoy's study by using the MCCTS with registered play therapists. Their study revealed a relationship between multicultural competency and adequacy of training. However, the researchers

were left with one intriguing question unanswered. How could play therapists rate themselves multiculturally competent in the absence of adequate training? How then, did play therapists become competent if not through education or training? Future research suggestions resulting from that study include looking at adequacy of training and how one becomes multiculturally competent, as well as looking at the racial/ethnic differences of play therapists from a qualitative perspective (2002).

Arredondo, Toporek, Brown, Jones, Locke, Sanchez and Sandler (as cited in Bell Ritter & Chang, 1996) supports the notion that individual counsellors must adapt their approaches and practice to work effectively with non-white clients, but stresses that this is not the only area that needs to change. "Assessing the cultural appropriateness and relevance of organizational systems, policies, and practices" must be done if status quo is to change (p.8). The responsibility of those with power in ministries and agencies providing play therapy to multicultural children to review and design culturally appropriate policy and protocol should not be ignored.

### *Summary of Chapter II*

A review of the literature reveals new and exciting areas of development within the field of play therapy and working with culturally diverse children. Relevant theoretical, cultural and conceptual issues have been highlighted for the purpose of providing a context for the presentation of the current study. Genuine appreciation of the multidimensionality and complexity of the phenomenon being studied is gained, however the literature presented here shows the concentration in only some key areas.

Recent research tends to focus on increasing the multicultural competence of the individuals doing cross-cultural counselling including play therapy. The adequacy of

multicultural training, levels of client and client family acculturation, and toys and play materials utilized during play therapy have all been identified as areas requiring further research. Specific recommendations for future research suggest looking at ethnic and racial differences between play therapists, toys and play materials that elicit therapeutic responses from multicultural children, and more proximal variables, such as the transfer of culture into particular therapeutic behaviours, and decisions.

In this study I attempt to build on and expand the existing literature by looking at the perceptions and lived experience of people of color and First Nations individuals who are providing play therapy to children of color and First Nations children. There is a particular focus on how these practitioners view their practice in terms of multicultural competence.

## Chapter III - Methodology

### *Introduction*

The research interest is in studying how counsellors who conduct play therapy with children of color and First Nations experience multicultural competence in play therapy, and how it is that they come to develop the perspectives they hold. Topics that will be covered in this section include the theoretical underpinnings of the general approach and methodological design, the instrumentation utilized, the data collection procedures, and participant selection.

### *Qualitative Approach*

I chose a qualitative approach as appropriate to the research question, consistent with the ontological and epistemological perspective of the researcher, and with the ability to generate rich and meaningful data (Mason, 2002). Researchers that use this approach are primarily interested in how different people come to make sense of the world in the context of their own lives (Bogdan & Biklin 2003). Qualitative researchers operate on the assumption that it is people and their experiences, perceptions and understanding that make up social reality (Mason, 2002).

A qualitative approach depends on an ontological position that maintains that people's knowledge, view, and understandings are meaningful properties of social reality. From an epistemological standpoint, a meaningful way to generate data on those ontological properties is to talk interactively with people, ask questions, and listen to them to gain access to their accounts and articulations (Mason, 2002). It is in this way that using a qualitative approach should uncover the implicit meaning in a particular situation from one or more perspectives (Anderson & Arsenault, 1998).

Bogdan and Biklin, (2003) use the term qualitative research to include a range of strategies that are called “qualitative”. Qualitative research may be conducted in stages, which are not necessarily separated from one another: Design decisions are made throughout the study. “Although the most intensive period of data analysis usually occurs near the end, data analysis is an ongoing part of the research process. Decisions about design and analysis may be made together” (p.50). The nature of qualitative research is guided by theory and method and adequately provides “the parameters, the tools and the general guide of how to proceed” (p. 50).

Qualitative research is often used as an umbrella term that encompasses a number of particular research strategies (Bogdan & Biklin, 2003). However, since qualitative research has been used within the social sciences, a number of different theoretical perspectives have developed as forms of qualitative approaches (Holstein & Gubrium, 1994). Richardson (2004) agrees that critique of traditional qualitative work has led to “qualitative research appearing in new forms: genres are blurred, jumbled”(p. 479). These perspectives may embrace the tenets of a “reality-constituting practice”, but there are still distinguishing features that make each one unique (1994). The next section describes how different streams within phenomenology have contributed to achieving a theoretical and methodological design appropriate to the focus of this study.

### *Phenomenology*

The term phenomenology is still debated in the quest for continued learning. Bogdan and Biklin (2003) suggest that despite certain theoretical differences, most qualitative researchers reflect some form of phenomenological perspective. On the other hand, with phenomenology having splintered into different philosophical and conceptual

streams, some researchers state that this has created a need for researchers to clarify which branch of phenomenology is guiding a study (Lopez & Willis, 2004).

In a general sense, phenomenology is an appropriate research design for the current research question because it can be used to study a wide range of phenomena, and it is capable of detecting many aspects of a phenomenon (Anderson & Arsenault, 1998). More specifically, however, phenomenology is an interpretivist approach, and is interested in understanding the meaning and essences of the experiences about a phenomenon (Creswell, 1998). Phenomenology asks the question, “What is this experience like?” or “What is the meaning of something?” It is less concerned with facts, and more with understanding the nature of human activity, and therefore asks not “how did you learn to do research?” but rather, “What was the nature of your learning experience?” (Anderson & Arsenault, 1998, p. 123). Given the nature of the current study to attempt to understand the meaning of individuals’ experiences and understanding of conducting play therapy with non-white children, a phenomenological framework seems particularly well suited.

Laverty (2003) further distinguishes between two phenomenological approaches recognized as “Descriptive” and “Interpretive”. Laverty explains that while the focus and outcomes of the researcher, including data collection, subject selection, and the understanding of the lived experience may be similar, the position of the researcher, the process of data analysis, and issues of rigor or credibility can provide striking contrasts between the two designs.

Descriptive phenomenology often referred to as Husserlian phenomenology, does not fit this study for very specific reasons (Lopez & Willis, 2004). The premise that the

researcher is to maintain an objective stance through “bracketing” is not a concept that can be supported in this study. The researcher’s full presence is not only unavoidable, but is an expected and important aspect of the interpretive process. Laverly (2003) explains that “interpretations arise through a fusion of the text and it’s context, as well as, the participants, the researcher, and their contexts” (p.6).

A data analysis process that involves reconstructing both a structural and textural understanding of the participant’s experiences is not required for this study. Lindseth and Norberg (2004) define a structural analysis as the “methodological instance of interpretation” (p.149) and Gall, Gall, and Borg (1999) add that a structural analysis involves identifying the structural patterns that are inherent to the data, not inferred. This can include noting how many times participants used particular words, or phrases, or how often certain words are uttered, or the sequence in which participants speak during ongoing dialogue. A structural analysis relies on the underlying assumptions of positivist thought that seeks to view text with objectivity requiring a “decontextualization” of the meaning units from the text as a whole (Lindseth and Norberg, 2004, p. 150), and for this reason is not appropriate to the current research. Husserl considered rigor to be how vivid and faithful a description is to the actual lived experience. Finally, an epistemology that emphasizes questions of knowing, over experiencing and understanding would not be true to the purpose of this study (p5).

To conduct an interpretive or hermeneutical analysis, it is not necessary to attain a separate structural analysis. Granted it can add a significant dimension to the development of context, the analysis used in the current study does not require a structural analysis because the focus is still on interpretation as it brought forth through

preunderstanding and ongoing dialogue between the parts and the whole of the texts of those individuals involved (Lavery, 2003). Although there are different kinds of structural analysis', there is an attempt to view the "text as objectively as possible", and to consider the text independently from their context (Lindseth & Norberg, 2004). Objectivity is not a goal in this study, and trying to understand the meaning behind about how many times a participant pauses, or uses a particular word is based too much on researcher assumption and therefore will not be included in this study.

Interpretive phenomenology, also known as Hermeneutic phenomenology, has come about from the work of Heidegger, Gadamer, and Ricoeur (as cited in Lindseth & Norberg, 2004). According to Lopez & Willis (2004) interpretive phenomenology is based on the premise that in order to understand the essences of human experience, the researcher must move beyond description of core concepts and essences to look for meanings embedded in common life practices. Hermeneutic inquiry is interested in what participants' experience, as opposed to what they know, and this can be based on the idea that meanings are not always conscious to participants until they are "gleaned" from the narratives produced by them (p.728).

This research study embraces and supports an interpretivist inquiry that considers the narratives provided by the participants in relation to various contexts as the foundation of interpretive phenomenology. I will access the aspects of Hermeneutic inquiry that are based in philosophy, and place a strong emphasis on co-construction, as well as the perspective and process of the researcher.

Lindseth and Norberg (2004), present a phenomenological, hermeneutical method inspired by the theory of interpretation as given by Paul Ricoeur (as cited in Lindseth,

Marhaug, Norberg, & Ugden, 1994). Lindseth and Norberg (2004) position themselves quite specifically, rejecting the idea of embracing a “pure” hermeneutics or a “pure” phenomenological methodology (p.147). The present study was a creative blend of Husserl’s traditional phenomenology, and a hermeneutical tradition of text interpretation.

To avoid either a phenomenological or a hermeneutical approach, Lindseth and Norberg (2004) make the claim that for the purposes of research, lived experience has to be fixed in texts, which then always need interpretation. However, too strong of a presence of the researchers written within the text can create a tendency to lose the essential meaning by interpreting beyond comprehension. The researcher may be left with “text interpretation that does not transcend the text meaning to reveal the essential traits of our life world” (Lindseth and Norberg, 2004, p. 147). To understand the use of both a descriptive and interpretive phenomenology in this study it is important to understand that the shared qualities include: data collection, subject selection and the goal of understanding the lived experience. Qualities of the studies that differ include: the position of the researcher, process of data analysis, and issues of rigor and credibility and are listed below. This study utilizes the interpretive characteristics.

#### DESCRIPTIVE

Reality is “out there”  
to be apprehended

Questions of knowing

Researcher presence  
is bracketed

#### INTERPRETIVE

Reality is local and  
constructed

Questions of experiencing/  
understanding

Full presence of  
researcher

Structural analysis  
necessary

Structural analysis  
unnecessary

Self reflection for  
purpose of bracketing

Self-reflection for  
inclusion of researcher process

Rigor involves structural  
analysis & bracketing

Credibility involves  
member checking,  
audit trail

Laverty, (2003)

The current study has had to find its appropriate theoretical and methodological position between pure phenomenology and pure hermeneutic phenomenology. For the purposes of this research, this study is best defined as a qualitative phenomenological study with an interpretive analysis using Biklin and Bogdan (2003) as a guide through the research process. This is demonstrated by the varying degrees of balance between structure and flexibility that I present throughout all stages of my study.

The development of qualitative research is ongoing. This is particularly relevant to the fact that qualitative research theory and practice advance as they are being conducted. It is the kind of activity “that in the doing transforms the very theory and aims that guide it” (Schwandt, 2000). This study was developed with the guidance of Ely, Vinz, Downing, & Anzul (1997). “We think that it is more important for researchers to understand certain principles underlying qualitative analysis and to adapt approaches as the needs of their own data suggest rather than to attempt to follow any one approach too rigorously” (p.163).

This study is based on the assumption that meaning and process are critical in the attempt to understand human behavior, that data is collected through interviews with participants to gain entry into his or her conceptual world, and that analysis is best done

inductively in order to understand how and what meaning participants construct (Bogdan & Biklin 2003, p.23).

Additionally, as a researcher, I have an active role in all stages of the research process, and my thoughts, ideas and experiences are not only present, but also necessary to the research process. Bracketing my own thoughts and feelings, and what I bring to this process, would be impossible. It may be important to note, however, that a researcher's presence and activity can vary. For instance, the presence of the individual engaging in the research may be greater during the analysis when sorting and categorizing is primarily at his or her discretion, than it is during the interview process that is more directed by a participant. A separate structural analysis is not required in the analysis and interpretation process in order to attempt to understand the participants from his or her perspective (Bogdan & Biklin, 2004).

Ely et al. (1997) point out that the analytic process is "systematic and comprehensive, but not rigid" and will emerge and develop as a result of the data and the purposes of the study (p.163). These authors further stress that it is not the brand or style of analysis a researcher follows as much having consistent system for understanding and documenting the choices that are made during the process.

"Interpretivism does not have to rely on 'total immersion in setting' and can therefore, happily support a study which uses interview methods for example, where the aim is to explore people's individual and collective understandings, reasoning processes, social norms, and so on" (Mason, 2002, p.56). Finally, this study is concerned with the issues of credibility and trustworthiness as the markers of a worthy study, and requires

that I engage in specific activities in order to develop these standards. These activities are described in detail in the section on credibility and trustworthiness.

### *Participants*

The goal of purposeful participant recruitment is to select individuals' who are likely to be "information-rich" with respect to the purposes of the study, and the phenomena being studied (Gall, Gall & Borg, 1999, p.294). Given that the research question in the current study is interested in the perceptions of individuals of color and First Nations individuals conducting play therapy with children of color and First Nations children, it was necessary to use criterion sampling.

Staying within a phenomenological framework, participants needed to have ongoing experience in conducting play therapy with children, and were also from cultural backgrounds other than Caucasian (Gall, Borg, & Gall, 1996). This study had five participants: four female, and one male from a diverse variety of non-white backgrounds. The five participants lived within the Pacific Northwest region, and identified themselves as having African, Jamaican, First Nations, Persian, Chinese, Asian, Irish, Scottish, and French cultural backgrounds. As a group, the participants had conducted play therapy with children of color and First Nations children ranging from six to twenty-one years. Their educational background included Diplomas in Art Therapy, and Fine Arts; Bachelor Degrees in Child and Youth Care, Asian Studies, Business, Fine Arts, Nursing, Psychology, and Masters degrees in Counselling Psychology. Participants were employed in four different realms: Government, Non-Profit, Private Agencies, and Private Practice.

The challenge of being able to locate people of color and First Nations individuals conducting play therapy with children of color was anticipated. To begin, I accessed

personal contacts within the university setting, and the counselling community to locate potential participants. This resulted in finding an individual appropriate for conducting the pilot project.

A total of 37 telephone calls and emails were made to different individuals that either provided the name of a potential participant, or more often the names of other people who might know eligible participants. Snowballing, the technical term used to describe the participant recruitment technique was also utilized, and this involved identifying potential participants through the participants that had already been interviewed.

The procedures that were taken to protect the rights of the participants included an informed consent (See Appendix D) obtained via telephone or email, research with human subjects ethics approval, confirming informed consent prior to the interview, ensuring each participant had at least three personal debriefing contacts that could be accessed for support if need be following the interview, and a debriefing lunch or coffee/discussion following the interview was held with four of the five participants with time constraints preventing the fifth (Heath, 1997).

### *Instrumentation*

In qualitative research, the individual researcher is the principal data collection instrument (Anderson & Arsenault, 1998; Gall, Borg & Gall, 1999, Richardson, 2004). For this reason, “the quality of the product is directly related to the researchers skill and ability to understand, record, gain insight and interpret the dearth of data collected” (Anderson & Arsenault, 1998, p. 134-135). In this study, I was the primary researcher responsible for conducting all participant interviews. The cross-cultural dynamics of this study also required that specific attention be given in preparing for the interview,

developing the interview format, and questions. Criteria such as the pilot project and reflexivity and member checking that demonstrate the credibility and trustworthiness of this study are also discussed in this section.

### *Cultural Concerns*

In a study, where the participants are from a culture that is different from that of the primary researcher, cross-cultural dynamics are present. As a Caucasian individual, being given the opportunity of interviewing five child counsellors from a rich variety of different cultural backgrounds was indeed a privilege and honor. However, cross cultural dynamics in research does warrant attention to the interview, specifically in terms of level of trust, and how that may influence the amount, degree of depth, and type of data that is gathered during the interview.

Reviewing interview questions to determine cultural sensitivity and appropriateness was a topic discussed in the context of consultation with three different non-white counsellors. Interview location was the participants' choice, in addition to an optional paid debriefing lunch following the interview. Cultural considerations around interviewing and the research questions presented to participants are looked at in greater depth in the final discussion.

### *Credibility and Trustworthiness.*

Research based on an interpretivist epistemology uses certain criteria to demonstrate the credibility and trustworthiness of the findings and methods (Anderson & Arsenault, 1998). In this study, efforts to achieve worthiness included conducting a pilot project, accessing cross-cultural consultation with three individuals, engaging in ongoing reflexivity, member checking at three different levels and maintaining an audit trail.

Conducting a pilot project was an invaluable technique in this research as it allowed for a test of the usefulness and relevance of the technical equipment, interview format, and interview questions. The pilot project created familiarity with the sound levels, and recording confirmation lights (superior sound quality was found utilizing a PZM microphone in addition to the regular recording device).

Creating an interview format, or “conversational guideline”, or “outline” was done for the purpose of “setting up an overall framework for the interview to keep the interview on course, yet allowing sufficient flexibility for exploring uncharted paths” (Rubin and Rubin, 1995, p. 145). Rubin and Rubin (1995) caution that, “without some idea of the boundary of a study, a cultural interviewer might try to understand everything and learn very little in depth and detail” (p.173). An interview format was also formulated to account for core ethical issues including informed consent and issues of confidentiality (Miller & Crabtree, 2004).

Member checking was conducted with the participants at three different levels during the study. After original transcription of the data was completed, the participants were asked to review his or her transcripts to change, add, delete, or put into context, any of the data. I asked participants to check the transcript to ensure accuracy and completeness in my reconstruction of his or her perspective (Gall, Gall & Borg, 1999). The participants were then asked to review written sections of his or her interpreted data, along with other participant data that demonstrated how the data would be presented within the final text. Finally, participants were asked to conduct a member-check particular to certain phrases that she or he had used in the interview that may jeopardize confidentiality. This allowed the participants to decide whether certain terms needed to

be removed, or could be incorporated into the text without fear of loss of confidentiality. This ultimately served as a final member-check and consent.

For a qualitative, phenomenological study with an interpretive analysis, having completed a pilot project was extremely useful for developing a balance between the flexibility and structure in which to present, and probe the interview questions. Questions in a phenomenological design are open-ended, meaning that respondents can answer freely in their own terms rather than selecting from a fixed set of responses (Gall, Gall & Borg, 1999). Pilot projects therefore, can be useful in helping to determine the fine line between the interview questions being too detailed, or too general (Creswell, 2002, p. 212). The pilot project allowed for examining the breadth, and depth of, as well as the level of detail, in the responses provided by the participants. A more detailed discussion of the participant interviews in this respect is continued in the data collection section.

Another benefit of having conducted a pilot project in this study is that it provided the opportunity to become more mindful of my body language during the interview, and the extent to which I move around and how that might impact the participant. This led me to recognize the need to explain to the participant that occasionally I might avert my eyes to the equipment to ensure continued recording of the interview. The participant would therefore be aware of my action, and could continue discussion without interruption. The pilot project also created a smooth transition into the interview phase of the research.

The credibility of my qualitative research was further enhanced by maintaining an ‘audit trail’ including keeping records of all the sources of information used, using detailed transcripts, and taking field notes of all communications and reflective thinking activities during the research process (Anderson & Arsenault, 1998, p. 134). Maintaining

an audit trail was critical to my study in that it documented a currently developing process that allowed for my review of events in the research process, cross cultural concerns, and the tracking of units of data during the data analysis phase.

Reflexivity is an activity associated with various forms of qualitative research, and can be referred to using different terms or phrases. Both, Spencer, (as cited in Mason, 2002) and Gall, Gall and Borg (1999) explain reflexivity as the personal reflections of the researcher made throughout the research process. The first author explains that a strong reflexivity recognizes the inevitable role of the researcher in the research process.

“Linked to this reflexivity is a sense of responsibility for the consequences of a particular way of representing the words and practices of other people; in this case a responsibility to recognize complexity and difference.....” (Spencer as cited in Mason, 2002, p. 194).

The second authors illustrate their ideas of researcher self-reflection using David Thomas’s (1993, as cited in Gall, Gall, and Borg) research looking at race relationships between managers and their protégés. In his self-reflections, Thomas explained that the possible impact of his being a man of color, and of junior rank, as well as the ability to develop interview rapport with Caucasian senior managers were two major concerns. He further explained steps he took to address these concerns including how he sought out academic research supervisors who specialized in clinical supervision and race relations. Gall, et al (1999), make the comment that “this sensitivity to his possible effect on the data-collection and analysis process contributed to the soundness of the research findings” (p.308).

Reflexivity was critical in exploring the issue of being a white researcher engaged in cross-cultural research interviews. It also allowed for exploration and greater

understanding by highlighting issues of participant eligibility, and its connection to self-identified cultural backgrounds, cultural appropriateness of physical contact upon greeting and completing research interviews, researcher ignorance, and the subsequent creation of a research study that could in some unforeseen way negatively impact non-white individuals.

The topics listed above were also discussed in consultation with individuals who had specific knowledge and life experience within this realm. Westwood and Ishiyama (1990) discuss consultation as an important aspect of cross-cultural research. They explain that consultation includes examination of the therapist's accuracy of interpretation of nonverbal behaviours. With cross-cultural dynamics, therapists have an even greater chance of misinterpreting nonverbal behaviours due to differences in communication styles. Within this study, consultation was accessed as needed during the development of the study design, and more regularly during the data analysis and interpretation stages when I needed to seek input in addressing some of the previously identified cross-cultural concerns.

#### *Data Collection*

I began the data collection process by completing one face-to-face interview with each participant as the key informant given I was focused on probing the views of a small number of elite individuals who have particular experience and knowledge about the subject being discussed (Anderson & Arsenault, 1998, p.191). Interviews ranged from one hour to one and a half hours, and all were audio-taped, and transcribed within three days following the interview. Cross-cultural dynamics meant that particular attention needed to be given to the development of the interview questions in terms of language,

and any potential language barriers, cultural sensitivity, and also an ongoing awareness of the cross-cultural limitations as an interviewer.

Morse and Richards (2002) state that phenomenology should use informal conversations in which a more active role is taken by the researcher than in interactive interviews. Interactive interviews have few planned questions and may only have one grand tour question (pp. 91-92). Depth interviewing is another term used to describe the interview process used in phenomenological studies, and is defined by Miller and Crabtree (2004): "Depth interviews are organized around an interview guide consisting of some relatively closed identifying questions and a few (one to six) open-ended grand tour questions with associated prompts/probes and follow up questions" (p.191). Bogdan and Biklin (2003) point out that in-depth interviewing has also been referred to as "unstructured", "open-ended", "non-directive", and "flexibly structured" (Maccoby & Maccoby, 1954; Jahoda, Deutsch, & Cook, 1951; Mead & Petras, 1970; Whyte, 1979 as cited in Bogdan & Biklin, 2003, pp.2-3).

In this study, I formulated and developed eight questions from the primary research question, past and current literature, and my personal experience (See Appendix C). In addition to the eight questions presented, a four-item demographics form was also completed prior to the interview and included questions on ethnic origin, years of experience, level of education, and employment structure (ie. private practice, community/private agency, government agency). As discussed earlier in the section on credibility and trustworthiness, the interview format acts as a guide, but it also acts in conjunction with the interview questions. The format and questions together provide an

effective opening and closing for the interview, and with just enough of a variety of questions in a particular sequence that a flow in the interview developed.

A goal for myself in this study was to pattern the interviews around certain questions in such a way that flexibility and overall structure would create a balance that would generate rich and meaningful data (Rubin & Rubin, 1995). Structure is represented by the fact that each of the research questions was designed with a specific intention, and was prepared prior to the interview. Flexibility was exercised with the use of various open-ended questions, planned and unplanned probes, and an interview format that allows for unanticipated topic discussion.

Four headings are provided to distinguish between the different questions. The first question was designed to serve as an “icebreaker” in the interview. Its purpose was to encourage participants to become comfortable in the role of talking, and sharing thoughts, ideas, and experiences with me as an interviewer (Creswell, 2002). This could be particularly valuable with cross-cultural dynamics in that it could help to build a sense of rapport between the interviewer and the interviewee.

Questions two, three, and four were the main questions. Rubin and Rubin (1995) often consider these to be “conversational devices”, and suggest that main questions can “specify an arena but lets the interviewee choose what is important to talk about” (p.178). They recommend that the main questions be open enough to allow for the expression of participant opinions and experiences, but focused enough that it keeps interviewees from wandering too far out of the overall context of the question. The open-ended nature of these questions further facilitates the participants answering from his or her frame of reference (Bodan, & Biklin, 2003).

Questions five and six were developed from the literature which reminded me not to overlook the importance of the modes and techniques utilized in play therapy in future cross-cultural research endeavors (Coleman, Parmer & Barker, 1993). These questions are meant to set boundaries on the scope of the main question “without at the same time limiting what themes or concepts the person describes” (Rubin & Rubin, 1995 p.180).

Questions seven and eight are open-ended questions that serve two purposes. The seventh question is an open-ended question that I was taught to routinely ask in cross-cultural interviews. It is used for the purpose of acknowledging and respecting cultural differences, and to tap into any areas that may have been missed, yet could have significant importance in grasping the essence of a participant’s lived experience. It may also lead to important discussions about the role of research in this area, the research process itself, my role as engaging in this research and ideas for future research. The last question creates a space to revisit, clarify or discuss further, any of the topics that were discussed during the course of the interview, as well as providing closure.

The use of interview probes played an important role in the interview process. Probes serve three functions according to Rubin and Rubin (1995). First, they can signify to the participant that I am present and interested in the process, and second they can gently support the participant to clarify or fill in missing information in an effort to find closure on the current vein of discussion. Lastly, probes can encourage participants to elaborate on answers being provided, and in this way they help to find a level of depth desired in the participant response. Probes used in this study included: “Can you tell me a little more about that? or “Could I ask a little further about what you mean by...?”, or “If it is ok with you, would you be willing to expand on that a little more?”

It is useful here to resume my earlier discussion around cross-cultural dynamics and how this shaped the development of the data collection method and process. The interview and the interview questions represent two specific areas providing interesting insight.

After setting up of the technical equipment necessary to conduct the interview, and completing the administrative organizing including reviewing informed consent, and interview protocol, I find that the research relationship moves into an interview setting in which the dynamics became more personal through the interactions between two people.

The interviews in the current study focused primarily on grasping the participant's perspective. My concern was around how comfortable the participants felt in sharing personal thoughts, and ideas, feelings, and experiences with an interviewer in an interview setting. Rubin and Rubin (1995) talk about the cross-cultural dynamic in terms of crossing boundaries. "To learn about culture, an interviewer doesn't necessarily need to become an insider but must be allowed to cross the boundary and become accepted as one who can be taught" (p. 171).

Two individuals from different cultural backgrounds discussing the topic of "culture", and particularly when one person is a Caucasian interviewer can make trust a primary issue. As a member of the Caucasian Canadian culture, and having lived in the dominant culture from birth, I can be racist regardless of intention. For this reason, it is impossible to be fully conscious, all of the time of how and where one's own racist assumptions manifest themselves. However, I may not be able to identify it, and thus offend participants by acting on learned racist assumptions, and although I find this to leave me feeling unsettled, I understand the role of learning about our learned bias in the

effort to gain multicultural competence. Despite formal and informal education, culturally specific training, and cross-cultural supervision and experiences, I must recognize and accept the possibility of unintentionally speaking, or acting in a culturally ignorant and inappropriate manner, and that this could happen at any point in the research relationship. This could undoubtedly lessen the likelihood of a genuine rapport being developed during the interview.

Despite the fact that I do not want to assume the degree of rapport or trust that developed between myself, and the participant, the interview transcripts were rich with a genuine tone. It is worth noting that four of the interviews were conducted at the participants' place of employment, with two of those four interviews taking place in the actual playroom. The remaining interview was conducted at the participant's place of residence. A tour of the playroom and play area was given following the interview in two of five cases. Having participants choose the day, time, physical location of the interview, as well as the option to engage in a paid debriefing lunch following the interview appeared to be helpful in creating an atmosphere and a research relationship in which participants experienced a degree of comfort that allows for the sharing of personal feelings, thoughts, perspectives, and experiences.

### *Data Analysis*

Utilizing a qualitative research approach involves engaging in a continuously evolving activity. This is particularly true of the data analysis stage. Analysis of the five transcripts was a process guided by Bogdan and Biklin (2003) who provide a series of phases for physically working with the data.

The present study began with a list of 23 preliminary coding categories that were numerically labeled and assigned to units of data using page numbers and participant numbers. The preliminary coding categories were modified, and sorted until 18 coding categories were constructed. These coding categories were then developed into five major codes each with two to three subcodes. Re-assigning of data units, further sorting, and understanding of the content led me to the development of the final scheme that included four major codes, each with two to three subcodes.

### Phase I

The first phase involves labeling all data with identification codes (eg. interview transcript, Participant #1, August 28<sup>th</sup>, 2004) and organizing the data into a filing scheme. I then read the data twice, and while reading, I developed a list of preliminary coding categories. A pad of paper and separate file nearby allowed for me to keep notes of key phrases, ideas, and emotions. Potential coding categories were kept separate. Reading through the data, certain words, phrases, patterns of behavior, participant's ways of thinking, and events were repeated and stood out. Regularities and patterns, in addition to the topics the data cover, emerged from the data. Key words and phrases were then developed to represent the topics and patterns. These words and phrases then became coding categories.

### Phase II

After generating preliminary coding categories, I assigned them to the units of data in the transcript. "Units of data" are the pieces of transcripts that fall under a particular topic represented by the coding categories. This first attempt to assign data to the coding categories was a test to discover how useful the developed categories were,

and working and playing with different coding possibilities allowed for me to speculate about new schemes. It is important to realize that this effort is not about attempting to come up with the right coding system or even the best. The most important thing for me is to have one because it contributes to rigor and the credibility of a qualitative research study. Having assigned the data units, I then modified coding categories and new categories were developed and old ones were discarded. Once a new list was developed, there were tested again with the units of data.

### Phase III

For the reason that coding categories categorize information at different levels, I subdivided the coding categories into major coding categories and sub-codes. Major codes/coding categories were more general and sweeping, incorporating a wide range of activities, attitudes, and behaviors. Subcodes broke these major codes into smaller categories. At this stage in the analysis, I found that major codes emerged each with subcodes.

With the new list of major codes and subcodes developed, I reviewed the data, and again, each unit of data (sentence, paragraph, etc) was marked to correspond to the appropriate coding category. This involved scrutinizing sentences carefully and judging what codes the material pertains to. It also involved making decisions concerning when one unit of data ends and another begins. Often the units of data were overlapping and therefore, particular units of data fit into more than one category.

### Phase IV

The next step was to label and arrange file folders to represent each coding category and then place each unit of data in the appropriate file folder/coding category.

Using a large bulletin board (or sliding glass doors or open space on the floor) I assigned the units of data and physically pasted each one to a corresponding coding category. It was important to see the data in all its totality and context, and I was better able to work with, and arrange the data units in different formats until a suitable sequence was found. Each coding category was independently explored to see what patterns or themes emerged, and then were sorted into piles and worked with again. New subcodes did develop and merge together while I was working with, and learning to understand the contents of the coding categories. Four major codes, each with two to three subcodes emerged from an interpretive analysis of the data.

### *Summary of Chapter 3*

A qualitative research method is based on a common set of assumptions, and is consistent with those of a phenomenological perspective. The design of my study can best fall under a phenomenological perspective, but one that utilizes an interpretive analysis, distinct from one that is of “pure” hermeneutical tradition. The section following includes the findings generated from the current research study.

## Chapter IV – Findings

The purpose of this research was to seek the perspectives and experiences of non-white individuals practicing play therapy with children of color and First Nations children. The focus was on how these individuals view their practice in terms of multicultural competence. This section presents the perspectives of five participants who are people of color and First Nations individuals who provide play therapy to non-white children. These results represent the analyzed and interpreted data that I collected through participant interviews.

A series of open-ended questions were presented to five participants yielding responses that I then coded, analyzed and interpreted into four major codes each with two to three subcodes (See figure 1). These major codes include 1) Individual Personality Traits, 2) Practical Applications, 3) Culture and Identity, and 4) Racism. Each major code, and subcode will be listed prior to the text presentation and will be supported by quotations from the participant's data that inform readers not only of what was said, but also in what context it was said.

The fifth major code is "trends and themes". It is presented in the text in the same manner as the other major codes, but it is also distinct from them as well, and is therefore not included in Figure 1. This major code should be considered a separate, but related "category" for the reason that it represents participant responses to a pair of questions that were narrow in focus, but otherwise open-ended. The trends and themes category is unique to the participant experiences, and observations of children's participation in play therapy as well their selection of play therapy modes (ie. sandtray, art expressive therapy, puppetry, dollhouse play, music).

FIGURE 1.  
FOUR MAJOR CODES AND CORRESPONDING SUBCODES

IDENTITY	COUNSELLOR TRAITS	PRACTICAL APPLICATIONS	RACISM
CONNECTING CULTURE	CURIOSITY	ACKNOWLEDGES CULTURAL DIFFERENCES	INDIVIDUAL RACISM
CULTURAL BOND WITH CLIENT and CLIENT FAMILY	BEING OPEN	SEEKS INFORMATION ABOUT CULTURAL BACKGROUND	SYSTEMIC RACISM
RESPONSES to CULTURE in COUNSELLING		TRANSMISSION of CULTURAL KNOWLEDGE	IMPACT and CONSEQUENCES

### *Individual Counsellor Traits*

Major Code: Personality Characteristics

SubCodes: -Curiosity  
-Openness

One theme that emerged through analyzing and interpreting the participant data was individual personality characteristics of counsellors. Participants were invited to share their perspectives and experiences of multicultural competence in play therapy with non-white children. This generated the current theme on individual personality traits of the counsellor. Two personality traits that were identified included were having a genuine sense of being “open” to cultural diversity, and also possessing a “curiosity” for learning and understanding diverse cultures.

#### *Curiosity.*

When I asked about his or her experiences of multicultural competence and conducting play therapy with non-white children, the majority of participants shared thoughts and feelings about having a strong sense of curiosity, and acting on it for purposes of learning. Some participants shared stories of their own experiences and journeys of taking courses, accessing literature, attending various cultural events, and watching movies with specific cultural content in an effort to expand their understanding of non-white cultural groups. Participant experiences and perspectives suggest that

personality traits of individuals conducting play therapy with diverse non-white populations is strongly related to the idea of being open to diversity, as well as curious, and that this propels an individual to seek further experiences that will build greater self-knowledge and personal awareness.

*I think it is more the personal things it's how they are curious about other cultures, like what else they do besides counselling. What do they do to expand their multicultural competency? I don't think anyone can be fully competent multiculturally, yet it is the personality, whether you are interested, whether your life outside of work, you are adventurous that way.*

This participant's perspective supports the idea of a counsellor maintaining a sense of curiosity, but one that also extends beyond the requirements of the workplace. A distinction can be made between an individual who possesses curiosity for cultural knowledge, understanding, and experiences because it is enjoyable, and enriching to one's life, as opposed to an individual who is curious solely for the reason that it increases cultural knowledge required for a job. In one sense then, curiosity can be considered a concept that may be more temporary and specific to the professional realm, and yet can also be used to refer to more of a core personality trait that generalizes to other areas of a counsellor's life.

Another participant expressed the idea of curiosity in terms of a counsellor's "wanting to know about other cultures". In addition to training and knowledge, a counsellor's desire to learn about and understand cultural similarities and differences is essential for therapeutic effectiveness:

*You have to be trained and knowledgeable and wanting to know about other cultures and understand other cultures so that you can create an environment where that a child from another country will be able to work effectively through whatever issues they have brought to the counselling relationship.*

This participant emphasizes a counsellor's ability to provide a therapeutic environment that allows a child to work through whatever therapy issue/s he or she is presented with. This ability is seen to be directly related to the counsellor's level of knowledge, and training, and interest in learning diversity. A genuine desire to want to know about other cultures is a characteristic that is unique, and different than the traits of being knowledgeable, or well trained. Perhaps a genuine desire to learn, as opposed to knowledge and training, is more relevant than is currently recognized as an important factor in one's ability to provide play therapy that is culturally relevant, appropriate, and effective.

As in the earlier example I provided, the idea of curiosity is being explored from different dimensions. Curiosity might be thought of as a stable personality trait that generalizes to all areas of an individual's life, and this may create a dynamic that demonstrates wanting to learn, as opposed to having to learn. Perhaps a personality trait that has been cultivated can be distinguished from one that may be generated temporarily for reasons of obtaining, or maintaining employment. How might this play out differently in terms of the therapeutic usefulness of the play therapy sessions with children?

It is of further interest to note the distinction made between knowledge, training, and a "wanting to know". Although training and knowledge can be gained through formal education and training opportunities here, when related to the idea of a counsellor "wanting to know more about other cultures", the distinction may be made between more formal education and personality traits. A counsellor possessing knowledge and training may be reflective of a more formal education and training process, whereas personality traits that appears reflective of a more general eagerness to "want to know more". This is

of particular interest given that multicultural competence as a concept within the literature is often categorized into areas specific to a counsellor's knowledge, skills, training, and attitudes and beliefs regarding cultural issues in counselling and play therapy. Participant perspectives may highlight the importance of having a genuine curiosity in wanting to learn about cultural diversity, and further, connect it to multicultural competence and what that means in providing play therapy to non-white children.

*Being Open.*

In the participant data, I observed that the idea of "being open" to culture and diversity was sometimes referred to in a more general sense as an "openness". Participant perspectives identified "being open" as an important personality characteristic representative of an aspect of multicultural competence. I sense that openness as it is meant here, is different from curiosity in that it seems to refer more to "how much", or to what degree an individual is willing to learn, and to what extent they are willing to act on that learning, particularly if they lack cultural competence. Four participants made direct reference to the importance of "being open" in learning and working with minority children in counselling relationships.

*I think that besides the practitioner having the professionalism that they are trained with is, that when they are working with a person of color or First nations...they really need to just have an open mind.*

Here, like in the discussion on curiosity, a participant makes a clear distinction between the participant having training and professionalism, and maintaining an open mind. The difference is again made between formalized training, and the more personal attributes of a counsellor. Perhaps multicultural competence requires some formal and

informal education and training undoubtedly, however the significance of having a play therapy counsellor that practices with an openness to diversity cannot be undervalued.

In talking about therapist multicultural competence, one participant voices the importance of having some degree of understanding of different cultures, but also a willingness to be open in approaching the client/client family to have dialogue around culture and cultural backgrounds, and the relevance in the counselling process.

*I guess for me it well, part of it, is you, for a therapist, you have some sketchy knowledge about certain cultures to start with, and yet with the openness to find out from the family.*

It is interesting that openness can also refer to being willing to initiate discussion about the issue of culture with the non-white client and family. Opening up a conversation to seek information about a client's cultural background actually highlights an important shift. Moving from a silent action of acknowledging cross-cultural differences to actually asking about, and discussing the cross-cultural differences with the client/client family in my opinion, is moving theory to practice.

Many counsellors, with and without formal education and training, not participating in this study, have shared with me that asking a minority family about the cultural background of their family is intimidating. However, as this participant suggests, even if a counsellor has only some "sketchy" knowledge about the culture of a client family, if he or she is at least open to engaging the family in a discussion about cultural differences, this may be what is of key importance. With respect to multicultural competence, education and training may indeed be necessary but to what extent may vary if the counsellor is open to inquiring, discussing and working with the family regarding information that that is relevant to the counselling process.

A counsellor that moves theory into practice in this way may be demonstrating a certain level of multicultural competence. Further, the degree to which a counsellor is open to diversity may be indicated through exploring the questions offered below by one participant:

*How much personal knowledge do they have of that group? How much did they, if they don't know enough, can put that aside, to do their work, I guess that is their competence, and their willingness to take that extra step. I think that willingness to take that extra step if they don't have the competence or a desire. Sometimes we have to work with children we might not want or have the desire to do. How much are they willing to learn, how much competence, if you don't have it are you willing to pick up about that family?*

Are child counsellors providing play therapy services with minority families and their children bringing up the issue of culture to discuss how it is relevant to counselling? Asking this question may be useful in generating an understanding, or even assessing the degree to which one is open to cultural diversity. Some participants reflect this curiosity in asking, "Is there a willingness to take that extra step?"

One question that could be raised at this point that might have relevance for further studies is whether or not openness is a trainable skill. How does one become open to learning about cultural diversity? How much does one's openness come from the upbringing and life experience of therapists, or is it something that can be developed if these life experiences are not present?

Participants' views of their own practice conducting play therapy with non-white children in terms of multicultural competence came together to illuminate the importance of counsellor personality characteristics. Curiosity and being open to diversity were believed to be significant personal character traits of counsellors working from a place of multicultural competency.

### *Practical Applications*

Major Codes: Practical Applications

Subcodes: Acknowledging culture similarities/differences  
 Seeks information from client family  
 Integrating culture into play therapy

Most participants in this study talked with me about verbal acknowledgment and discussion of culture with client/client families in order to learn and understand the clients' cultural traditions and values. They also talked about the importance of this in the context of counsellor play therapy practice, and highlighted intentional efforts on the part of the counsellor to ask about, learn and understand different client's cultures' through education, training, or community events and ceremonies.

#### *Acknowledging Cultural Similarities/Differences.*

A counsellor's acknowledgment of cultural similarities or differences, and wanting to be informed in order to work from the client's worldview was one of the first issues discussed in the interviews. Participants shared various perspectives and experiences about learning diversity within different client cultures. One participant shares her experience about using sensitivity in bringing up the issue of culture with children and families.

*Well, I guess my own experience is that I am pretty cautious about it (bringing up the issue of culture) because I know it's a sensitive issue and what I like to do, is find where the family is at with their culture and how they feel about that, and if its off limits and they don't want to go there or if they're handling it in their own way, or through their own band or ceremonies and rituals then that is fine too. Also, the interest of the child, to see what they're need is so you know if there is a curiosity, or a wanting to more or where they can get access to their culture you know, I try to encourage that, but with the permission of the parents.*

In learning about clients' cultural background and what that can mean in the therapy process, the majority of participants pointed out that counsellors need to be

conscious of, and considerate of the differences that exist between families from the same culture. It is here, that I see the role of acculturation starts to emerge as a theme.

*I think that if I know the cultural needs of that family or that child and the norm, and there are some issues surrounding it, and what I need to know with the family is what they need to move through. That is really important. It is separating what is what, and I know that with some families if sometimes...if communication issues and medical issues is such that you need to work through what is acceptable in their culture. Especially, for the adults, and how does that impact the child because quite often the children that I work with is having one foot within each culture.*

This participant talks about knowing, and understanding the complexity of a child with mixed cultural heritage and the family in order to be able to be effective in counselling. Learning what the cultural norms are within a family is important if the practitioner is to be able to understand what the family may need within the context of accessing professional mainstream services. In this way, a practitioner can work to try to figure out how the needs of the family can be met and maintained while ensuring that the original presenting issues for the child are addressed. Here, I see the practitioner is trying to juggle honoring the culture of the family while at the same time meeting the therapeutic needs of the child within a traditional counselling service.

The participant also adds that the level of acculturation must be taken into account if the cultural needs of the family are to be understood. The importance of understanding the level of acculturation not only of the family as a whole, but also among individual family members cannot be underestimated. Different levels of acculturation can create within-group differences in a family, and practitioners need to be cognizant of how the generational differences between parents and children can impact decisions that are made regarding the counselling process.

Recognizing that family members within an individual family can experience different levels of acculturation is of key importance if the counsellor is to work from the frame of reference of the client and client family. Acculturation is one factor that cannot be ignored if a practitioner is trying to understand the needs of a family that is of a culture other than mainstream, and the quote following brings up another important dynamic to consider.

This participant points out that in order to understand the culture of a family for the purposes of working from the frame of reference of the client, a practitioner needs to understand the client culture from many different perspectives, including historical. Learning more about the culture of a family through a historical context allows the practitioner a greater overall understanding of what issues the family may be facing, and also may help to place cultural differences in behavior into context.

One example of this is in regards to the historical treatment of the First Nations cultures by dominant western society. Having that historical context may provide rationale for behavior that may otherwise be misinterpreted. With this knowledge, perhaps the level of mistrust that First Nations people may show toward mainstream counselling services and practitioners can now be understood from within a cultural context.

*I think that understanding a person's culture, not just from an emotional point of view, but also from a historic point of view. It is not just an emotional thing because that's the counselling part and the psychological/social development stuff but also really knowing this because of my interest in culture. What are the different cultures coming from so it brings in that piece of both so when I go to see a family I am really open to what they are hearing, saying, and there are differences in how they are coping. It might, you know, try to tease information out with them. What might be general difficulties that families face I think, no matter what kind they are, or is this specific to a culture or integration issue if*

*there is one. There is a difference and you can't just blanket these and say one or the other.*

Counsellors must understand that each family, despite being a part of a larger cultural group, also has its own unique culture. This participant points out that understanding a family from a historical context is critical in trying to comprehend the different ways that families cope.

One's ability to distinguish between issues that are unique to the individual minority family from those issues that are more generalizable in nature to any family regardless of cultural background may also be a critical factor in preventing practitioners from operating on stereotypical assumptions about culture. Another participant shares some unique thoughts about the effects of the process of acculturation, and how that can be addressed within play therapy practice.

*I tend to think of cultural awareness as, ...because we live in a world where culture is so fragmented, different parts of different cultures have mixed in together, but not always in a necessarily organic way, so we are all, to a great extent, separate and we have our own personal or family values so doing cultural work has always that very, very, and huge component of the individual's culture so what does culture mean to this person and to this person and to this family here and now. It might have very little to do with what I think the cultural background of this person and this family should allow so my way of bringing culture in is to observe and connect with what really comes out of the person in a deep way because that is the culture. What comes out from very deep, that's the culture that has really gone in and sunk in and that is what the person brings to any situation they are in. People who are pretending or trying to be part of this or that, try to be spiritual or whatever, it's not necessarily what their culture is, there personal, real, deep culture is so I just wait and see what their culture is and I work with that, and I try to be sensitive to that.*

This participant talks about cultural awareness in the context of the world having become a blended culture to the extent that it is impossible to grasp the culture of a client or client family. Each, and every person has his or her own culture that is unique, even to that specific moment in time that the child engages in the play therapy process. In fact,

trying to understand the unique culture of a client, will likely result in being based more on the presuppositions held by an individual counsellor, than it is about the true culture of the child client or the family.

According to this participant, play therapy can allow a client to work on whatever issue is relevant at that particular time, and that represents allowing culture to come into counselling according to this participant. In this way, it is the client's genuine and deeply, personal culture that can be expressed if that is the need of the client.

It is this participant's belief that the need to understand a client's culture may not be necessary, and the concern is that in treating a client as a cultural entity may only reflect and impose the counsellor's beliefs and assumptions about the necessity of having to understand cultural differences in order to provide effective counselling. Culture can best be honoured, respected and understood when the client is provided with an opportunity to express him or herself freely through play therapy. It may only be when the issue of culture surfaces in play therapy that the cultural background and experiences of the child and the family may become relevant for the practitioner, and to the effectiveness of the counselling process.

These experiences and perspectives of the various participants not only highlight dimensions and issues relevant to cultural competence in play therapy, but also build an appreciation of the complexities of this issue. According to the majority of participants, possessing a genuine openness toward cultural diversity is a valuable trait with respect to being multiculturally competent. Being open, as well as curious is thought to be personality traits of a counsellor demonstrating multiculturally competence, however, I believe that competency is not an achieved state, and is more accurately described as an

ongoing process. The extent to which a counsellor is open and curious around cultural diversity both in and outside of practice may be helpful in determining different degrees of competence.

*Seeking Information from Clients.*

Acknowledging cross-cultural differences with clients and client families is considered critical within the counselling relationship however acknowledgment is only the first step. Verbal inquiry on the part of the counsellor, in an effort to gain further understanding is yet another. One participant talks about how cultural differences between the practitioner and the client/client family may be approached.

*One way that I ask about people who have different culture from me is well, I tell the, "I come from this culture and certainly you come from different culture, "tell me in your culture how you do it? Or "what is kind of normal or common in your culture to do?", or "what is normal in your culture about the relationship between a parent and a child?" So, when we talk about the parenting about the relationship between the parents and child kind of thing, like how would it be different and ask about that. So, it is about knowing and openness.*

This participant acknowledges cultural differences by sharing her own cultural background with clients essentially making an opening for discussion around culture, differences and counselling. The more detailed question of "how is it different?" is an important question to ask families so that culture is honoured and preserved in the counselling process and relationship. In this way, I see the counsellor, family and individual child working together to make the counselling culturally relevant, and effective.

It is my belief that in order to understand the culture of a client or family, a counsellor who is exercising some multicultural competence knows that verbal inquiry needs to follow acknowledgement. It is not enough to just acknowledge that cultural

differences exist, and practitioners need to take the next step in order to move from theory to practice within the realm of multicultural counselling. A practitioner needs to be open to asking client families to engage in dialogue to appreciate what the needs of the family and client are, and then to discuss how the cultural needs of the family can be honoured, and balanced with the goals of the counselling process.

As the shift from theory to practice continues to be a focus, it also provides a natural segue into the next subcode that looks at the participant experiences and perspectives around making culture relevant to the counselling process.

#### *Integrating Culture into Play Therapy.*

Transferring cultural knowledge into play therapy represents a strong area of interest for me. Being on the cusp of moving theory into practice satisfies both my need for academic research and understanding as well as my need to experience and transfer theory into practice for the benefit of the client. When participants were invited to share their experiences of multicultural competence with respect to the ability to transfer cultural knowledge into practice, a rich variety of perspectives were presented. Some shared thoughts and feelings, while others discussed specific techniques and practices utilizing toys, and other play materials relevant to therapy. The need for representation of diverse non-white cultures in the playroom was brought up by the majority of participants.

*I think it is absolutely vital to transfer that (cultural) knowledge into practice. One of the things that I am very aware of in different cultures is that not all symbols in play therapy, not all things in play therapy represent the same thing. Different cultures have different meanings attached to different things. So I have to be very aware of asking "what does that mean?", "what does that mean for you? If I were visiting from outer space and I've never seen that, what can you tell me about that? What does that mean for you? What is it?". So, I am very, very*

*much wanting to understand their interpretations, their meaning first, rather than put my value judgment on it.*

This particular participant talks about transferring culture into play therapy as crucial. Understanding diversity includes exploring the different symbolism of the toys and materials used in play therapy. Naturally, cultures vary in tradition and culture and therefore this needs to be considered within the play therapy space. In addressing this, the participant will often ask the child how he or she perceives something, using a strategy that allows the child to speak to the question as if the counsellor had no previous knowledge about the planet earth.

This may be very helpful given that it temporarily removes the need for the child to operate on any presuppositions about previous counsellor knowledge, or understanding. Therefore, when the counsellor asks the child what something means, the child is then free to explain from his or her frame of reference. As the participant mentions, it is important to understand the client's interpretations first, or the interpretation is merely a projection of the counsellor's values and judgments.

Transferring cultural knowledge into practice can be done in different ways. One participant talks about previewing intakes as a way to highlight cross-cultural dynamics in play therapy. Multicultural representation in the playroom can come through a wide variety of diverse toys, and play materials, and the notion that certain toys may elicit specific responses from children is an interesting idea. This participant explained how one child of color responded to figurines that appear to be of the same cultural background:

*I know I will work with a Black girl, and I went out to get those Black figurines, it really draws her. Like these are the things that she would pick up all the time when she comes in. So, with my sketchy knowledge, always about certain cultures,*

*I will try to guess some of the symbols which means something to them to be in the playroom. There is not way that I could start off with everything, like multiculturally inclusive, but I usually look at my intakes.....This gives me some opportunity to get something there for them. I always let them know too, if there is something you feel like you need to use that is not here let me know.*

Transferring cultural knowledge into play therapy using a wide variety of diverse toys and materials in the playroom can help to develop a play therapy practice that may be more accessible, and relevant for non-mainstream cultures. This participant is including toys that are symbolic of people from a culture other than white, and also asks the child if there may be something needed in the playroom that may not be present.

Multicultural representation in the playroom can be in the form of posters, culturally diverse kitchen utensils, culturally representative dolls, and more. A more thorough discussion of toys and materials that diversify a playroom is found in the category on trends and themes.

The importance of a “culturally inclusive” play therapy process and play space is discussed further when I invited another participant to share experiences of, and perspectives of transferring cultural knowledge into practice.

*I think what would happen is that I would have to have the right instrument like dolls of color, of different colors. I have a lot of earthly things in my play therapy because a lot of First Nations children are attached to the earth, very important thing like birds and leaves and pine cones and rocks and shells and stuff like that, a lot of eggs. I have First nations Leader dolls, like, I have birds that First Nations like, the eagle and the hummingbird which are very important for that culture.*

This participant talks about having dolls of color, and a variety of different items that may not be immediately associated to any one culture. However, knowledge of First Nations cultures as having strong connections with the earth is respected by ensuring

many different items that are of the earth are included and accessible such as rocks, shells, leaves, and birds eggs.

Another participant who spoke earlier about trying to know a child's individual culture in a world has become so culturally blended, questions the relevance of having cultural knowledge of the client prior to counselling. It is believed that if the issue of culture surfaces through the play therapy sessions then it is there, and may be addressed. It is completely dependent on the child's process, but if counsellors bring up the issue of culture, it is the counsellor's agenda, as opposed to the child's.

*You know there is this idea that you have got to have representatives of cultures that you work with in your playroom. I struggle with that and I think about that because a few weeks ago I went and got this, these little figurines of some very regal looking African people and I thought wow, you know that's wonderful, and I'm going to bring that in and add that to my toys. Then I realize that I've got two African looking people within a whole pile of different white characters who have all kinds of different roles. I have from fire fighters, to clowns, to evil looking people, everything, everything and all in white, and then I have these two people who are African. So a very generalized, vague kind of notion of "oh, I am referring to that culture too", and I didn't think that that was right.*

Applying this participant's theory to the playroom toys and materials, it would be more appropriate to have toys that are all one color, as opposed to having a dominant color with a few toys that are believed to be culturally representative of other cultures. Box 1.1 on the following page provides a more in depth explanation of the theory underlying this participant's perspective regarding the issue of transferring cultural knowledge into play therapy.

## Box 1.1

In a way, it's like you know lego, lego toys. They had all their people yellow, right for the longest time and then a couple of years ago they started introducing dark people, and I think that was one of the worst mistakes because now they have to add, they have to do all sorts of things to sort of compensate, to make it politically correct. Whereas in play therapy, I think what we do, is we offer an opportunity for ,.....to children , or whoever to project, to imagine, to pretend that this, this person, or this object that I m using is me (the client) just because there is an aspect of it that I identify with, and that aspect could...I could take a tree or a rock, or a flower, it could be anything, it could be an empty space. It doesn't have to have that politically correct, realistic, photographic notion of this .....I mean still we are dealing with the surface of the culture because you are white and I am brown, therefore, that's who we are so we have to get two dolls and one is white and the other is brown.

It's not, we're not genetically that different in what we call races doesn't really exist. It is just appearance that we are referring to, so if you want to bring that into play therapy I think that we are bringing in a notion that is incorrect. We are imposing something from the white culture, from dominant culture, let's say that people are different because they have different colors. I have done other things for example in my collage box I have brought in pictures of ceremonies, of totem poles, of things that I imagine people who are connected, with let's say First Nations culture, might relate to. It always amazes me that – who picks these pictures, and it's fine to have the variety because a person that I didn't think at all would pick that picture would, and a person that shouldn't doesn't so...

Experiences and perspectives vary when participants are invited to share his and her perspectives and experiences around multicultural competence and transferring cultural knowledge into practice. One participant believed that respect and honour for culture comes from providing the opportunity for children to express culture without imposing it on him or her while other participants shared being creative and inclusive. The latter participants felt that it was very important to provide toys and materials in the playroom in an effort to become more multiculturally inclusive.

Although literature linking multicultural competence and transferring cultural knowledge into play therapy practice is still lacking, the context of this particular study as well as the experiences and perspectives shared by participants suggest that this may be

an important area to delve into in further studies examining multicultural competence and the individual.

### *Culture and Identity*

Major Code: Culture and Identity

Three Subcodes: Connecting with one's culture, Cultural bond with client/families, and Children's varied reactions to the issue of culture in play therapy.

In narrating their stories, participants brought up different thoughts, ideas, events and experiences that revolved around not only the concept of, but also the journey of constructing one's identity. In this paper, identity encompasses three different subcodes: 1) the journey of learning and understanding more fully one's cultural background, 2) the emotional bond shared with non-white clients and what that can mean in the context of the play therapy relationship, and finally 3) children's varied responses to culture in the play therapy process.

One of the most important topics to come out through participant interviews was the concept and process of acculturation. I noted that some participants made reference to the experience of acculturation, not only in reference to themselves, but also with respect to the role that it can play within the counselling process. This discussion on acculturation highlighted the need to recognize that individuals have their own microculture within a larger culture. Even within an individual family, a counsellor exercising some multicultural competence will be aware that different degrees of acculturation exist between the generations of parents and children.

#### *Connecting to One's Own Culture.*

One dimension of cultural identity discussed in some participants' interviews involved the journey of learning more about his or her ancestral origins. This process of

learning about one's own cultural background is unique to certain participants and is often connected to his or her current work.

For one participant, confirmation of ancestral history led to a journey of embracing culture with excitement and a desire to have a greater understanding of self. This created a deep interest spurring greater involvement in learning through cultural events and activities. The personal excitement this participant feels about his or her cultural identity is then carried into the counselling realm with culturally diverse client/families.

*I have been really excited because I just found out a few years ago that I am Metis myself, and I'd always know that my great great grandmother was Cree and Blackfoot but to find her in the Metis Bible of Ancestors was really exciting for me and then to get more specific about where my ancestors were from and what they're culture is like, and meeting other Cree people and anyway it began my, my own deeper interest so I began to be involved with sweat lodges, and now I carry a pipe and I'm apprenticing so that I will be able to pour water in the lodges myself so it's been really exciting. And some of that enthusiasm I've been able to share with my clients that come in.*

Learning about one's cultural background is a process that has for this participant, provided a greater understanding of cultural roots that stimulated a desire to learn more, and be involved further with the First Nations community. The experience of this personal journey is then part of the counsellor's experiences that can facilitate a stronger connection with children in play therapy. Perhaps the counsellor would then have greater understanding working with non-white children who's families may be experiencing acculturation, racism or confusion around multiracial identity.

A different participant also shares this experience of connecting with one's cultural roots, and discusses the role this played in guiding decisions of future employment and education opportunities.

*I think that when I was in Asian studies one of the things that I wanted to know was the history of people, especially of the people in Canada because back then in the early 70's there wasn't a lot of documentation so I did a lot of interviewing, including oral history for the government finding out more about Asian people, mostly Chinese, but also Japanese, and Indo-Canadians too. One of the things I discovered throughout my twenties was, with the exception of family stories, how little I knew of Asian history including the immigrant experience—there was very little taught at school nor documented. When I went back to university again, one of the areas that I was really interested in working was with people of color. I was impatient with documenting history and wanted to be able to combine history with "helping skills" so I could work with immigrant families.*

This participant was explaining how a personal journey led them to be working in the counselling field with minority children. With the exception of family stories, this participant realized there was little to no documented Canadian Asian history. This was a motivating factor that influenced future decisions to focus academic studies and counselling around people of color and immigrant families.

A different participant was more specific around personal experiences of immigrating to Canada, and the role that has in relation to the therapeutic work done with children.

*When I first came to Canada, I was aware that I am from a different culture, and I got into art, and everybody expected me to create a kind of art that was very different and came from my background. I didn't want to go there because that would have been sort of a pretense. It would not have been authentic. I'm in a new place and I am experiencing this and how do I allow my past history or this cultural load that I carry to come into my work. I have to find these subtle organic ways of allowing it to come in and grow by itself wherever it makes sense. Wherever it fits. I think that I am allowing these children the same thing, the same freedom, the same authenticity. If that is what is coming in, if the totem wants to come in and is coming in, then I allow it. I recognize that "oh yeah, there it is, that's the thing"*

This participant also discusses cultural assumptions and stereotypical behavior of others that manifests as expectations around the type of artwork that should be produced by an individual of color. In this way, the participant explains that creating art for the sole

purpose of demonstrating the participant's cultural background, and fulfilling mainstream individuals ideals about cultural differences would not have been authentic. Authenticity comes from the individual's artwork that is produced when and where, he or she chooses to create, and it should not be in response to validating others' cultural assumptions.

Certain participants discussed various aspects of their own journey that connected him or her with their own cultural background. This can be meaningful in the experiences of working with children and families from similar and different non-white backgrounds in a variety of ways. This section focuses more specifically on individual participant's experiences of connecting to their own heritage, and how that relates to the current work that he or she does counselling minority children. When a child and counsellor both share non-white cultural backgrounds, an important emotional bond can form, and participants express their thoughts, and ideas around the relational experience of sharing a cultural bond with client and client families.

#### *Cultural Bond with Client/Families.*

The issue of similar cultural backgrounds between clients and counsellors is not a new topic within the literature, but it is challenging to figure out how shared cultures and experiences are related to a counsellor's cultural competence. However, one participant warned against making assumptions that people of color and First Nations will automatically acknowledge and embrace the dynamic of shared culture.

*People always think that because I came from Hong Kong that I really know Chinese culture and I say, "I don't". Like as I grow up, and as I am in the counselling field and as I have been here more than ten years now, and I am going back, and I just got married two years ago, and you know the big even really showed the different kinds of things, and how all people who care about me tell me how I am supposed to do my wedding. The come from really caring concern but I don't think this really, I think most people would find it really normal, like how people approach you with suggestions, those are really*

*appropriate things and I say “no, it doesn’t fit me, sorry”. This is the way, like, I don’t know Chinese culture in that way, I just know my own culture.*

This participant points out the assumptions that different people make based solely on being a non-white individual living in Canada. Stereotypical assumptions made toward non-white counsellors is an issue that this participant experiences.

Cultural competence may be increased on the basis of shared cultural background, yet what was pointed out was that it is the shared experiences of being outside of the mainstream culture that is key. As indicated by the majority of participants, a shared emotional bond based on a non-white cultural background can be a powerful and positive experience for both the client and the counsellor. Consider this question: In what ways does the counsellor understand the cultural bond shared between counsellors and clients? As expressed by some of the participants, shared cultural experiences based on non-white identity means being able to contribute to a sense of comfort for the client and family:

*Well, I just find that there is a real comfort that they, the kids and families know that I am a person of color also, and that some of the experiences they’ve gone through, I have had some experience with....*

This participant talks about being able to sense the comfort for the family on the basis of shared cultural background. Knowing that a counsellor has likely shared similar experiences’ as a non-white individual within a mainstream culture is a bond that can create a greater sense of safety and comfort for the client and family.

Another participant expressed that although cultural similarity may not be explicitly stated between the counsellor and the client family, it nonetheless can create a sense of comfort for the clients and families accessing mainstream services. One participant states:

*I find that it is a perception, it is not something that people often say to me "oh good, you are also someone of color" ....., they seem quite relaxed when someone seems to be with them about their culture, or the same culture, or we can compare cultures separate from the Caucasian culture. That we can relate those differences and I think that is unique. So I think there is a barrier lower already as we start and I think that we can get sometimes a bit faster.*

This participant talks about shared cultural experiences and how these shared experiences can create common ground and that being open to sharing and discussing culture, similarities, and differences may help to create a more smooth or possibly less intimidating transition for non-mainstream individuals who must access mainstream services. The barriers to mainstream services can often be reduced when individual counsellors share cultural backgrounds with clients.

A different participant shares a similar perspective, and talks about sharing a cultural bond, not just from a socio-political, psychological, and cultural standpoint, but also from a place of feeling the cultural bond on an emotional level. This participant explains what this can mean in the context of play therapy and the play therapy relationship.

*I think that there are affinities that happen just because of our appearances. We look different. We look outside the norm. Sometimes the kids are aware of it, sometimes the kids who are mainstream white kids, they notice the difference in appearance and they bring that into the play therapy relationship as a curiosity, as something that is, or can be a factor in the relationship. Noticing that I am not white might have an impact on the work that we do. ..with children of color, I find there is something else. We feel something different that nobody else does. We have this thing not together, but we have thing, we are part of this other thing that is,.. we live in a different, maybe emotional space than other kids, other people. So in that sense, I feel energetically closer to these kids. So by being outside the mainstream, both in a visible way, and in a psychological and emotional way, my clients bring me closer to them because I know what that is like. This knowledge creates a bond that helps the relationship to gel faster, or to become stronger.*

This participant talks about the bond between counsellor and client that is based on shared visible minority status. The dynamic of sharing cultural experiences can create

an emotional connection in the playroom that is unique. It is pointed out that both the child and the counsellor have their own unique cultural experiences, but that they also both belong to a larger group of people based on culture experiences. According to some participants, the shared experience of being outside mainstream can create a more close relationship between counsellor and the child that is experienced on a more deep emotional and psychological level. The participant thinks that this creates a bond that ultimately helps to develop a stronger counselling relationship more quickly.

A different participant made an earlier reference to client/families feeling a sense of comfort based on shared similar cultural experiences with the counsellor and specifies further, that this provides an opportunity or at least an option, to share the positive aspects about their own culture experiences with clients.

*...and I guess for me because I have a lot of pride in my culture, I feel good about that and I know that that is not everybody's experience, but I'm able to share the good things about being connected to your culture with other kids and with family members too.*

This same participant provides a deeper understanding into the essence of this experience by showing how shared cultural bonds can involve shared learning experiences within the play therapy process.

*...there's a desire to grow and change, and the desire to learn, and desire to be involved whether it's dancing or singing, and it's fun for me to be able to share what I know, and for them to be able to share what they know, and for that to be a celebration of something that's empowering for both of us, so for me it's such a gift.*

A shared cultural experience could therefore, develop into shared learning experiences between the counsellor and the client, which in turn can influence the play therapy process in a positive manner. In a more general sense, this may well serve as an example of the transmission of cultural knowledge into play therapy practice.

Some of the participants support the idea that cultural bonds can create a comfort for client families, as well as decrease barriers that client families face in accessing mainstream services. Some participants expressed that the therapeutic relationship will develop more quickly. One participant believes that a shared cultural bond also encompassed a shared desire to grow and learn and change, and that was embraced within the therapy process itself through dancing and singing, and that it became an empowering celebration of culture for both the client as well as the counsellor.

Shared cultural experiences between the counsellor and the client can also highlight the issue of non-white counsellors as role models for non-white clients. Non-white counsellors may serve as role models for his or her clients based on any shared experiences as non-white individuals living in a majority culture. Lee and Ramirez (2000), in a discussion about non-white peer counsellors, point out some interesting roles these individuals often embrace. These roles may also be embraced by non-white counsellors and in this sense can contribute to these individuals serving as role models for non-white clients.

First, these authors (2000) suggest non-white peer counsellors can function as “social catalysts” who create counselling environments that encourage an understanding and cooperation among different individuals and groups. Second, these individuals can model forging new ways of thinking about the world, and can also be powerful in teaching effective problem solving. The third reason non-white peer counsellors may serve as role models is that in working with non-white clients, they are able to draw on perspectives and coping strategies that he or she has developed throughout their own life experience.

As some of the participants in this study share, their own life journey in locating themselves within their own cultural heritage has created an excitement and a sense of pride in their cultural identity. There is a desire to learn more and to grow and develop, and this excitement can be shared with child clients. In this way, the counsellors' model a celebration of cultural heritage that may provide the child with positive ways of experiencing being non-white in a majority culture. The counsellor may also be able to attend cultural events and engage in traditions within the child's community further serving as a role model in embracing one's cultural heritage. This can be a powerful opportunity for non-white child clients who have not had positive experiences as a non-white minority. The role of non-white counsellors as positive role models should not be underestimated.

With respect to cultural competence, many counsellors in this study spoke of having shared cultural experiences differently, but that it was a benefit in breaking down barriers to mainstream services, allowing for greater depth of the counselling relationship, and that it strengthened the relationship more quickly. It may be the case then, that many, but not all people of color and First Nations who are counsellors providing play therapy to minority children have life experiences as minority individuals that create a higher degree of cultural competence.

#### *Children's Mixed Reactions to Culture.*

Despite the positive experiences expressed by most participants about connecting to his or own culture, and sharing a cultural bond based on experiences as non-white individuals in mainstream society, some participants point out that client and families can have mixed reactions when the idea of culture is brought up in discussion.

In an earlier discussion, one participant spoke of bringing in black figurines after learning from the intakes that a child from a different culture would be accessing counselling, and that the child was drawn every session to those figurines. Here the participant highlights details around the case and then reflects on this in the context of the client's individual culture, as well as the bigger culture of the family.

*This is really interesting, her mom said that,.. because her mom is white actually, and her mom said, "I don't think that my daughter ever sees herself as a Black", and I say "really?". Her father is a man of color, and the daughter is quite young, and I know that she always grabs that (the black figurines)..and it may tell me more that she is really struggling with identity of it. Like, cognitively all the way she says is really white, but she is most drawn to that, every session she comes in she needs to get those ....she knows what she wants definitely.*

Here the mother perceives that her daughter is unaware of her biracial identity. Yet, for the little girl in play therapy with a non-white counsellor, the story appears to be almost opposite. The different perspectives and observations of this little girl by the counsellor and the mother may indicate some contextual differences regarding culture.

Another participant talks about seeing children's reactions that are both positive and negative when the subject of culture comes up in counselling.

*Well, I get both reactions. I get the enthusiastic um...lets learn more about my culture and that often depends on the families values around the culture and if they value it, or if they're experiences haven't been as positive and you know the response to them as being Native maybe or a person of color has, has not been positive so you know if there is shame or guilt or secrecy or whatever, I understand where that comes from, but the response from the child is then very different and um...so I see both, one embracing and wanting to learn more about the culture being really excited about the culture and I also see um...not even really wanting to admit that they're First Nations or you know wanting to be white and almost denying that that exists for them and that that could be of any possible use to them.*

Children's reactions to culture vary within therapy depending on how the child feels about his or her cultural background, and how the family embraces their culture.

Denial of culture by the child could be reflective of family behavior, or perhaps it is more indicative of the child's acculturation process. Perhaps the parents and child maintain cultural traditions within the home, but not outside of the home.

Cultural competency might be reflected in the counsellors ability to identify these factors in assessing a child's current functioning. Understanding issues of identity requires recognizing that cultural identity is both individual and collective, and that the impact of acculturation on individuals can vary greatly within each family.

Identity was a solid theme throughout my research, and there are many dimensions and aspects to consider. Some of the counsellors shared powerful experiences in connecting with his or her cultural roots. Shared cultural experiences with child clients were often viewed as unique relationships in which a shared understanding increased the strength of the therapeutic relationship as well as how quickly it formed.

Cultural competence in play therapy may be indicated by a counsellors' awareness that a child may be struggling with issues of biracial identity or acculturation. The counsellor can focus on working successfully to honor both the child's and the family's cultural traditions, while still meeting the goals of counselling.

### *Racism*

Major Code: Racism

Subcodes: Individual Racism, Systemic Racism, Impact of Racism on Counsellor

At some point during the interview most of the participants spoke to me about incidents in which he or she was faced with individual and/or systemic racism. These incidents involved colleagues and clients and were discussed, and understood in terms of the lack of awareness and education of others, a lack of clinical supervision specific to

multicultural issues, cultural misinterpretation, and the impact of racism on the counsellor in practice.

*Individual Racism.*

Insensitivity to the needs of different cultural groups in determining treatment could be considered forms of both individual and systemic racism, but here it is considered from the context of the individual. The following participant provides a general example of individual counsellor practice that ignores the needs of culturally diverse clients.

*We're all working together to help the child and the family cope in a better way, so you know I just kind of address that. I guess, that my observations is that there is some insensitivity to First Nations that I have observed and part of it is a lack of awareness of, of the difficulties that may be prevalent, for instance, you know, is there enough gas in the car to get there.....the whole family may be coming.*

This participant talks about observing the insensitivity to cultural issues in practice and that without some understanding of cultural dynamics, Caucasian Canadian counsellors are inclined to operate on stereotypes, and provide service from a mainstream approach. Consequences of this can be seen in the following story shared by one participant.

*I do know that in the work that I do here, sometimes what I hear, I am not happy with. How people's preconceived notions of the children that are coming through the door, and my colleagues, I respect absolutely, over the years, it just comes right out. I mean it's like ....It's incredible, you know I have worked with my coworkers for twenty years and I hear it, the little things everyday, and for me not to buy into it is very difficult. It's how we train people, those biases are there, those loose lips are there. So, and that's the part I find difficult, someday, I just (takes a deep breath in). You know people are not stupid, families are not stupid. When I see people hearing and raising their voice.... I mean this is in general when working with multicultural families.*

This participant speaks of the emotional impact of having to hear colleagues of twenty years make racist comments toward clients that are based on stereotypical assumptions about minority clients. These behaviors on the part of colleagues, granted they may stem from ignorance and a lack of education and understanding, are still racist and damaging. Part of the experience of conducting play therapy with minority children then can include having to deal with racism on a daily basis.

*Systemic Racism.*

Western Psychology is prominent within world Psychology (Pittu, 2002) and many counselling agencies providing play therapy services operate on theoretical and conceptual models developed for use with individuals in Western based societies. Today Western society is increasingly diverse, and counselling services including play therapy need to be developed for use with individuals from many non-white backgrounds.

Systemic racism comes in many forms, but some participants provided specific examples in the form of cultural misunderstanding and misinterpretation. One participant points out that different styles of communication are often misunderstood within the mainstream counselling system.

*I think if children aren't talking or making contact ...that that may be culturally appropriate but there's messages that our system reads and assumptions come from that, that aren't appropriate. I think the toys, the atmosphere, the attitude, on a lot of different levels it should be different than the way it is now.*

The need for change in all areas of play therapy is expressed including attitudes, environments and toys and play materials. Recognizing the link between this finding and why minority populations are reluctant to access mainstream counselling services should not be ignored here.

Another participant expresses anger about how mainstream Caucasian counselling practice dominates the healing process for the client and family. It is believed that not only is culture being ignored, but it also forces compliance of non-white individuals to Western culture and traditions.

*I get very angry when the Caucasian tradition and values are put in front of ethnic groups. "This is what I believe, therefore you will believe this way. These are my rules so therefore these will be your rules" That's that....it gets me extremely, extremely, angry when I see that.*

Without some sense of cultural competence, a counselling practitioner can only rely on his or her own presuppositions about different cultures in the play therapy sessions. Regardless of intent, operating on mainstream western values, and traditions within the context of play therapy with minority children continues the cycle of systemic racism.

This same participant talks openly about finding neither the support, nor the guidance in the work setting to implement appropriate interventions that are effective and relevant to individuals from non-white society.

*I would like to know one's culture, minority culture. Understanding of their values, and their traditions, and work from there. I have had to purposely go out and take courses that teach me that. Even when I come back, I find that material that I need or the support I need from my supervisor is not there because usually my supervisor is not, what shall I say, clinically aware of the differences, and how to approach those differences with minority children. I have to do the teaching.*

This participant is in a position of being a person of color, with a supervisor that is white, with little training, and/or understanding of cultural issues in counselling. A lack of support is one circumstance, but if and when the result is that the participant ends up teaching supervisors and colleagues regularly about cross-cultural issues, that is exploitative.

Advocating for clients is often an expected part of counselling work with children, but counsellors should not have to battle a system in order to provide culturally sensitive and relevant counselling services to minority clients. In order to work effectively with non-mainstream clients, participants are often required to explain, or justify the need for different materials to be purchased, the need to meet clients outside of the office perhaps initially, and different interventions that may need to be utilized.

Advocating to provide play therapy that will better meet the needs of minority children and their families is a part of some participants' experiences. Perhaps there is a relationship between advocating for culturally relevant and sensitive practice and levels of multicultural competence. How far is a practitioner able or willing, to advocate to prevent cultural misunderstanding? Some of these participants face this question on a daily basis in their play therapy work with minority children.

One participant suggests that traditional communication styles may need to change. The traditional approach to counselling including play therapy, often conflicts with the traditions and practices of different cultures.

*And ways of communicating, you know sometimes people take a while to open up, and maybe it's better to have a cup of tea or coffee or something and just sit down, and as a person do a little bit of sharing and just not so much the professional behind the desk, but just person to person. And being willing to be a part of a circle where everybody has an equal say instead of being the authority that just, you know, is going to tell them what they should be doing.*

Participants experience systemic racism not within the counselling relationship, but within the context of counselling minority children and families. Having to maneuver through a system that operates on traditional western culture is certain to create experiences of systemic racism for counsellors of color and First Nations counsellors.

Eradicating systemic racism is the responsibility of all people, however, seeking out opportunities for consultation and supervision that offer helpful strategies for addressing the specific issue of being exploited and placed in a teaching role for non-white counsellors.

*Impact of Racism.*

Many of the participants in this study practicing play therapy with children of color and First Nations children experience individual and systemic racism on a daily basis. Due to a lack of education and training specific to working with multicultural populations, there is often little or no support found in the work setting.

Comments and behaviors from colleagues laden with racist assumptions, a lack of cross-cultural clinical supervision, and the need to advocate for interventions that are culturally relevant, are all part of the experience for many of these counsellors. Cultural misunderstanding appears to be one form of racism that occurs when there is a lack of knowledge and understanding of cultural differences on the part of colleagues.

In the section on systemic racism, one participant talks about having to go out and purposely take courses in order to learn better how to meet the needs of diverse clients, and then experiencing a lack of support in the work setting. Having to teach the supervisor about cultural issues makes it the responsibility of the person of color or First Nations counsellor to educate others.

A different participant narrates an experience of cultural misinterpretation that results from a colleague's lack of understanding. A mother's behavior toward her child is misinterpreted as neglectful and perhaps in need of ministry intervention.

*I am working with a child from Sudan, this the culture, this is what they do, this is why the mother is doing this, because it's a community that raised this child, and*

*she is leaving us with that, she's , ...her exact words to me were "we're all mothers, you know, when my baby is doing this, you take my baby and you sit my baby on your lap, and you take care of my baby because she's not the only mother, we all are mothers to this child, and that's the difference that we don't get sometimes when we say "she doesn't care about her kids, call the Ministry. She trusts that we will mother her child, so that has been a hard concept, and a hard tradition to, to get people to understand. To work from that understanding. I have had to set up a lot of plan, case plan around this child.*

The point to be taken here is that non-white counsellors often have to advocate and educate. The necessity of having to educate groups of people often does not feel like choice, when it is done in an attempt to prevent the misinterpretation that occurs if and when service providers assess cultural behavior out of context. Another participant explains how it has become common practice for colleagues to immediately assign non-white clients to the non-white counsellor's caseload.

*We have a family coming in that is Asian, they could be Vietnamese, and they don't speak my language. The don't want to deal with..... "oh, participants name" is here, he/she can deal with them". You know and not taking that extra step in checking out what is the parent's competency and the child's competency. Who is the person in this family group that is going to meet the medical needs of that child. They don't need me most of the time. The parents are competent, you might need to spend a little extra time, English might not be there first Language but it might be that they have a Ph.D somewhere and just need to spend a little extra time.*

The belief that non-white clients should automatically be matched with non-white counsellors needs to be reviewed. As the participant points out, the assumption that non-white clients automatically need "extra" help is premature, and often based only on physical appearance. Unaware, some white staff colleagues may believe they are responding appropriately to the needs of minority clients, but assessing the need for intervention from a non-white colleague should be the first course of action.

What does this mean to some counsellors of color? Automatic referral of minority clients can often create an unnecessary situation. The minority counsellor approaches the client and family only to discover that language barriers are not an issue, nor are there any other cultural issues that might make accessing services difficult. As the participant suggests, just taking that extra step could help to maintain an appropriate and sensitive service.

Further concerns with this practice may need to be addressed. First, if white counsellors automatically call for the assistance of a culturally diverse counsellor when non-white clients access services, it creates a dynamic in which white people are largely removed from working with ethnic populations. How can counsellors trained in traditional practice learn to work effectively with culturally diverse individuals if the opportunity is denied? The dynamic of streaming non-white client populations to non-white counsellors needs to be interrupted and guided appropriately.

Second, given that the determining factor for streaming is made based solely on physical appearance, the participant points out that there is still no guarantee that the minority client and counsellor share cultural backgrounds. The assumption that counsellors who are non-white automatically share similar experiences with non-white clients needs to be addressed. Third, automatically assigning non-white clients to the non-white counsellors caseload can result in counsellors of color and First Nations counsellors having to be responsible for more than an average number of cases. The time and attention that it may take to provide effective, sensitive and relevant counselling may be greater in cases that are cross-cultural and it is questionable if this is acknowledged by Caucasian counsellors.

As a different participant brought attention to earlier, the amount of case planning for non-white clients can take more effort on the part of the non-white counsellor because of the need to explain, and educate, and develop culturally relevant treatment plans. The need for greater effort and attention comes not from the non-white clients themselves but rather from a system that has not yet developed to meet the needs of diverse clients. This dynamic might well result in non-white counsellors having to work extra time, and often “off the corner of his or her desk”.

Another participant talks about the assumptions made by other counsellors and also parents who assume a level of knowledge and understanding that is not accurate.

*This is the way, like, I don't know Chinese culture in that way, I just know my own, (participant name) culture. Yes, of course, I know a bit of Chinese because I have been in the Chinese society for a number of years, but I don't think even if you go to ask Chinese, They are really able to tell you a lot of things about Chinese, and lots of things is modified already, and we don't know how much is really influenced by Chinese, and how much is really influenced by British.*

Generalizations about different cultural groups do not take into account levels of acculturation, or within group differences. The majority of participants in the study raised this point. With respect to multicultural competence, some participants add that competence may be an unattainable state, given that individual have their own microculture, in addition to being a part of a larger cultural group.

*I don't think anyone can be really, like people always think that because I came from Hong Kong that I really know Chinese culture and I say, “I don't”. But not only, I think it's not only the culture, I think that each person has their own microculture.*

Another participant raises the same questions. It is not the case that cultural differences be ignored, but more to clarify that multicultural competence may be an

unattainable status if looked at from the view of needing to be an expert on every individual and group culture. To this, a different participant adds another perspective:

*If you come into a therapy session as a clinician and expect and bring in a specific sensitivity to someone who is First nations background or who is of Jewish background, and so on, and so forth, and expect, I think its an agenda that we bring in, it gives us an agenda and that is not right. Multicultural competency, it sounds like an agenda that we have to have now, whereas I think in true therapy we bring in that open sensitivity that allows us to work with anyone, regardless of where they come from. It is not going to be all uniform work, but the basic underlying principle of it, is that we are going to interact with someone new. With someone new, someone different. I mean anybody who is different from me comes from a different culture even if I work just, solely with client of First Nations background. So that is what I mean, I have to bring that sensitivity, and openness to each and every one of them, just assuming that there are broad, sort of blanket themes, or needs, or directions, or whatever in this population, I think that that is a prejudice.*

This participant raises the point again that individual and group cultures are specific to time and place. The micro and macro culture of an individual cannot be determined, nor is it necessary to do so. Contrary to some other participant perspectives, this participant believes that to bring in a specific sensitivity to any culture is creating an agenda. A predetermined agenda that operates on assumptions about different cultures is prejudice. The participant explains that in order to honour and respect the unique culture of any child client, the counsellor must not operate on presuppositions about a child's true culture, but must approach play therapy with a sensitivity and openness to each and every child.

### *Trends and Themes*

#### *Introduction.*

Trends and themes are considered one category as opposed to a major code. The reason for this is, that the participant perspectives and observations shared here are the result of two interview questions that were considered related to, but separate from the

other questions. These two questions were focused on eliciting thoughts and experiences about any trends and themes in play therapy with minority populations (See Appendix C).

The primary reason for implementing these questions is that literature warns that in conducting research in play therapy, that the modes of play therapy (ie. sandtray, expressive art, puppetry), as well as the toys and other play materials must not be ignored (Coleman, Parmer, & Barker, 1993). Since play therapy involves the use of a number of different modes of child counselling, and an even wider array of toys, and different play materials, this topic warrants examination.

It is crucial to be alert to the possibility that in asking questions such as these, that the potential to create stereotypical assumptions about different cultural groups exists. The intention in asking, however, is to draw more attention to the importance of providing different modes of play therapy, and play materials that may be more relevant, and/or facilitative of the healing process for different cultural groups. Sandtray is one example of a traditional mode of play therapy, and it is also thought to provide a more natural arena with the use of sand than for example, what pen and paper exercises might.

Not only have many children played in the sand at some point in their lives, and therefore likely to have an existing familiarity and comfort in engaging in sandplay, but it is also a powerful mode for working with different communication styles. Sandtray does not need to involve any talking unless wanted, nor does it require direct eye contact at any one time. Children can physically position themselves around the sandtray in any way he or she chooses, and they are also able to control the degree of closeness to the

counsellor. In cross-cultural counselling relationships, factors such as these need to be considered.

*Trends and Themes in the Play Therapy Process.*

The first question I asked the participants was, “what trends, or themes if any, do you observe in play therapy with children of color and First Nations children?” One participant was unable to comment on this question given the strict limitations of a play space that did not include the modes of play therapy, toys and materials commonly available in most playrooms. In response to the first question, one participant explained:

*I don't, I can't say that I have observed certain trends or themes. I mean there is always the observer effect. If I wanted to see trends or themes, I would see them, but I tend not to look for trends or themes, and if they come out, and I am noticing trends or themes in general in some other parts, but it's not necessarily about children or color. I mean if I had been working on, lets say a reserve or in a population that is closed, then I would start seeing trends or themes. I don't think that I do now. I work with First Nations kids who are in foster homes, or adopted kids. No, I can't say that I have seen themes in general.*

This participant talks about the importance of not having looked for trends and themes given that it would merely reflect the counsellor's thoughts and ideas. If one wants to see themes, he or she will see themes. Given the different levels of acculturation and the cultural blending that characterizes Western society today, this participant feels that it would be highly unlikely that observations of trends and themes could be generalized to any cultural group. It is suggested, however that seeing trends and themes may be more relevant when working solely with one specific group.

Along similar lines another participant talked about acculturation as well as the fact that many children, and particularly First Nations, are in foster homes. These are factors that can all have an impact on what is observed within play therapy sessions.

*It depends on the, their experience, and if they, they're on reserve, if they are living in foster care, you know, with white foster parents there is a lot of variables, that impact what kinds of themes will come out.*

Given that so many factors exist that can impact the kinds of things that are observed within the play therapy sessions much caution needs to be exercised in not drawing any firm conclusions about the kinds of play modes and materials that minority children choose to work with in therapy.

The theme of identity emerges yet again during the discussion of this particular question:

*So the themes, and how the bicultural struggle with identity...I see the themes of "going away from the group, and being found again, and "going away and being found again" and usually it is the small one who tries to run away all the time. Usually, it is the small one who tries to run away all the time.*

This participant talks about observations of going away and being found, and how that may be related to the struggles that children face in being bicultural. It is interesting to note that it is always the smallest character in a family unit that runs away and is found again.

This brings up the issue of interpretation in play therapy. Although it is beyond the scope of this study to present a debate, the most important point to be made is that interpretation can be influenced by many different factors. Also note that some of these observations are not made based solely on the interpretation of play therapy scenes, but also emerge from verbal discussions, and drama scenarios specific to the cultural issues.

During interviews, some participants added that a particular theme is not always exclusive to one group or another, and that it can still be seen with children who are not

of minority culture. For these reasons, drawing absolute conclusions about different cultural groups based on the participant observations put forth here is not supported.

Another participant also talks about themes of identity:

*In some cases, there is also wanting to know who they are, if, as myself, you know with mixed blood, I find other people with mixed blood also have that question and wondering, you know, do they just fit into the white society or can they exist in a good way remaining who they are and as a member of their own culture, and how to be involved in First Nations games, or other things that support who they are and their identity.*

This participant explains about identity issues that emerge with clients in counselling that revolve around biracial identity. Being of mixed blood, this participant is able to appreciate and understand the struggles of children and youth trying to figure out how to exist in a way that allows for balance of individual cultural needs as well as those that come from membership in a larger cultural group.

Another participant comments on observing themes that are also about identity, but focus on general issues of racism and conflict:

*Conflict, racism, is a huge, huge one that comes up in children of color, First Nations children, African children and other ethnic groups as well. There's a huge theme of being different, being not acceptable, and being less.....that comes up too.*

It would appear to me that given the extent to which racism and conflict exist today, it is not surprising that children from cultures other than mainstream are processing experiences of racism or "being different" or "less than" in therapy. Being aware of the racism and conflict that non-white children are faced with living in mainstream culture is key in the knowledge component of multicultural competence. Awareness of these issues may assist counsellors by helping to lessen the likelihood of cross-cultural misinterpretation.

The participant who shared earlier about themes of “going away and being found again” adds another interesting observations about the only First Nations boy on her caseload.

*I do find him much more, in his play, a lot about community, much more rather than just expressing the internal conflict or whatever. All the themes, no matter when it is a conflict of fear or whatever, it is always in the context of community.....*

This is an interesting observation with respect to the traditional value and critical importance of “community” within First Nations cultures.

One last observation made within play therapy with children of color and First Nations children illuminates more than just a positive theme; it also brings hope for the future:

*I think that over the last few years especially, I noticed that the children I am working with are really proud, more proud of their background. Working with several families you, one from Haiti, one from Africa, Asian, First Nations, when I hear them they're not trying to be whites, and I guess, I can only say that I hear it in their voice. That the stuff that we're working on, they are able to tell me their culture, you know, without hiding it, and I think that 20 odd years ago, I think they're wanting to be more like they wish they were more like their friends. I'm seeing with the families that I work with that they are quite proud to tell me some of the stuff they do and why they do it. That makes a difference, and I really notice that.*

Trends and themes in the play therapy process provided here offer some interesting perspectives. Identity is a solid theme that has emerged throughout this research, and for children that often means having to deal with confusion, racism, and conflict. In an effort to minimize the possibility of cultural misinterpretation, these trends and themes may be useful to consider when working with minority children in play therapy.

*Trends and Themes in Modes of Play Therapy.*

The second question in this category that I presented to participants asked, “what trends or themes, if any, do you observe in the choices children of color and First Nations children make regarding modes of play therapy?” It is interesting to note the amount of overlap in the responses provided by participants

*I think that music is a big one, so definitely there's a real interest in music and art and sandtray, clay.....those are the really big ones.*

Another participant shares a similar, yet more culturally specific observation:

*First Nations children, the ones that I am working with in particular right now, love the art. They love the art, they love clay, to make stuff from clay they also like the sandtray because it is earthly.*

Here again, the participant lists modes of play therapy that other participants have identified as popular among children of color and First Nations children.

*I see a lot of using the sandbox, a lot, and ...not so much about the dollhouse, so very interesting, and the sandbox, ....I have more white kids using the dollhouse, than the sandbox. I do, I think that I do have more kids of color ask me for the use of the wet sand box versus then the white kids, and they like to use the clay a lot.*

It would appear that the most popular modes of play therapy for minority children as noted by the participants specific to this study include the sandtray, working with clay, and art. Music was noted, but by one participant only.

The overlap is indeed an interesting observation among the participant responses, but it is also important to understand that these observations are unique to these participants. Their responses are not intended to draw conclusions, but rather to share the experiences and observations in working with children from cultural backgrounds other than Caucasian.

### *Synthesis*

The research question guiding this study is interested in “how do people of color and First Nations counsellors conducting play therapy with children of color and First Nations children view their practice in terms of multicultural competence?” Having presented questions to five counsellors from cultures other than mainstream, and who are conducting play therapy with minority populations, four major codes emerged.

These major codes included 1) Counsellor Personality Characteristics, 2) Practical Applications, 3) Identity, and 4) Racism. Each of these major codes represent themes that came forth from the data provided by the participants and together they illuminate intriguing points of interest with respect to multicultural competence.

This results section provided the four major codes that emerged from the participant interview data. One category, different than a major code, is specific to observations made in play therapy with non-white children. Personality traits that were associated with individuals possessing multicultural competence included being open to and curious about cultural diversity and these traits are thought to be demonstrated in the actions of practitioners both in, and outside of professional practice.

Identity was a theme that stood out throughout this research process. It was a multidimensional theme that involved identity issues relevant to the participants, identity issues specific to the non-white children populations accessing play therapy services, and also issues that revolved around both the identity of the participant and the identity of the child client.

With respect to cultural identity, multicultural competence may best be thought of as an awareness and understanding of the myriad of identity issues that any minority

child or family may be facing at any given time. This may help those counsellors providing play therapy services to non-white populations to view behaviour within the context of culture, and therefore lessen the chances of misinterpreting the children's behavior, and providing unnecessary or inappropriate treatments to minority populations.

Racism experienced by participants came in different forms. From inappropriate racist comments made about minority client populations, and generalized assumptions made about one's own abilities to know and understand other cultures, to having to educate colleagues as well as supervisors, and advocate to be able to provide culturally relevant and appropriate play therapy interventions, participants are often forced to work within dynamics of racist practice on a daily basis.

Multicultural competence can be demonstrated by a practitioner who is also aware of the different, yet common forms of racism brought out through this research. It is important to understand that people of color and First Nations practitioners are being "served up" automatically to work with all non-white clients who present for counselling and that this is a harmful, racist trend in practice needing review. Multicultural competence again can vary to the degree to which practitioners are aware of these issues.

Practical applications is the final major code within this research. It refers to an individual practitioner's level of competence in terms of not only acknowledging cross-cultural dynamics, but also engaging the client/family in discussion to find out, with greater accuracy, how cultural traditions can be respected and honored while still achieving the goals of the counselling process. Participants also identified experiences with children that serve as examples of integrating cultural knowledge into the play therapy practice.

All of these actions in and of themselves can represent multicultural competence in play therapy. However the degree to which any one counsellor is willing to engage in these actions may be useful in demonstrating multicultural competence.

Trends and themes was the category separated from the other major codes in the study. Given the data gathered to develop this category was the result of two specific questions it must be acknowledged as related, yet separate. It is critical to remember that the themes presented within the category must not be taken as conclusive, but more points of interest in working with children of color and First Nations children in a play therapy setting. This information may be useful in helping to develop an atmosphere that is more culturally inclusive and respectful of the different cultural groups accessing play therapy services.

### *Conclusion*

The results that I have presented here were generated from interviews conducted with individuals of color and First Nations individuals practicing play therapy with children of color and First Nations children. Participants were asked to share their perspectives and experiences regarding how he, or she views their practice in terms of multicultural competence. Four major codes emerged from analyzing the participant data and included personality characteristics of counsellors thought to be representative of multicultural competence, practical applications, identity, and racism. One category, trends and themes is related, yet separate from the four major codes. Having presented these results, it is time to move to the following discussion that finalizes the importance of the current research study in relation to what is currently known, as well as including suggestions for future research in this area.

## Chapter V - Discussion

How do individuals of color and First Nations individuals conducting play therapy with children of color and First Nations children view their practice in terms of multicultural competence? This question served as a guide for the current qualitative study in which five individuals from various cultural backgrounds, other than Western-Caucasian were interviewed regarding their perspectives and experiences of practicing play therapy with non-white child populations.

This study is unique in that it provides results from a qualitative research approach. Research to date in this area has been done using quantitative approaches, but the phenomenological design used in this study allowed for learning and understanding the lived experience of specific individuals experiencing a particular phenomenon. The data provides valuable information for increasing our understanding of play therapy with non-white children and their families.

The purpose of this study was to interview non-white counsellors practicing play therapy with children of color and First Nations children about their perspectives and experiences with the hope of increasing the understanding of play therapy practice with minority child populations. The results offer support for previously explored topics within this realm of research, in addition to providing specific examples that provide new insight into the development of a practice that is sensitive, and effective for non-white children and families.

### *Multicultural Competence*

Since this study was designed to explore the experiences and perspectives of non-white counsellors providing play therapy to non-white children with respect to

multicultural competence, it is important to look at this topic first. Multicultural competence has been a primary focus in research since the shift from the client being responsible for success in counselling to the counsellor (Negy 2000). It is also a concept being generalized, and applied to other areas within psychology such as assessment, testing and education. For the reason that multicultural competence continues to be explored and understood, the current research study can offer insightful information that could advance this endeavor.

Twelve areas of cultural competency (3 characteristics times 4 domains) have been identified and now serve as standards for providing appropriate and effective counselling services to multicultural populations (APA, 1993; Sue, Arredondo, & McDavis, 1992 as cited in Lee & Ramirez, 2000). The current study supports the idea that knowledge, skills, and attitudes and beliefs held by individual practitioners are all necessary components of multicultural competence, yet specifically reinforces the notion that a practitioner have an understanding of the complexities of acculturation, generational differences, and both micro and macro cultural identity issues.

A theme unique to the current research suggests that more attention be given to the personality characteristics of the individual counsellor in developing multicultural competence. In discussing multicultural competence, participants in this study specifically distinguished between components of knowledge and skills of an individual from the level of openness, and degree of curiosity one has about cultural diversity, and this is important for two reasons.

The first reason is the degree to which practitioners are to be educated and knowledgeable on all different cultures. It is impossible for practitioners to be experts on

every culture particularly given, as participants in this study clearly state, the varying degrees of acculturation, and the extent to which cultures have become blended.

Acknowledging individual cultural differences, as well as larger group membership differences was brought up by the majority of participants in this study, and specifically, that they not be overlooked as factors that can lead to stereotypical generalizations.

This research offers further clarification on this issue. It has been suggested that extensive knowledge of every culture is not only impossible, but is also unnecessary. One participant put forth the idea that a counselling practitioner need only have a “sketchy” knowledge of different cultures, if he or she possesses a genuine curiosity and openness to culture diversity. This is because this individual is likely act on the “openness” to ask the family, and engage in trying to understand differences and similarities even if competency has not yet been addressed.

This lends further support for the notion that curiosity and openness may be more important driving factors in the quest to build multicultural competence than is currently being recognized. This has particular relevance to the second reason that this is an important finding.

### *Assessing Multicultural Competence*

The second reason that personality characteristics such as openness and curiosity hold importance has to do with the assessment of multicultural competence. Cultural competency has been a focus of recent research, not only as a concept, but one that now requires measurement. The development of assessment tools to measure levels of multicultural competence at both the individual, and agency level is a current priority within research, and data from this study suggest that in assessing individual practitioner

multicultural competence the value of the personality traits must be examined more closely.

Participants not only highlighted the importance of curiosity and openness as critical personality traits of practitioners thought to practice with multicultural competence, but they also identified behavioral indicators of such traits. Participants put forth the idea that curiosity and openness are traits that an individual manifests across both professional and personal realms. In other words, a practitioner who possesses a genuine curiosity and openness to cultural diversity will seek opportunities outside of work, based on the desire to enrich personal understanding. It is not a work-driven opportunity, but more likely a way of life. These behavioral indicators may serve as measures of openness and curiosity for individual practitioners, and given Ritter and Chang's (2000) recommendation to qualitatively examine how an individual gains cultural competency, this finding may be more valuable than is acknowledged within the research.

Incorporating this finding into a cultural competency assessment tool may be as simple as including questions that ask about various activities outside of the work setting, and formalized education and training opportunities. Recognizing the value of attending community cultural events with respect to cultural competency in counselling may not be a new idea however, incorporating this knowledge into currently developing cultural competency assessment tools may be too new of an idea thus warranting greater attention.

The quality of play therapy as a practice that meets the needs of all children regardless of cultural background will continue to advance. However, a key strategy in

assisting this development may be the ability to identify individuals within the counselling workplace who possess the curiosity and openness being discussed. Why might this be? In an effort to advance the understanding of multicultural issues in counselling, perhaps identifying particular individuals as change agents within the workplace can help to excel this process. If funding is to be prioritized at this time, perhaps it would be strategic to focus on training key individuals who demonstrate this curiosity and openness.

It is critical at this point to be cautious in assuming that these individuals will inevitably be non-white. These counsellors could be non-white or white, but non-white individuals must not be expected to fill this role, and furthermore, must not be exploited for their knowledge and experience of moving through the world as a person of color or First Nations individuals. This topic will be explored in greater depth during the discussion on racism.

#### *Continued Focus on the Individual Practitioner*

The Holcomb-McCoy (2001) research study sought to explore the self-perceived multicultural competence and adequacy of training of registered play therapists and it touched briefly on the potential importance or role of individual personality characteristics of play therapy practitioners. The results suggested that despite less than adequate training, play therapists as a group, perceived themselves to be multiculturally competent. The authors presented a variety of alternative explanations for this finding, including life experience, reading, workshop attendance, or perhaps something specific about individuals who conduct play therapy, or even the field of play therapy itself.

Interestingly the results from this study lend support for the idea that it is indeed something specific about the individual practitioner that accounts for perceived multicultural competence. It would appear that individual curiosity about, and openness to cultural diversity is more important than is currently being considered. Given that may be true, perhaps it offers a rationale that explains why participants in this study so adamantly distinguished “acquired knowledge and skills” from “curiosity and openness”.

It is of further interest to see how the results of this study support Trimble and Thurman’s (2002) suggestion that the need to abandon conventional counsellors, or methods of counselling styles may not be the most practical solution. This is for the reason that certain counsellors, regardless of cultural identity may have personality traits conducive to promoting and facilitating a positive counselling environment and therapeutic relationship that is both culturally sensitive and effective. As mentioned earlier, as multicultural play therapy develops, it may be particularly strategic to identify those counsellors who may be able to function as change agents.

Another characteristic warranting discussion is what the participants in this study referred to as “the willingness to take that extra step”. A counsellor that is willing to take that extra step refers to the effort put forth in trying to gain an understanding of cultural differences and similarities with the client families, and how that relates to the counselling process. This is a particularly important consideration when thinking about the current lag in the shift of moving from theory to practice.

Transferring cultural knowledge from theory to practice can mean many things, and the participants in this study discuss this in a variety of ways. For instance, one participant suggests exercising caution when bring up the issue of the client’s culture

within therapy. It is important not to assume that addressing the client's cultural identification is necessary, and it is important for this reason to involve the client and client's family members to determine what, if any, different therapeutic approaches and interventions need to be taken. Perhaps this may involve travelling to a client's home or community and working with different individuals such as Elders who may engage in storytelling with the client and counselor, or perform a ceremony such as a smudge or sweat. It might be an option to involve siblings in the counselling process who may be able to assist a younger sibling deal effectively with issues of acculturation based on personal prior experience within the family and community.

Transferring cultural theory and knowledge into practise could also involve previewing intakes as suggested by a different participant. This alerts the counsellor to the possibility of needing to address cultural issues with the client and family prior to the start of counselling. It may also highlight the need for some different playroom materials depending on what understanding is gained from working closely with the family. Finally, it may also be useful for mainstream counsellors working with non-white families to seek out training opportunities and attend different community events, or perhaps access cross-cultural consultation.

Theory is in the process of moving into practice within the realm of play therapy, however, in this study the need to advance cross-cultural counselling relationships past the initial stages of acknowledging cultural differences can be seen. Practitioners may hesitate to incorporate interventions that are culturally specific for a number of reasons, but a lack of training and education specific to play therapy, appropriate role models, and cross-cultural supervision have all been identified in the current study as lacking.

The development of more formalized training and education is necessary and needs to be made available to practitioners who provide play therapy services to culturally diverse children. In the interim, counsellors genuinely interested in understanding better the role of cultural issues in play therapy, and who are willing to take that extra step to achieve this, may be important to identify. Those seeking opportunities to learn about cultural diversity within the work setting, and outside of it, according to the participants in this study, demonstrate cultural competence, and therefore these individuals may be valuable change agents. Now and in the future, counsellors with multicultural competence will be needed in positions as counsellor training facilitators, racial/cultural committee members and supervisors.

A final piece to be added within this discussion focusing on the individual practitioner has to do with the primary researchers personalization of this professional journey. In other words, how will having conducted this study influence my counselling practice with non-white clients? A focus on self as practitioner has been reinforced and for this counsellor, this equates to continuing to seek out opportunities for further academic and professional development, attending and exposing myself to different cross-cultural events and experiences.

Greater attention will be given to the issue of acculturation for the client with regards to within-family differences by inquiring with the client family as well as the client as to how this issue can be honoured within counselling practice. For instance, inviting siblings to share previous or current experiences with the counselor and client may assist the client in dealing more effectively with issues I may not understand. Siblings maybe able to offer suggestions, and strategies for dealing with particular

situations surrounding acculturation issues that he or she is or has already been forced to deal with.

For this researcher, conducting this study supports the need to continue to explore how I may be operating on stereotypical assumptions about non-white clients within my counselling practice. The data from participants clarifies that I may not be able to gain specific knowledge about all non-white cultural groups but that, openness and my curiosity as demonstrated by my undertaking this specific area of research will benefit the non-white clients that I counsel.

My previous training as a counsellor working with non-white clients has also been reinforced with specific reference to using child-centered play therapy. Prior counsellor training I have received does not support a completely child-centered approach based on a theoretical perspective that a counsellors approach and the toys and play materials used do not have to change. For this reason, I will continue to diversify my approach as needed when working with non-white clients, as well as to create a play therapy atmosphere that is representative of a wide variety of cultural groups other than white mainstream.

Finally, I feel supported in my actions to challenge stereotypical assumptions made in mainstream counselling practice, as well as by colleagues. This would be representative of my commitment to help to my clients to the best of my abilities as well as more generally in the sense of contributing to the demise of racism within the counselling profession.

### *Racism*

One of the most significant themes to emerge from this research is the issue of individual and systemic racism. Learning how counselling practice is operating on racist

assumptions is identified through examples provided by participants, and may add to what Ronald Tharpe (1991) was exploring in his article *Cultural Diversity and Treatment of Children*. Tharpe was interested in the ethnicity of therapists, and the question of privileged status when working with children with similar cultural backgrounds. The current study adds very detailed information about the benefits and potential consequences that can occur for non-white counsellors, and specifically serves as a flag for the need to review a popular current intervention of automatically pairing culturally diverse counsellors and clients despite accurate knowledge about cultural similarities.

It is believed that when culturally diverse clients and client families' access counselling services, that it may be in the best interests of the client to involve a counsellor that is also culturally diverse. At times, this may appear to be an appropriate and effective strategy. Although some counsellors in this study stated that they were more than willing to help when possible, it may still need to be reviewed for two reasons. The first is that it can exploit counsellors of colour and First Nations counsellors. Second, it is entrenching a practice that is unnecessary and harmful to the advancement of multicultural competence and multicultural counselling among mainstream staff.

The underlying assumption operating when minority counsellors are accessed for consultation, or are brought in to work with clients that are from cultures other than that of mainstream, is that there are shared cultural experiences based on being outside the mainstream. This however is not always the case, and white colleagues may still be under the assumption that it is in the best interests of the clients. Shared cultural experiences between counsellors and clients have come to be assumed and are stereotypical being based purely on physical appearance. Making sweeping generalizations about cultural

similarities and not considering individual, as well as group membership, has become too regular of a practice in that any non-white clients accessing counselling services are paired immediately with non-white counsellor.

As was put forth in this study, this is often a premature and unnecessary intervention. What happens is that non-white counsellors are asked to assess the cultural needs of a non-white family only to discover that the family has been living in Canada for twenty-five years, they speak fluent English, and have no difficulties accessing various mainstream services. This provides a current example of how counsellors trained in Western-based counselling can perpetuate systemic racism and is a powerful example for practitioners, even those with the best intentions, to learn from.

A lack of role models and access to culturally appropriate supervision were two other areas identified in this study that need to be addressed within the field of play therapy. This lends support to a previously identified lack of multicultural supervision as a component of cultural competence (Leong and Wagner; Martinez and Holloway, as cited in Lee & Ramirez, 2000). If the field is moving further into practice from theory, individuals that can be role models and provide instruction and guidance to others will likely make this transformation more efficient and timely.

Attention should be given to this issue for the reason that it is inappropriate to expect non-white counsellors to continuously be available to work with non-white families. It is not the responsibility of minority groups to address this larger social issue, and the opportunity for white counsellors to learn how to better work effectively with multicultural populations will be denied if this practice continues.

In summary, the results in this study support the necessity of the knowledge and training components of multicultural competence yet highlight the importance of certain personality characteristics of the counsellor. Genuine curiosity and openness toward cultural diversity that is a part of both the personal and professional realms of an individual counsellor is an important part of multicultural competence according to participants. A counsellor possessing these qualities may be more likely to inquire about cultural differences and work actively with a family to understand how to meet both the needs of the client, as well as the goals of therapy. This information could be useful in determining cultural competency of individual practitioners, and it may also serve as helpful criteria in determining appropriate and strategic job placements.

#### *A Review of Child-Centered Play Therapy*

Child-Centered play therapy has popularity as a mode of counselling with multicultural populations for specific reasons. The theoretical tenets of this approach are believed to be consistent with, and effective when working with children from diverse cultures primarily because it is a non-directive approach. A child-driven play therapy session is one in which the child is free to use the toys to work through any present counselling issues. It is the neutrality of this approach that is attractive for being a suitable approach available for working with culturally diverse children.

This feature of neutrality however, may not be as helpful as originally believed given that it does seem to mimic an earlier attempt to address cultural issues by promoting the idea of being “color blind”. Ignoring cultural differences is not an effective or appropriate approach in counselling, and it means counselling all clients in the same way. This forces non-white clients to adapt to mainstream values and traditions.

This is also important when it comes to the play therapy and the play environment in which children utilize toys to work through therapy issues. This is what Geraldine Glover discussed in her article *Cultural Considerations in Play Therapy* (2001). Glover pointed out that despite a child's ability to select any toy for any therapeutic purpose, playrooms nonetheless should reflect a multitude of diverse cultures. She provides an example of how children's play therapy process may be interrupted without culturally relevant toys and play materials, and further asserts that it is the therapist who has control over the play therapy environment. The importance of creating a play environment that is culturally sensitive and appropriate is an issue that can no longer be overlooked in the current research if advancement in practice is to occur. For this reason, this topic is discussed as an area of future research interest.

#### *Future Research Directions*

This research was conducted using a qualitative approach to understanding multicultural competence from the perspectives of minority counsellors. Rich information has been generated and offers support for further research using both qualitative and quantitative approaches, and also in a variety of different areas within multicultural play therapy.

The development of training workshops specific to culture and play therapy have been identified as high priority by participants in this study. It will not only help to address the lack of understanding of how best to incorporate culture specific interventions, but it will also help to deal with current levels of individual and systemic racism. This training benefits non-white clients and client families by improving the quality of counselling practice by practitioners, supervisors, and those in positions

requiring the ability to provide instruction and guidance on multicultural issues in counselling. Participants often reported the desire to take the training if it were made available.

The current research supports further exploration of multicultural competency in practice. One specific recommendation for future researchers in this area would be to explore existing theories and frameworks available to begin to look at devising developmental stages of multicultural competency. This could allow practitioners to locate themselves within a stage theory, and may be helpful in locating weaknesses in competency. Competency of the individual has been, and should continue to be a strong focus in research.

Another area in need of attention is the play therapy environment. As discussed earlier, this is an area receiving minimal attention, and now requires more serious action given the knowledge that play therapy is a primary mode of counselling for children regardless of cultural backgrounds. Coleman, Parmer, and Barker (1993) warn that the role of toys and play materials not be overlooked and to do so is ignoring cultural differences. This form of systemic racism can, and should be addressed at this time. Perhaps researchers could focus on incorporating a component in which a cultural assessment of the playroom is included in the larger assessment tool of cultural competency. Given this tool is applied to both individual counsellors, as well as to the physical environments of the workplace this should not be a new idea.

Future researchers also need to explore further the racism that is being experienced by people of color and First Nations counsellors providing play therapy services to non-white children. Specific examples of racism were identified in the current

study, and can offer invaluable information for practitioners, researchers and educators who are working to develop multicultural competencies. Ritter and Chang (2001) recommend that based on the finding from their study revealing the value of multicultural courses in terms of competency and training, that educators make a point of incorporating the current findings into his or her teachings. With the focus on identifying individual bias, precise concrete examples of racist behavior can serve as powerful learning tools.

This researcher also believes the issue of power between counsellor and client cannot be ignored within cross-cultural play therapy sessions. It could be suggested that three tiers of power differences exist in a cross-cultural play therapy session. First, there is the inevitable power difference present in any counsellor/client relationship. Second, there is a difference in power based on culture and in this case, the counsellor is assumed to be of Western-Caucasian descent, and the client is non-white. The third power difference found in this relationship is that of adult to child, and it is often overlooked as well.

The counsellor needs to be conscious of the extent to which dynamics of power are present in the relationship, and may be having negative consequences on the development of the therapeutic relationship. It is beyond the scope of this particular research to delve more deeply into this issue, but it is an area that needs to be addressed in future research endeavors if play therapy is to meet the needs of all children regardless of cultural background.

The current study provides a variety of findings, and many that support literature already conducted in this area. With the insight gained from this study, researchers indeed have several areas to choose from with regards to future research efforts. Little

doubt can remain that further exploration in any area within this realm would be highly beneficial to both non-white clients, and families, and the counsellors responsible for providing quality play therapy services to these groups.

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## Appendix A

Population by Mother Tongue, 1996 Census, Canada Total Population - 28, 528, 125

English	16, 890, 615
French	6, 636, 660
Non-official languages	4,598, 290
Chinese	715, 640
Italian	484, 500
German	450, 140
Polish	213, 410
Spanish	212, 890
Portuguese	211, 290
Punjabi	201, 785
Ukrainian	162, 695
Arabic	148, 555
Dutch	133, 805
Philipino	133, 215
Greek	121, 180
Vietnamese	106,515
Cree	76, 840
Inuktitut (Inuit)	26, 960
Other non-official languages	1, 198, 870

Source: Statistics Canada, 2001a. Adapted from the Statistics Canada Website [www.statcan.ca/english/pgdb/People/Population/demo 18a.htm](http://www.statcan.ca/english/pgdb/People/Population/demo%2018a.htm) (cited in Shebib & College, 1994, p. 294).

## Appendix B

1. The therapist is genuinely interested in the child and develops a warm, caring relationship.
2. The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.
3. The therapist creates a feeling of safety and permissiveness in the relationship so the child feels free to explore and express self completely.
4. The therapist is always sensitive to the child's feelings and gently reflects those feelings in such a manner that the child develops self-understanding.
5. The therapist believes deeply in the child's capacity to act responsibly, unwaveringly respects the child's ability to solve personal problems, and allows the child to do so.
6. The therapist trusts the child's inner direction, allows the child to lead in all areas of the relationship and resists any urge to direct the child's play or conversation.
7. The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.
8. The therapist establishes only those therapeutic limits, which help the child accept personal and appropriate relationship responsibility. (Landreth, 1991, pp. 77-78).

## Appendix C

Question 1 - Ice Breaker

1) Please tell me about yourself and how it is that you came to be doing play therapy.

Multicultural Competence in Play TherapyQuestion #2

What has your experience of conducting play therapy with children of color and First Nations children been like for you?

Question #3

How would you describe your experiences of multicultural competence in play therapy?

Practical ApplicationQuestion #4

What are some of your thoughts and ideas about transferring cultural knowledge into play therapy practice?

Question #5

What trends or themes, if any, do you observe in play therapy with children of color and First Nations children?

Question #6

What trends or themes, if any, have you seen in any choosing of the modes of play therapy by children of color or First Nations children?

Research RelevanceQuestion #7

What question might or should I be asking about multicultural competence in play therapy that I am not?

Question #8

Is there anything that you would like to add, or discuss further in regards to anything that we have been talking about today?

## Appendix D

**University of Victoria**  
**Office of the Vice-President, Research**  
**Human Research Ethics Committee**

**Participant Consent Form**

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**“How do Individuals of Color, and First Nations Individuals Conducting Play Therapy with Children of Color and First Nations Children View their Play Therapy Practice in Terms of Multicultural Competence”.**

You are being invited to participate in a study entitled “How do Individuals of Color and First Nations Individuals conducting Play Therapy with Children of Color and First Nations Children View their Play Therapy Practice in terms of Multicultural Competence?” that is being conducted by Leanne Fielding who is a graduate student in the department of Educational Psychology and Leadership Studies at the University of Victoria. If you have further questions regarding this research you may contact Leanne Fielding by phone (250) 383-9758 or email at [lmf68@telus.net](mailto:lmf68@telus.net).

As a graduate student, I am required to conduct research as part of the requirements for a degree in Master of Arts in Counselling Psychology. It is being conducted under the supervision of Dr. Geoff Hett and Dr. Norah Trace You may contact my supervisor at (250) 721-7783 (Dr. Hett) and (250) 721-7840(Dr. Trace).

The purpose of this research project is to explore how non-white and First Nations counsellors conducting play therapy with children from non-white or First Nations ethnic backgrounds view their practice in terms of multicultural competence. The information generated in this study will be used to improve the overall effectiveness and appropriateness of play therapists practice in working with non-white and First Nations child populations.

Research of this type is important because it will generate information that will increase the understanding of how to better meet the therapeutic needs of non-white and First Nations children in play therapy. Contributions this research will make is that it may also assist in the preservation of different ethno-cultural groups values and practices, and it will advance the existing literature about multicultural play therapy and play therapist’s multicultural competence by utilizing a qualitative inquiry.

You are being asked to participate in this study because you are an individual with a racial background other than Caucasian or have biracial identity conducting play therapy, holding a Bachelor’s, Masters Degree, or Ph.D, and who has three years experience conducting play therapy with non-white and First Nations children.

If you agree to voluntarily participate in this research, your participation will include one semi-structured, 1-2 hour audio taped interview that will be conducted where the participant feels comfortable (options may include: employment agency, home, university setting, or local library study rooms). You will be asked open-ended questions, and question probes, and these will be in the areas of thoughts and feeling about play therapy, the influence of race and ethnic identity in play therapy and multicultural competence.

Participation in this study may cause some inconvenience to you, including a time commitment needed for the interview and a review of the transcripts. The interview should take no longer than 1-2 hours, and a review of the transcripts for verification of personal information and data may

also take one hour. In scheduling interview times, I will work around your schedule and time commitments, and will reschedule the interview at your request to a more suitable time if it becomes necessary. I will also make myself available for discussion of any concerns or questions that may arise from your participation.

There may be some potential emotional risks to you by participating in this research. Participation in this study may cause emotional upset for you. Although I anticipate that the emotional risks to be no greater than what you would experience in your daily work practice, it is my responsibility to ensure that you have access to counselling services to address any emotional upset that may be the result of your participation in this study. Should emotional upset occur for you as a result of participating in this study I can make a referral to a counselling agency in his or her own area. I will also address any concerns that the participants' might have regarding their participation in the study before and during the interview. The researcher will assist the participant to develop a list of debriefing contacts who are accessible and known to the participant prior to the interview, and participants will be invited to engage in an optional paid debriefing lunch with researcher Leanne Fielding, following the interview.

The potential benefits of your participation in this research include an opportunity to reflect on your own cultural attitudes, values and assumptions and how that relates to your play therapy practice, and an opportunity to share your personal knowledge, understanding and experience of conducting play therapy when working with children from non-white diverse cultural backgrounds. Your participation in this study may also benefit society through the sharing of information and raised awareness of different cultures values and practices, and counselling needs. A healthier society can develop from a greater awareness and understanding of recognizing that play therapy counselling services need to become more accessible and effective for non-white minority and First Nations families. In addition, this study will increase the limited existing literature conducted on multicultural play therapy to date. Greater knowledge can improve play therapists understanding and practice of conducting multicultural play therapy and therefore assist in improving the overall delivery of mental health services to non-white and First Nations children. This in turn, can lead to better mental health and well-being of individual children and their families from varied ethnic backgrounds.

As a way to compensate you for any inconvenience related to your participation, you will be given a \$20 dollar money order to be used at your discretion for play therapy materials or supplies. Also, you will be invited (this is optional for the participant) to participate in a paid debriefing lunch with the researcher immediately following the interview. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not otherwise choose to participate if the compensation was not offered, then you should decline.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you withdraw from participating in the interview, the data you have provided will be used only if you agree to this in writing. To make sure that you continue to consent to participate in this research, prior to the interview, the researcher will orally review the informed consent process with the participant. In terms of protecting your anonymity, participants will be informed at the beginning of the research and in writing on the informed consent form that partial anonymity only can be maintained. This is due to the snowballing (word of mouth) recruitment process that makes it possible for participants to know each other. Efforts to maintain participant anonymity include participant names being replaced on the data by identification numbers (Color coding will also be

used). Participant names will not appear on the data, thesis, published articles, or any other material used in presentations for others, and signed consent forms will be kept separately from any recorded data.

Your confidentiality and the confidentiality of the data will be protected by the researcher in the following ways: Confidentiality will be defined orally and in written form on the informed consent form that is signed by the participant at the beginning of the research relationship. The participant's confidentiality will be protected by storing all interview audiotapes, transcribed data, and any additional drafts or notes made about the research process in a locked filing cabinet. Only the researcher will have access and keys to the locked cabinet, and they will also be stored in a locked box. Interview audiotapes, transcribed data and any additional notes or drafts will be destroyed within five years from the start of the research study.

In addition to using the data generated from this research study to complete the thesis requirement of my Master's Degree, it may also be used for other purposes. There is a possibility that the research data may be used to develop research articles for publication in scholarly journals. Also, the data may be used in academic presentations at the University of Victoria with other academic/professional individuals.

Data from this study including interview audiotapes, written transcripts, field notes, drafts and all other information relating to the research data will be shredded and disposed of through the UVic confidential shredding or another confidential shredding service. All computer files will be deleted and back up disks will also be destroyed through UVic confidential shredding or another confidential shredding service.

It is anticipated that the results of this study will be shared with others. Participants will be informed by the researcher at the beginning of the research relationship that he/she will have access to all transcriptions of his/her interview and copies of validated unidentifiable analysis of common themes of all the participants. Participants will also be given copies of the findings when the study is completed. Results of the study will also be accessible to the public as a Master's thesis, articles for publication, and through academic presentations.

In addition to being able to contact the researcher [and, if applicable, the supervisor] at the phone numbers provided, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4362).

Other individuals that may be contacted regarding this study in addition to the researcher, and the supervisors listed at the contact numbers above include the Associate Vice-President, Research at the University of Victoria (250) 472-4362.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. If you agree to voluntarily participate in this research, you are agreeing that your interview can be audio-taped interview.

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*Name of Participant*

*Signature*

*Date*

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*

## Appendix E

Interviewer : “What are some of your thoughts and ideas about transferring cultural knowledge into play therapy practice?”

Participant: Well, it makes sense to me if the family and the child are wanting that, so I've had some kids who are very interested in that. If they're upset I might introduce smudging and you know, let the family know that that is what I am doing, and I've had kids just really respond wonderfully to that. They feel like they have an invisible, protective armour, that its just helping them get through the day, and they feel really good about it, or, offering smudge sticks when I finish with people as a little gift, or an eagle feather, those symbols, of, power and of their own culture. Once I gave somebody a drum and they painted their own symbol on it, and so we could drum together and yet they had something ongoing that they could continue to do that was a healthy thing for them after therapy was over. So those kinds of things, and also I have had some kids that have been really interested in the eagle and that it's been connected to their clan in some kind of way and wanting to know their animals. So we made shields together, where they have been able to identify their own powers and their families' powers in terms of the animals and totems that they've got already a part of their heritage. Also, having stories, you know, by Ellen White and other Native storytellers so that the kids have something that they could relate to. The characters are young children dealing, may be with some of the same things, or metaphorically, dealing with some of the struggles that they may be going through, but in the context of the First Nations lifestyle and world, so that there is some pride, and, children after that being able to make clay eagles or spear heads, or, things that are cool for them, like a modern version of ancient things that have always been done. It is just so exciting to me, and for them too, because they hold those things as important. Some clients have brought me into their Long houses, and brought me into some of the ceremonies, or I've gone to Pow Wow's or Sundances, to learn more. I think children are aware that those things hold some sacredness, so they may not know all the details of it, but there's some attraction there, and then sometimes when I'm starting to talk to the child about it, it, it stirs something in the family, sometimes the mother, or uncle will say “well ok, you know since you are showing some interest in this maybe you can come and carve with me or, or the parent might say “ok, well maybe we can go up to Duncan and take a look at what's up there”, and get a sense with the museum and totem poles and , and go to different places like Alert Bay and just check things out so that you know, they begin to open up their own history and their own experience to their children.