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Converging play therapists' voices : facilitating parental involvement in child therapy process

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ABSTRACT

CONVERGING PLAY THERAPISTS' VOICES: FACILITATING PARENTAL INVOLVEMENT IN CHILD THERAPY PROCESS

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This study examines how play therapists practice parental engagement to obtain a general understanding of the play therapists' roles, parental involvement procedures, and strategies in helping parents become involved in their child's recovery. Ten participants were recruited through criterion-based section. The participants were from five different play therapy approaches, with at least seven years' experience in play therapy and a play therapist license. Using Interpretative Phenomenological Analysis (IPA), I approached the participants to gain profound understanding of their experiences of and insight into parental inclusion.

Findings reveal that the play therapists of this study perform as counselors, teachers, and consultants in working with parents. The participants highlight building relationships with parents and providing empathy as significant aspects in facilitating parental involvement. The findings also illustrate therapeutic changes the participants found from parents, children, and family system through parental inclusion. Finally, the findings identify that the participants made sense of parental involvement based on systemic perspective. Implications of this study are discussed in relation to play therapists' practice for parental engagement.

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DEDICATION

This dissertation is dedicated to my family in Korea, with love and pride. 사랑해

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CHAPTER 1

INTRODUCTION

Since Anna Freud (1928) and Melanie Klein (1932/1975) first used play for their child clients in their psychodynamic approach, play therapy has been a useful approach for counseling youth. Play therapy involves a dynamic relationship between a child and a therapist in a setting that provides play materials for therapeutic purposes (Landreth, 2012). Play therapy allows children to express their feelings, frustration, anxieties, and anger in a creative and enjoyable way without confining them to their verbal capacity. From this perspective, toys are their words and play is their language (Landreth, 2012). Without screening others' responses, particularly those of adults, play therapy provides an experience for children to vent their inner struggles and satisfy their emotional needs in a safe environment.

Because of the healing properties of play therapy, this approach has been the subject of many studies in child psychotherapy. Ray (2007) contended that play therapy has the longest history of research among any interventions. Researchers have explored the applicability of play therapy with a variety of children's symptoms and further supported its effectiveness (Bratton, Ray, & Rhine, 2005; LeBlanc & Ritchie, 1999; Phillips & Landreth, 1998; Ray, 2007; Ray, Bratton, Rhine, & Jones, 2001; Sibley, 2008). For example, Phillips and Landreth (1998) presented dimensions of disorders that play therapists perceive amendable: physical/sexual abuse, depression/withdrawal, acting-out/poor impulse control, school adjustment/academic difficulties, phobias, and enuresis/encopresis. Thanks to researchers' previous investigations, play therapy

was proven as an effective therapy or counseling modality for minors, as evidenced by having a large effect size(Bratton et al., 2005; LeBlanc & Ritchie, 1999; Sibley, 2008), which suggests that children receiving play therapy exhibited better results than children who did not receive play therapy by .80 standard deviations (Bratton et al., 2005). Today, research topics on play therapy have become variegated as play therapy has expanded to apply to different issues that children present and to diverse age ranges from very young children to even adults.

The results of meta-analyses on play therapy effectiveness provide a rationale of parental involvement in on play therapy context. These results demonstrated that play therapy is effective across modalities, ages, genders, populations, settings, and theoretical schools of thought (Bratton et al., 2005; LeBlanc & Ritchie, 1999). More importantly, these results found parental involvement as a strong predictor for a successful therapy outcome. For example, involving parents in the play therapy had a greater effect than play therapy without parental involvement (Bratton et al., 2005; LeBlanc & Ritchie, 1999). Similarly, Philips and Landreth (1998) also identified parental involvement as a determinant factor for a successful play therapy outcome. These research findings suggest parental involvement needs to be considered for the best play therapy results along with duration of the serviced offered.

Considering parents' significant roles in child-recovering processes, the results highlighting parental involvement are logical. First, parents provide the most immediate and significant family environment to children (Swick & Williams, 2006). Thus, when their children are exposed to difficulties, parents can offer a protective environment for their children's distress (Hill, 2005). In addition, by providing significant information regarding child clients' functioning and progress with therapists, parents help therapists accurately assess their children (Suveg et al., 2006). Particularly by completing tasks recommended by therapists with their

children, parents help reenact therapeutic aspects in the children's daily lives. Furthermore, given that parenting attitudes and practices are momentous components for successful child outcomes (Topham & VanFleet, 2011), parental involvement in play therapy may provide a valuable opportunity for parents to change their attitudes and practices towards their children.

Moreover, the contemporary treatment practice trend emphasizing evidence-based practice (EBP) calls for parental involvement in child counseling processes. EBP is an effort to integrate expertise in both research and clinical experience in order to optimize clinical practice and therapeutic outcomes in the context of clients' characteristics, culture, and preferences (Babione, 2010; Thomason, 2010). EBP provides credibility and effectiveness that is essential for external funding and reimbursement by liability insurance (Murray, 2009; Thomason, 2010). By including parental involvement in play therapy, practitioners can make the best use of the EBP system as it is a potent predictor for successful results. Accordingly, the EBP system would put play therapy involving parents in a favorable position for reimbursement.

However, research on parental involvement in child psychotherapy is relatively a new area. Significant amount of research on child mental health has been focused on demonstrating the effectiveness of specific approaches of different schools in play therapy, for instance, the productivity of the Child-centered play therapy, filial therapy, Gestalt play therapy, or Theraplay. Currently, dominant research exploring parental involvement has attempted to illuminate what aspects need to be considered for parental inclusion (Crane, 2005; Hill, 2005, 2006;Kottman& Ashby, 1999; Lin, 2010; Lolan, 2011;Ray, 2011; Sibley, 2008; Topham & VanFleet, 2011; Topham & Wampler, 2008).For example, such components as financial concerns, lack of education about play therapy, mandated clients by outside party, and lack of rapport between clinicians and parents (Lolan, 2011) were identified as factors hindering parental involvement.

Furthermore, Ray (2011) suggested attitudes for building a successful therapeutic relationship with each parent: respect for the parent's role; respect for the parent's knowledge of the child; affection for the parent as a person; patience; clear focus on the child, not on the parent; and competency as an expert about the child and play therapy. In addition, Kottman and Ashby (1999) claimed educating parents as an essential factor for enduring therapy effectiveness.

Despite research emphasizing parental involvement in the play therapy process (Bratton et al., 2005; Crane, 2005; LeBlanc & Ritchie, 1999; Phillips & Landreth, 1998; Ray et al., 2001; Sibley, 2008;) and consensus that including parents improves play therapy outcomes (Bratton et al., 2005; LeBlanc & Ritchie, 1999; Lolan, 2011; Phillips & Landreth, 1998), there is a lack of research dealing with the actual processes and essential components contributing to parental involvement. More specifically, there is no research on what the processes look like (Ray, 2011) nor on identifying core aspects occurring in the process of parental involvement, which may best promote parent collaboration and participation.

How to facilitate parental involvement is a core, practical issue that optimizes practice outcomes. Research should seriously consider illuminating the actual processes and components facilitating parental involvement in order to optimize play therapy results. This necessity for research on parental involvement is not limited to a scholarly area. In practice, play therapists have often limited preparation related to parental involvement. Play therapists reported minimal exposure to training for enhancing parental involvement through their graduate programs and workshops, in spite of their value on parent engagement (Lolan, 2011).

Therefore, an attempt to identify processes of parental involvement and components promoting the parental inclusion in play therapy based on play therapists' perceptions is meaningful in that it would provide valuable references for play therapists and child practitioners

and for training beginner counselors whose responsibilities involve parental inclusion. In addition, effort to illuminate potential influence of parental involvement on child results is valuable for enhancing understanding of how to optimize child outcomes.

Statement of Purpose

The first purpose of my current qualitative study was to obtain a general understanding of play therapists' role and their strategies in facilitating parents to become involved in their child's recovery. This goal was achieved by exploring perspectives of play therapists on parental involvement and by obtaining detailed information regarding parental engagement processes from them. Second, I anticipated obtaining comprehensive understanding of parental involvement procedures and identifying potential components contributing to the promotion of parental involvement. As Sanders and Burke (2013) asserted, articulating the processes of effective parent involvement is needed. Furthermore, throughout these processes, I expected to gain shared recommendations for effective parental engagement. Finally, by closely analyzing perceptions of the play therapists on what is happening between parents and their child as a result of their involvement, I targeted examining how play therapists understand the results of parental inclusion in therapeutic context.

Research Questions

1. How do play therapists make sense of parental engagement in the child's therapeutic context?
2. What do play therapists practice parental involvement in the child's therapeutic context?

3. How do play therapists facilitate parental involvement for the therapy processes?
4. How do play therapists handle challenges in the process of parental involvement?
5. How do play therapists perceive parental involvement in the therapeutic context?

The major source of data to answer those research questions was through interview. I interviewed seasoned play therapists from different branches of and theoretical orientations to explore their experiences and views of parental involvement. In addition, I observed and analyzed demonstrational video-taped sessions that exhibited effective parental engagement. The tapes were open to the public. Through these processes of data collection, I compiled from different dimensional understanding of the practitioners' perception of parental involvement, specific patterns in the therapeutic process, and the perceived influence of parental involvement on therapeutic context.

Findings of this study are applicable regardless of play therapists' settings and theoretical orientations. Thus, findings are valuable references for child practitioners who work with parents, as this study suggests critical considerations and potential guidance for implementing parental involvement. In addition, the findings of this study contribute to increasing practitioners' competency when working with parents for their child clients. Furthermore, the findings contribute to developing education and training for practitioners in relation to parental involvement by providing play therapists' shared understandings, experiences, and suggestions with regard to parental inclusion.

Conceptual Framework

This section presents the conceptual framework to provide a theoretical groundwork and rationale for parental involvement and play therapists' roles in facilitating parental participation.

The conceptual framework comprises two sections: one sheds light on existing systemic, relational, sociocultural learning theories to offer understanding of how parental inclusion in child therapy settings makes sense; for the other section, I have included my working experiences that led to conceptualizing my understanding of parental involvement.

Existing Theories

Bio-ecological system theory (Bronfenbrenner, 1976), interpersonal theory (Sullivan, 1953), and sociocultural theory (Vygotsky, 1978) guided the conceptual framework of this study. Bio-ecological system theory and interpersonal theory were selected to provide theoretical foundations offering rationales for parental involvement and to explain parents' influence on their child mental health development. Additionally, roles of play therapists in the course of parental involvement in conjunction with these theories are described. Finally, sociocultural theory demonstrates how play therapists facilitate parents' learning about therapeutic aspects in relation to their child's play therapy context.

Bio-Ecological System Theory

Bio-ecological theory (Bronfenbrenner, 1979) explicated how the process of individual development is achieved through interactions with a social milieu. He explained these processes using ecological terms or *biological concepts* (Rutter, Champion, Quinton, Maughan, & Pickles, 1995). According to Bronfenbrenner, human development is understood through interactions with ecological environments: microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1979). These systems start from immediate environments such as home, school, community, and other settings to where people reside. Of these systems, the microsystem, which

is the innermost area to the person, needs to be looked at most closely. The microsystem constitutes children's immediate physical, social, and psychological environment (Swick & Williams, 2006), where the children have the most contact in terms of interactions and activities.

Bio-ecological system theory highlights the significance of parents to children because they are the most immediate and closest context to their children. Parents are a core entity in children's personality shaping as they learn how to live and interact with others based on experiences within the family. In addition, parents strongly affect personality development. Particularly, the relationship between parents and children should not be neglected since this relationship provides children with a reference in establishing relationships with others (Swick & Williams, 2006).

The bio-ecological theory provides a rationale for including parents in the child therapy process for successful therapy outcomes. Children are susceptible to external environmental changes, particularly changes in their parents. Given that all relationships in the microsystem are mutual and reciprocal (Tissington, 2008), changes in parents' child-rearing practices and in perceptions of their children may result from successful parental involvement (Topham & VanFleet, 2011). In addition, these changes bring positive experiences for children. In return, through different interactions with their parents, children may develop more functional ways to cope with their difficulties, which will relieve parents' stress levels. Collectively, positive experiences for both parties may increase the therapy efficacy. In addition, as the result of parental involvement, children can develop their own attributes and a sense of inner resources, self-efficacy, and self-beliefs in their abilities (Walker, Shenker, & Hoover-Oempsey, 2010).

Play therapists are significant entities in children's environmental systems. Play therapists comprise an upper level of surroundings in children's lives, constantly interacting with parents,

who are the immediate environment of the children. During parental involvement, play therapists directly influence parents in terms of their roles, values, and interaction patterns with children. Specifically, play therapists help parents modify their parenting style, acquire a new set of skills necessary to healthy and functional interactions with their children, and even advocate for creation of a safe environment for the children. Throughout these processes, play therapists directly or indirectly affect children's immediate ecological system.

Interpersonal Theory

Interpersonal theory, which was established by Sullivan (1953), explains how humans develop through interpersonal relationships in the context of social environment (Schwartz & Waldo, 2003). This theory particularly focuses on the relationships between parents, specifically mothers, and their infants because of the significance of the parent-infant relationships on the process of children's personality formation. Sullivan viewed the infancy period as the beginning personification of *m*e. Depending on the quality of interactions with mothers, infants will shape different self-systems of "good-me," "bad-me," and "not-me." He explained that when parents freely express their tender appreciation of their infants, infants develop "good-me." However, when infants sense anxiety from parents, their personification will fall into either "bad-me" or "not-me" (Liu & Kuo, 2007). The understanding of these different perceptions of "me" is enormously vital because it will affect interpersonal relations (Sullivan, 1953). Children will use the inference that existed from their earlier infancy when later communicating with others. The infant-parent relationships will provide a future reference when children develop new relationships with others. For example, warmth, support, acceptance, and love in early dyadic relationships are reenacted in the relationships with the children's peers in terms of closeness to

and acceptance by peers (Liu & Kuo, 2007). In this regard, interpersonal theory places emphasis on the role of parents because their interactions with their infants will determine the anxiety-inducing levels of the infants. Considering the momentous influence of parents on children's relationship development, further rationale is provided for parental involvement in the play therapy process.

The occurrence of the same process can be explained through parental involvement. In many cases, parents who seek professional help of play therapists already feel helpless, inadequate, and guilty as related to their child's issues (Kottman, 2003, 2009, 2011; Landreth, 2012; Booth & Jernberg, 2010). Sax 's (2007) study presented how parents felt difficulty finding someone to hear their worries, how often they felt dismissed by professionals for their anger and sadness through the parents' reflections on their experiences with their child's therapists. However, the quality of relationships with play therapists through parental involvement can bring a shift in the parents' experiences. The play therapists' genuine understanding and empathetic responses to them can transform and shift their intrinsic self-pity to acceptance of themselves, situations, and their children. Through the inter-personal, positive experiences with the play therapists, the parents may gain positive concepts and their sense of locus of control. In return, the parents' changed self-concepts positively influence the intra-personal experiences with their children.

Sociocultural Learning Theory

Sociocultural learning theory provides a good framework for understanding how learning and human development can occur within sociocultural contexts. The body of research has been predominantly focused on human development and learning in education settings, particularly

the language development of children under particular conditions. A significant notion in sociocultural theory is that social interaction between two or more people is the greatest significant aspect in facilitating human development and learning (Eun, 2010).

The frequently cited concept of the zone of proximal development (ZPD) explains well how learning ensues from the social interactions between two parties, in which one is learners and the other is the helpers' owned advanced knowledge. ZPD was first addressed by Vygotsky (1978) and defined as "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (p. 86). The notion of ZPD suggests that with the help of more capable figures in human learning, human development can occur to more advanced levels. Of note, ZPD emphasizes active interactions between learners and helpers. It is not a 'push' and 'pull' paradigm. Rather, this approach involves collaboration between the two parties under the same goal assisted by the helpers' contribution (Eun, 2010), which indicates a non-hierarchical power base.

Parental involvement can be understood in the context of socio-cultural learning. Particularly, Vygotsky's concept of the ZPD can elucidate how parents' learning and understanding of therapeutic aspects may occur with the help of play therapists and through interactions between them. Parents and play therapists have shared goals for improving children's symptoms. Under the same goals, they collaborate and interact with each other. In the discourse of this collaboration, significant learning occurs on the parents' parts. Parents come to acquire skills through the therapists' modeling, rehearsal, role-play, feedback, and homework in play therapy context (Sanders & Burke, 2013). In addition, Mahn and John-Steiner contended that parents' learning is extended to incorporate the affective dimension (as cited in Levykh,

2008).Play therapists' empathy toward and in-depth understanding of parents help parents develop the same attitudes toward their children. Through the interactions with and vicarious learning through play therapists, parents can increase their understanding of their child and gain insight into dynamic situations related to the child's symptoms. This internal learning affects the way they interact with and relate to their child.

Personal Interest

My deep interest in involving parents stems from cases that I have encountered while I worked as a play therapist and school counselor for over seven years. I have always been moved by moments when my child clients who seemed fragile from difficulties that they were going through started to carefully reach out hands to the outer world. The moments when they allowed me to explore the world that they built through play made my heart beat a little bit faster with excitement. My child clients started to create new worlds through the language of play, and I helped them make either inner or external changes.

Interestingly, the exciting moments between child clients and me and their long-lasting effect were magnified when I included parents, mostly mothers, in the play therapy procedures. I have witnessed many cases in which parents, mothers, and their children perpetuated the problematic situation, not knowing how to break the cycle. Sometimes, I found that they unwittingly reinforced the situation. I intervened in this situation by providing psycho-education to mothers on how their behaviors and anxiety might complicate their child’s issues while at the same time teaching them specific coping skills. Fortunately, most of the stories met with happy endings. However, what I learned from this story left me with more than the successful results.

Through meetings with parents, I was able to see the position in which they were placed. They did not know how to solve the problematic situations they encountered. However, when I approached them with a deeper understanding and empathy, they were more likely to attempt a new trial that was advised by me, which eventually led to successful results for both parties. Through these experiences, I came to realize that parental involvement is vital for successful play therapy outcomes. I also recognized that without genuine support for the parent, collaboration with the parent would not be possible.

My query for this study started from my personal experience. I wondered how other play therapists understood parental involvement, how they may have encouraged parental engagement, and what parental engagement would look like in therapeutic processes. In addition, I was curious about how parental involvement may affect child therapy results. Finally, I wondered what references I could find by studying the experiences of other play therapists, which may be applicable in any play therapy practice regardless of the play therapists' work settings and theoretical orientations. By exploring these queries, I anticipated that I might be able to elucidate processes regarding parental involvement that would eventually lead to optimizing child therapy results.

Definition of Terms Used

Children: Children are specified as those whose ages are between 3 and 14 years. Adolescents, who are over 14 years, were excluded from this study, since their counseling can be more reliant on verbal process.

Parental Involvement: Parental involvement in this study refers to comprehensive forms of parents' participation in their child's play therapy processes, including intake meetings, parent

consultations, family therapies, child-parent sessions, separate parent training sessions, and so forth.

Parents: In this study, parents are persons who have primary legal responsibility for the child-rearing process. Dimensions of parents include biological parents, family members, relatives, or legally designated guardians.

Play Therapists: Play therapists are therapists or counselors who employ play therapy as the main modality in working with children. They are currently registered as play therapists or at least completed an entry level of play therapy training and have experience in play therapy for at least two years.

Play Therapy: Play therapy is a special approach for counseling youth that involves dynamic relationship between a child and a therapist in a setting that provides play materials for therapeutic purpose (Landreth, 2012).

Summary

In summary, play therapy is an approach of counseling children in which children express their feelings, frustration, anxieties, and anger in a creative and enjoyable way without confining them to their verbal capacity. Since Anna Freud (1928) and Melanie Klein (1975) first used play for their child clients in their psychodynamic approach, play therapy has been optimized for child therapy or counseling modality for minors. Because of the healing properties of play therapy, this approach has been the subject of many studies in child psychotherapy and its effectiveness has been evidenced by its extensive history of research among any interventions (Ray, 2007). Researchers of recent meta-analyses on play therapy effectiveness (Bratton et al., 2005; LeBlanc & Ritchie, 1999) found that involving parents in play therapy had a greater effect

than play therapy without parental involvement, suggesting that parental involvement serves as a strong predictor for a successful play therapy outcome. Contemporary treatment practice trend of EBP also supports parental involvement in child counseling processes.

In spite of results from meta-analyses and the trend of EBP in the contemporary mental health field, research investigating parental involvement is lacking. Parents provide a protective environment against their children's distress (Hill, 2005). In addition, by providing significant information regarding child clients' functioning and progress with therapists, parents help therapists accurately assess their children (Suveg et al., 2006). Considering benefits of parental involvement for child therapy, studies on parental engagement in child therapy context are called for.

Purposes of this study were to obtain a general understanding of play therapists' role and their strategies in facilitating parents to become involved for their child's recovery. Another goal was to obtain universal understandings of parental involvement procedures and identify potent components attributing to the promotion of parental involvement. Finally, this study targeted examining how the parental engagement was perceived in therapeutic context for both the two parties of parents and their child. This chapter ends with research questions and definition of terms used.

As the conceptual framework of this study, bio-ecological theory (Bronfenbrenner, 1979) and interpersonal theory (Sullivan, 1953) were chosen considering the emphasis on parents in these theories. Bio-ecological system theory highlights the import of parents to children. Interpersonal theory explains how humans develop through interpersonal relationships in the context of social environment (Schwartz & Waldo, 2003), particularly through relationships between parents and their children. Finally, socio-cultural theory (Vygotsky, 1978) was

introduced to explain how parents' learning and understanding of therapeutic aspects occur with the help of play therapists and through interactions between them. Finally, I added how personal interest from my working experiences as a school counselor and play therapist over seven years influenced the topic of this study. Inquiries that were formed through my clinical experiences motivated me to pursue this study.

CHAPTER 2

LITERATURE REVIEW

Overview of Play Therapy Development

This section deals with how play has been utilized in educational and entails development of play therapy in psychotherapy fields. In addition, it discusses effectiveness of play therapy in child therapy fields and the necessity of parental involvement through empirical research. To help understand a diverse approach in play therapy, play therapy practices with different theoretical orientations are introduced.

Findings of Play in the Educational Field

The healing property of play has even been mentioned by prominent scholars in non-psychotherapy areas. First, Ray (2011) introduced Piaget as the most cited contributor to providing a rationale for play in a therapeutic stance, grounding the belief in his two core concepts in cognitive development model: assimilation and accommodation. Piaget (1978/1985) explained that assimilation is a process of incorporating an external element into the conceptual scheme of the subject. Accommodation occurs when assimilation process cannot incorporate external elements. By modifying a scheme or creating a new alternative, accommodation is a process that helps one keep in equilibration. In a playroom, through the process of assimilation, children gain a sense of control that they do not experience in the real world. As they obtain mastery and safety and are understood by therapists, children start to change themselves to fit the

real world, which suggests the process of accommodation (Ray, 2011). Piaget's idea of play provides an understanding of how children can successfully adjust themselves to correspond to demands from the world through cognitive processes with the help of play.

Vygotsky (1966) expanded the functions of play to the affective dimensions. First, he saw that play was not just for fun, but instead that it was created by children's needs to satisfy their desires. Particularly, he considered imaginary play. Through imaginary situations, children realized their wishes that could not be fulfilled through their reality. Actions in imaginary play enabled children to be liberated from their situational constraints. Second, Vygotsky asserted that play is the source of development, providing the zone of proximal development (ZPD) and compared the play-development relationship to the instruction-development relationship. He contended that in an imaginary situation, children's behaviors are not bound to restrictions of their reality, such as their ages. They can behave above their ages and their daily behaviors; in play children seem to try jump above their normal behaviors. Through play, children start their play close to their real one, which suggests reproduction of their real situation. But through play, children move forward the conscious realization of their purposes. In the light of this stance, play is not just a mere recollection of imagination, but a purposeful activity. For example, children intentionally engage in a play in which the object of the play is to win such as in a game or race. Fourth, play helps children develop abstract thought. Children construct imaginary situations that may have specific meaning to them. In addition, in play situations, children are discernable in differentiating rules between play situations and reality. This capacity suggests advancement in their abstract thinking. Finally, private and self-talk play in a play situation is notable. Such verbalization by children may suggest that they are processing their experiences to make sense of the world (Ray, 2011). In conclusion, Vygotsky's perspectives of play help scholars to

understand the necessity of play in children's healing processes. His concepts also help educators and child practitioners understand how children resolve their inner struggles and facilitate their self-directed development.

History of Play Therapy

The use of play as a therapeutic tool goes back to the days of Sigmund Freud (1909/1955). He first introduced play as a means of analyzing his child client, Hans, who experienced horse phobia. Freud's work was done with the assistance of the child's father, who reported the child's play to Freud. Similarly, Hurmine Hug-Hellmuth (1921) also used play to analyze her child clients. However, unlike Freud, she directly observed children's play without interrupting it. She believed that through children's play she could understand their world (Kottman, 2011).

Anna Freud (1928) also used play in her practice with young clients. She did not consider play a significant tool for psychotherapy, but as a way to facilitate rapport with child clients. Her use of play started to draw the attention of psychotherapists. Melanie Klein (1932/1975) might be the first psychotherapist who had a totally different understanding about play. She regarded play as children's natural expression, which substitutes for verbal communication (Kottman, 2011). She postulated that play is a child's version of free association; thus, Klein believed that through analyzing children's play she could find the unconscious meaning behind their playing (Bromfield, 2003). Although both Freud and Klein contributed to introducing play in children's therapeutic settings, they did not regard play as having inherent healing properties. Rather, play was an auxiliary tool to analyze therapeutic purposes.

Play in psychotherapy was taken into serious consideration after Axline (1947) founded nondirective play therapy, which borrowed concepts from Carl Rogers' person-centered

counseling approach. Aligned with Axline's ideas, Guerney (2001), Landreth (2012), and VanFleet (2009) have developed nondirective play therapy since the 1960s, referring to it as Child-centered play therapy. Particularly, Landreth, a significant figure in contemporary play therapy, has played a momentous role in disseminating concepts of play therapy across the U.S. by establishing the Center for Play Therapy, the largest play therapy training program in the world. Under this program, a number of play therapists have been trained, which has broadened the use of play therapy in clinical practice. Furthermore, Guerney and VanFleet expanded the Child-centered play therapy to filial therapy, a family therapy that trains parents to use techniques in Child-centered play therapy. Through filial therapy, therapists expect parents to improve relationships with their children and become therapeutic agents for their children.

During the 1970-80s, therapists built on different approaches in play therapy. Jernberg (1979) developed Theraplay, grounded in attachment theory. Theraplay employs a directive and structured approach, in which therapists decide and plan sessions according to four dimensions emphasizing structure, engagement, challenge, and nurturing. Theraplay therapists incorporate parental involvement during the session to teach parents how to interact with their children in order to promote child-parent relationships and reestablish a healthy attachment in the child-parent dyad. Other approaches rooted in attachment theory are Developmental Play Therapy by Brody (1993) and Object Relations Play Therapy by Benedict (2007). Developmental Play Therapy particularly emphasizes providing nurturing experiences for children, which they may have lacked in their early developmental periods (Kottman, 2011). Through the nurturing experiences, Developmental Play therapists believe that children continue their developmental process without disturbance. Object Relations Play Therapy focuses on shifting children's "internal working models," which are children's understandings about the world and

relationships (Benedict, 2007). Particularly, this approach emphasizes developing a secure-based relationship between therapists and children. By establishing a "secure-base" relationship with children, therapists challenge maladaptive, negative internal working models within children, providing different, positive experiences through therapy sessions. Through these processes, therapists from Objection Relations Play Therapy hold the belief that children can change their worldviews and learn to trust others.

For the past 10 to 20 years, other approaches were developed from counseling orientations for adults. Adlerian, Cognitive-Behavioral, Gestalt, Jungian Analytical, Narrative, and other approaches have integrated play into their practice (Kottman, 2011). Contemporary play therapy adopts a systemic stance to the practice, including family with therapeutic processes. Ecosystemic play therapy is a representative approach to systemic play therapy. The term *ecosystem* refers to "a series of nested systems in which an individual is embedded" (O'Connor, 2009, p. 268). O'Connor (1997, 2009) examined different subsystems of children and how family, school, peers, culture, community, and further historic time affect children. Within the ecosystemic model, mental health is not independent from interactions with these subsystems. Particularly, O'Connor (2009) stressed multi-dimensional assessment with children. In ecosystemic play therapy, children are assessed from the cognitive, physical, social, and emotional areas. Information of how they process life experience is also gathered. By doing so, ecosystemic play therapists are able to determine where the children may have deficits in the developmental process.

Usage and Efficacy of Play Therapy in Counseling Children

Play therapy has been applied for counseling children and adolescents with various issues: youth who experienced domestic violence, physically or sexually abused children, children in adopting families, traumatized children, children experiencing difficulties in school adjustment, children who are diagnosed with psychological disorders, such as Attention Deficit/Hyperactivity Disorder (ADHD), Depression, Oppositional Defiant Disorder (ODD), and Autism, as well as children and adolescents self-mutilating or attempting suicide. In addition, there is rich research substantiating the effectiveness of play therapy (Bratton et al., 2005; LeBlanc & Ritchie, 1999; Phillips & Landreth, 1998; Ray et al., 2001; Sibley, 2008).

The areas of play therapy in use are pervasive as evidenced by the long history of application of this approach. Play therapy has been chosen as a treatment for mental health issues of children since the early 1900s (Ray, 2007). Until now, research topics on play therapy have been variegated as play therapy has expanded to adapt to different issues that children present and diverse age ranges from very young children to adults.

However, the popularity of play therapy has led critics to question the efficacy of this practice, asking for the evidence of efficacy by means of scientific methodology. Particularly, play therapists who backed up by third-party payers are requested to offer research data to validate the effectiveness of play therapy (Ray et al., 2001). Some researchers have implemented meta-analyses to assess the effectiveness of play therapy in replying critics and demands of the third-party payers. For example, Ray et al. (2001) studied the efficacy of play therapy over a three-year period and found that treatment groups conducted with play therapy/filial therapy outperformed the non-treatment groups with a large effect size. Another meta-analysis by LeBlanc and Ritchie (1999) found that when comparing the effectiveness of play therapy with

non-play therapy and traditional therapy for adults, play therapy seems to have a similar effect size as non-play therapy and adult therapy. The meta-analyses above demonstrate how including parents in play therapy evidences in efficacy of play therapy. As attested in meta-analyses by Ray et al. (2001) and LeBlanc and Ritchie (1999), parental involvement fortifies the effectiveness of play therapy.

Need for Parental Involvement

Including parents in the child counseling process may significantly benefit play therapists, parents, and children. First, play therapists benefit from preventing parents from dropping sessions by establishing a collaborative relationship with them. For successful results, approximately 35 to 45 sessions of attendance are crucial to optimize therapy efficacy (Bratton et al., 2005; LeBlanc & Ritchie, 1999). As primary caretakers of children, parents have a legal right to decide whether to maintain child sessions. By putting rights of the parents in the forefront, therapists show their respect for parents. By doing so, play therapists can naturally involve parents in the therapeutic process while remaining in the service of children (Ray, 2011).

Second, parents gain advantages from their involvement with the therapeutic process. They spend significant time and energy with their children. Unfortunately, many parents are unaware of their children's emotional needs, thus failing to provide emotional nurturing (Landreth, 2012). Furthermore, parents' skills to interact appropriately with their children and to handle difficulties are lacking. To make matters worse, in this fast-moving contemporary society, the technological devices, such as TV, mobile phones, and computers, interrupt the time parents and children need to develop quality of interaction. It is no wonder that many parents are not acquainted with their children (Landreth, 2012). However, by participating in their children's

sessions directly or indirectly, they will have opportunities to listen to and share concerns with their children. This play session is a great time to deliver their care and love towards their children in a way that the children understand and accept. From play therapists, parents can learn skills for appropriate communication with their children and about child-rearing practice. Moreover, the interpersonal support that play therapists provide parents is significant. Topham and Wampler's (2008) results indicated that parents seeking help outside of their social network may lack support or be unsatisfied with the support they have. Often, parents pursuing play therapy services are desperate and significantly distressed. They may feel inadequate as parents and thus are susceptible to self-blame (Landreth, 2012). However, parents receiving high interpersonal support focus on their responsibilities as parents and improve parental functioning (Swick & Graves, 1986). Better parental functioning eventually may promote children's development.

Finally, children benefit from parental involvement in play therapy. Considering the influence of parents on their children and the nature of organic relationships between parents and children, the benefit that children will obtain from parental involvement is tremendous. There are many developmental and counseling theories emphasizing the impact of parents on their children. However, due to the limit of page capacity, I only covered theories introduced for this study. First, attachment theory (Bowlby, 1988) highlights the emotional bond between parents and children; this bond is considerably connected to children's relationship shaping. When children establish a secure and stable attachment with their parents, they may be better able to develop a healthy relationship with others. Similarly, interpersonal theory by Sullivan (1953) also explains the importance of children's relationships with their parents since the relationships become a reference for future relationships. Through parent-participated sessions, children may realize that

they are lovable and cared about by their parents. Additionally, the children will be provided with a meaningful time to build a trusting relationship with their parents. The experience of caring and reliable relationships with their parents during parental involvement is a compelling benefit for their healthy personality development in addition to the development of constructive relationships with others.

Moreover, children can have a new opportunity to correct negative perceptions of themselves through positive relationships with their parents. Object relations theory (Benedict, 2007) conceptualizes that children see themselves through the eyes of significant others and experiences relating to them. Their first significant others are usually parents, and thus children are heavily shaped by relationships with their parents and develop self-image depending on the feedback they received from their parents. Unfortunately, many children referred by their parents possess negative self-images and perceptions. Therefore, parental engagement in the therapeutic process provides an excellent opportunity to rectify these negative self-perceptions in order to create positive ones.

Lastly, parents' better functioning facilitates children's developmental processes (Swick & Graves, 1986). Based on systematic approaches, such as the bio-ecological perspective (Bronfenbrenner, 1979) and ecosystem model (O'Connor, 2009), parents are the first and most immediate environment for children, and parental effect on the children is pronounced. Also, interactions between parents and their children are mutually influential. Accordingly, changes from parents necessitate those of children. Better parenting skills and improved parental efficacy as a result of parental involvement may eventually facilitate positive development in children (Landreth, 2012).

Rationale for Including Parents in Play Therapy

The effect of and benefits of parental involvement has been examined by scholars. Particularly, the scholars have illuminated therapeutic gains of parental inclusion in child therapy settings by comparing results of parental inclusion to those without parental inclusion. In addition, studies have been attempted to shed light on contributions of parental participations to educational and therapeutic contexts, addressing suggestions and implications of parental involvement for child practitioners.

Results of Meta-Analyses

Considering that parents are significant environmental and influential figures for a child's development, obtaining better results from play therapy through parental involvement is logical. Ray et al.'s (2001) research is notable in that it presented convincing evidence of remarkable effects in play therapy when parents are included. Meta-analysis was performed to support the effectiveness of play therapy. Researchers found that play therapy can be effective regardless of applied approach and age and gender of client. A compelling finding is that parental involvement was a significant factor for a successful therapeutic outcome. Similarly, through meta-analysis of predictors of play therapy outcome, LeBlanc and Ritchie (1999) offered insight into the significance of involving parents in the therapy process. Results indicated that treatment groups involving parents in play therapy resulted in better outcomes than non-treatment, control groups, by a 0.83 standard deviation, whereas treatment groups without parental involvement outperformed control groups by a 0.56 standard deviation. These findings provide useful application in that parental involvement increased the efficacy of play therapy to a greater degree.

Furthermore, even Landreth (2012), who champions Child-centered play therapy and places significant emphasis on the therapeutic relationship between therapists and children, acknowledges the merits of involving parents in the therapeutic procedure (Hill, 2005). Landreth even wrote a book entitled *Child Parent Relationship Therapy (CPRT): A 10-Session Filial therapy Model* (Landreth & Bratton, 2006) intending to improve relationships between parents and children. Novick and Novick (as cited in Sibley, 2008) asserted that the current child psychotherapists set dual goals for parents and children.

Parents' Contribution to Therapeutic Effect

This section discusses specific aspects that parental involvement may bring forth in children's growth in therapeutic settings. First, Suveg et al.'s (2006) study on parental involvement for treatment of children with anxiety disorders provides useful insight into components of how parents can facilitate and assist therapeutic processes for their children. First, parents provide significant information on their children's functioning that therapists need to know for accurate assessments. Second, they offer family information, through which therapists may understand family dynamics that may sustain children's symptoms. Third, parents facilitate treatment processes by cooperating with therapists to implement certain tasks, such as the exposure task, with their children.

Topham and VanFleet (2011) found that parenting attitudes and practices are critical components for successful child outcomes through their literature research. Interestingly, those components are in accordance with goals in filial therapy. Thus, helping parents achieve goals in filial therapy may open channels to successful child therapy results. Topham and VanFleet specified four goals of filial therapy: a) helping parents become sensitive and responsive to their

children's needs so that they attune themselves with their children, b) understanding child development and recognizing children's developmental needs and challenges, c) increasing confidence in parenting and the ability to set limits on children's behaviors, and d) developing awareness of and sensitivity to issues that negatively affect the parent-child relationship.

Hill (2005) explored the nature, extent and outcomes of non-offending parental involvement in therapy for sexually abused children. This study is notable in that it suggested that parental support might be the most compelling component in child-recovery processes. Even though his work was based on an extensive literature review, many citations he used indicated that parental support could serve as a protective factor for sexually abused children. His study suggested that clinicians recognize the significance of parental support for children's recovery.

Walker et al.'s (2010) study was targeted to enhance schools' and parents' capacities in order to engage parents effectively in children's education. Using Hoover-Dempsey and Sandler's model, which explains the process of parental involvement in children's education and how this involvement can result in higher rate of student achievement, they accentuated parents' motivation to facilitate parental involvement with children's education, portraying noteworthy psychological phenomena when parents interact with their children through homework. For example, Walker et al. provided an explanation of how parental values, goals, expectations, and aspirations for their children's learning, their encouragement, modeling, reinforcement, and instruction are intertwined to enhance students' learning.

A significant area requiring clinicians' attention from Walker et al.'s study is the explanation of the relationship between students' outcomes and parental involvement. Walker et al. highlighted the idea that as the results of parental involvement children develop their own attributes and sense inner resources, self-efficacy, and self-beliefs in their abilities. When

applying these findings to the clinical field, the positive effect from the parental involvement can also be expected. It is likely that children may feel self-directed and resourceful during the therapeutic processes as a result of the parental inclusion.

Considerations When Involving Parents in the Therapeutic Process

The increasing efficacy and therapeutic aspects that can be drawn by involving parents are described above. The next step for researchers is to explore what additional dimensions should be considered when including parents in play therapy processes. First, Hill (2005) addressed the necessity to be aware of levels of distress experienced by parents. Witnessing children's difficulties and symptoms may provoke significant distress of parents. In addition, considering the research showing positive correlations between parental psychological distress and children's psychiatric symptoms (Dybdahl, 2001; Hodes, 2000), parents may not be able to provide proper support for their children because of their own struggles. Thus, Hill suggested practitioners pay attention to parents' potential challenges and become aware of parents' need for support.

Walker et al.'s (2010) study, which mentioned the above, also provides insight into enhancing parents' motivation when including them in the therapeutic process. They brought attention to the finding that parents' perception of invitations from schools is the most predictive factor for their motivation to become involved. Their attention to parents' perception of invitations is vital in that it provides a strong suggestion for school counselors and clinicians. School counselors and clinicians need to think about their mindsets and strategies when trying to involve parents in practice. They need to be careful when they invite parents in the therapeutic process. The invitation for parental involvement needs to create a welcoming atmosphere while

simultaneously placing school counselors and clinicians in a modest position to facilitate parents' cooperation. This environment may help parents remain motivated and lessen their anxiety.

Theoretical Approaches to Play Therapy with Parental Involvement

This section briefly covers how different approaches in play therapy discuss involving parents in therapeutic processes. Understanding different theoretical approaches in play therapy is important, because the extent of parental involvement that therapists may employ will vary depending on what theory/ies play therapists choose (Lolan, 2011).

Child-Centered Play Therapy and Filial Therapy

The primary concepts of Child-centered play therapy are consistent with Carl Rogers' (1951) person-centered therapy. Axline (1947) accepted Rogers' belief in individuals' natural striving for growth and capacity for self-direction and self-actualization, incorporating this belief with play therapy for children. Therefore, the objectives of Child-centered play therapy are self-awareness and self-realization led by children's direction (Landreth, 2012; Sweeney & Landreth, 2009). Child-centered play therapists do not attempt for control in the session, nor intend to change children. They primarily track children's behaviors and reflect their feelings (Landreth, 2012).

Traditionally, within the child-centered format, parents are not actively invited to therapeutic sessions because Child-centered play therapists believe in children's self-awareness, self-actualization, and constructive growth (Kottman, 2011; Landreth, 2012; Sweeney & Landreth, 2009). Yet, at the same time, Child-centered play therapists agree with the importance of the parent-child relationship. To help parents to become therapeutic agents for their children,

Landreth (2002), Guerney (1997, 2001), VanFleet (2009), and Wilson and Ryan (2005) have developed and expanded filial therapy

Filial therapy is derived from Child-centered play therapy, a non-directive approach. However, filial therapy directly involves parents in the therapeutic process, utilizing them as secondary change agents (Guerney, 1997; VanFleet, 2009). Parents are trained to use basic play therapy skills from Child-centered play therapy: structuring skills, empathic listening skills, child-centered imaginary play skills, and limit-setting skills (Vanfleet, 2009). Then parents are encouraged to practice what they learn through a structured program at their places with their children (Landreth, 2012). Those trainings are directly intended for parents, although children will simultaneously be indirectly benefited (Guerney, 1997).

Topham and VanFleet (2011) list the goals of filial therapy are as the following: a) improving children's trust in their parents; b) increasing parents' warmth for and acceptance of their child; c) helping two-parent work collaboratively and effectively; and d) facilitating family atmosphere promoting child development. Today, even though the majority of play therapists in the U.S. define themselves as nondirective Child-centered practitioners (Phillips & Landreth, 1995), filial therapy has obtained acknowledgement as a useful model to improve parent-child relationship (Landreth, 2012).

Adlerian Play Therapy

Alderians believe that people are socially embedded beings, which means they strive to belong (Kottman, 2003). Within this tenet of social embeddedness, children’s first social context is parents and family. Within this social context, the children first examine how they can best fit into the family (Kottman, 2009). Accordingly, Adlerian play therapists take an active stance to

involve parents in the therapeutic process, separating sessions between play therapy with children and consultation with parents (Kottman, 2011). Through parental consultation, Adlerian play therapists explore children's relationship with parents (Kottman, 2003) and gather information about children, such as children's life styles, social interests, goals of behavior. In addition, they collect information about parents, for example, parents' personalities, their life styles, and parenting skills (Kottman, 2003, 2009, 2011). Once therapists obtain information for the dyad, they work to help the parents obtain insights into the children and themselves. Finally, therapists teach better parenting skills and strategies, which is a core component of sessions with parents (Kottman, 2011).

Cognitive-Behavioral Play Therapy

Cognitive-behavioral play therapy incorporates strategies and ideas from behavior therapy, cognitive therapy, and cognitive-behavioral therapy and combines them with developmentally sensitive play activities (Carmichael, 2006; Knell, 2009; Kottman, 2011). This is a very much problem-focused approach (Knell, 1993, 2009), in which cognitive-behavioral play therapists try to find cognitive distortion that may keep and reinforce children's problematic behaviors (Kottman, 2011) and emotions. Cognitive-behavioral play therapy is a very structured, time-limited, and directive approach (Knell, 2009), in which cognitive-behavioral play therapists frequently take an educator role. They teach children new, alternative strategies for developing adaptive thoughts and behaviors (Carmichael, 2006; Knell, 1993, 2009). They also instruct parents about how to intervene in the children's problematic behaviors and symptoms by modeling, role-playing, and providing psycho-education (Knell, 1993, 2009) in the form of parental consultation.

A distinctive feature in cognitive-behavioral play therapy is that parents are mandated to attend every process (Knell, 2009). Parents participate in every phase of assessment and treatment, even attending sessions with their children. Through parental consultation, therapists work with parents on parenting skills, structuring the children's home lives, discipline strategies, family dynamics, and personal or marital issues that may affect the parents' functioning (Carmichael, 2006; Knell, 1993, 2009). Many specific and practical teaching aspects for parents are developed through cognitive-behavioral play therapy.

Ecosystemic Play Therapy

Ecosystemic play therapy is a hybrid approach that integrates multiple models of child psychotherapy, viewpoints from biological science, and developmental theory (O'Connor, 1997, 2009). The term, *ecosystem*, means the community and environment in which children are imbedded. Ecosystemic play therapy looks at children's ecosystem to optimize their functioning within this system (Carmichael, 2006).

Ecosystemic play therapists assess children's pathology in three different dimensions: individual pathology, such as generic and biological elements; interactional pathology based on interpersonal interactions; and systemic pathology based on the nature of systems (O'Connor, 1997, 2009). Pathology is regarded as a result of individuals' attempts to best cope with their issues. The goal of ecosystemic play therapy is "helping children develop new strategies for getting their needs met through problem solving that recognizes all of the ecosystemic factors impinging on the problem" (O'Connor, 1997, p. 242). Ecosystemic play therapists believe that corrective experiences through the play therapy process help children get unstuck and change the

way they perceive themselves and their world, which may lead to a better understanding of their experiences and promote more appropriate behaviors (Kottman, 2011).

Parents, as a significant ecosystemic layer for children, are part of the extensive interview and assessment process (Carmichael, 2006). They are actively invited to the sessions as evidenced by a parental consultation allotted in the session. Ecosystemic play therapists spilt the whole session into 20 minutes for parents and 30 minutes for children (Carmichael, 2006). Sometimes, they have dyadic sessions between a parent and the child or family sessions (O'Connor, 1997, 2009). Through these sessions of either parental consultation or family session, parents exchange information about their children and learn about parenting skills and behavior management strategies. During dyadic sessions, ecosystemic play therapists demonstrate the parent important skills and concepts, such as limit setting and appropriate interactions with the child so that the parent learn and practice the skills during the session. Parents are encouraged to practice the skills outside sessions to improve parent-child relationships (Kottman, 2011).

Gestalt Play Therapy

Gestalt therapy is concerned with a person's holistic functioning in terms of sense, body, emotion, and intellect (Carroll, 2009; Carroll & Oaklander, 1997; Oaklander, 2003). Accordingly, Gestalt play therapists are interested in "how the child's maladaptive use of these organismic functions impairs her ability to be engaged with her world" (Carroll, 2009, p. 283). To have children's needs met, engagement or contact with the world is necessary. Symptomology is considered when children are disturbed in meeting their needs and finding a balance of their organismic needs (Carroll, 2009; Kottman, 2011).For example, in the pursuit of homeostasis and

balance, children may inhibit their bodily feelings (Kottman, 2011), which results in fragmentation of integrated experience.

The core goal of Gestalt play therapy is to help children to uncover and express blocked emotions (Oaklander, 2003). By doing so, children fully incorporate this experience with their sense, body, emotion, and intellect. The goal will be accomplished by encouraging them to become aware of and express their emotions (Carroll, 2009; Carroll & Oaklander, 1997), which will lead to the development of mind-body connection (Oaklander, 2001).The relationship with the therapist is very significant. Through the therapeutic relationship in which children feel fully accepted and secure, they will have new experiences of selves and develop a holistic idea of selves, through their own eyes, not those of others (Carroll, 2009).

In practice, Gestalt play therapists incorporate elements from both directive and nondirective approaches (Carroll, 2009).Particularly, Oaklander (2003) asserted that aggressive energy needs to be expressed in a way that they feel comfortable. This process helps children experience their inner power. To facilitate the expressive process, therapists employ a variety of activities, such as storytelling, music, drawing, sculpting, body movement, photography, and sand tray (Carroll, 2009; Carroll & Oaklander, 1997; Oaklander, 2003).

Parents are a crucial part of the therapy process (Carroll, 2009). The Gestalt play therapists educate parents about the therapeutic process and often provide suggestions as homework (Oaklander, 2003). Oaklander (1994) maintained that parenting education can help parents avoid escalating conflict situation with their children. In addition, she stated that by helping parents increase their awareness and express their emotions, parents could optimize their functioning. In return, this result will promote children’s healthy growth.

Jungian Analytical Play Therapy

Jungian analytical play therapy is grounded in the work of Carl Jung, a founder of the analytical psychology (1961). Jung posited that the psyche has a self-healing potential derived from his early self-therapy experiences (Peery, 2003). To facilitate clients' self-healing processes, Jungian analytical therapists create a safe environment in which clients express and explore their worlds, finding meanings throughout the processes.

Jungians emphasize illuminating symbolic meaning through a creative and experiential approach. Similarly, in Jungian analytical play therapy, children's symbols are understood when the symbols are contained in the context of macrosystem (i.e., a larger world surrounding children; Green, 2009). Self-healing occurs as children are fully permitted to convey their impulses, confusion, and chaotic elements (Green, 2009; Peery, 2003) during play therapy and transform them into positive feelings (Allan, 1997; Green, 2009). All these processes help children find solution for their struggles (Peery, 2003). The overarching goal of Jungian analytical play therapy is to help children activate their individual healing processes (Allan, 1997; Green, 2009) in a safe, welcoming atmosphere created by therapists. Often, Jungian analytical play therapists take observer-participant roles (Kottman, 2011), allowing children to lead the session while maintaining analytical attitude (Green, 2009). At the same time, they participate in the children's processes as witnesses and companions, resonating with what the children are experiencing (Peery, 2003). This moment can be perceived as a therapeutic joint. Finally, they assist children to find the meaning of their play and symbols by asking them to think about the meaning of symbols and encouraging communication between the inner dialogues for symbols (Green, 2009). To promote self-discovery in children, Jungian analytical play therapists often

utilize sand tray, allowing children to create their worlds using small figures representing the real world.

Parents are actively encouraged to participate in the therapy process because children's acting out is believed to derive from parents' unfinished issues (Allan, 1997). Because of the importance of parents' role, Jungian analytical play therapists assume that they are indirectly treating parents in the form of parental consultation (Peery, 2003). For example, Lily and Green (as cited in Kottman, 2011) hypothesized that parenting skills, discipline strategies, personal issues, family dynamics, and marital issues are topics that need to be addressed through parental consultation. In addition, it is essential for therapist to develop a therapeutic alliance with parents because without parents' assistance and support the children will not be able to attend sessions. In practice, Peery (2003) utilized the parental consultation as an opportunity to provide support for parents, parental education, and low-grade therapy.

Psychodynamic Play Therapy

For this section of psychodynamic play therapy, I will focus on Anna Freud among different schools of psychodynamic play therapy, following Kottman (2011) and Lee (2009). Kottman considered the work of Anna Freud significantly influential in the development of psychodynamic play therapy. Likewise, Lee (2009) evaluated that Anna Freud's model founded the tenets and methodology in theory and practice of psychodynamic play therapy.

Anna Freud (1965) assumed the causes of pathology are two. One is from the conflict between the mind structures, such as the id, ego, and superego. The other is from disharmony between developmental lines, such as lines from play to work, from emotional dependency to adult object relationships, from egocentricity to companionship, and toward body independence.

Therefore, the ultimate goal of psychodynamic play therapy is to assist children to recover their normal development, in which growth and maturation can occur (Bromfield, 2003; Lee, 1997). This goal is achieved by helping them make their unconscious processes to conscious. The specific process is to assist children to explore, understand, and finally resolve their suffering (Lee, 1997, 2009) in the forms of trauma, phobias, difficulties in adjusting to life events (e.g., parents' divorce and illness), issues from interpersonal relationships, and so forth (Bromfield, 2003).

Psychodynamic play therapists first create a safe place for children so that children can fully explore their thoughts, feelings, and experiences (Bromfield, 2003). Led by the children, psychodynamic play therapists often follow a non-directive play therapy approach (Kottman, 2011). However, at the same time, they work to interpret the children's play, which may present their conflict, transference, resistance, and solution. Furthermore, psychodynamic play therapists strive to elaborate and extend their interpretations in different contexts (Lee, 2009). Then they timely provide their interpretations with the children (Lee, 1997) in the therapeutic setting. With the chance of self-discovery and the help of analytically informed therapy, children become less invested in problematic mental activities (Lee, 2009) and obtain awareness of themselves, connecting themselves to others (Bromfield, 2003).

Although traditionally there has not been much emphasis on working with parents in psychodynamic play therapy (Lee, 1997), contemporary psychodynamic play therapists seem to favor involving parents in the therapeutic process. They admit that their relationship with children is second to the relationship between parents and their children (Bromfield, 2003). Parents provide essential therapeutic information, such as their perceptions of their children and the history of their children's development (Bromfield, 2003). Particularly, the exploration of

children's real life object relationship with their mothers is a vital to understand children (Lee, 1997). By offering psycho-education with parents, psychodynamic play therapists work to help parents understand their children's point of views and experiences (Bromfield, 2003).

Theraplay

Theraplay is based on attachment theory. As the attachment theory does, Theraplay therapists emphasize the first relationship between parents and children because the relationship will be the template for the future relationships (Munns, 2003). With the ultimate goal of developing healthy and secured relationship between parents and their child, Theraplay therapists focus on enhancing attachment between the dyads through face-to-face interaction in a positive, responsive, engaging, and playful manner (Booth & Jernberg, 2010; Bundy-Myrow & Booth, 2009; Koller & Booth, 1997; Munns, 2003). Theraplay is an intensive, short-term approach to provide children with fun, physical, personal, loving, and nurturing experiences (Booth & Jernberg, 2010; Bundy-Myrow & Booth, 2009; Koller & Booth, 1997).

The unique feature of Theraplay is that therapists intentionally offer regressive activities, such as cradling, rocking, feeding the child, putting lotion on the child's hands or feet with child clients so that they experience "what a normal parent might do with a young child" (Munns, 2003, p. 157). Theraplay therapists believe that through this caring experience, children develop a healthy and secured attachment with the therapists, which will be expanded to the relationships with their parents.

In Theraplay, adults are in charge to lead sessions (Booth & Jernberg, 2010). All sessions are structured by adults to meet children's underlying needs and improve parent-child attachment. There are two phases of treatment. In the first stage, therapists lead sessions with children while

parents observe the sessions with an interpreting therapist who will explain the sessions and help parents prepared for joining sessions (Bundy-Myrow & Booth, 2009). For the later phase, parents are invited into the sessions and learn a new way of interaction with their children (Munns, 2003) as therapists demonstrate in the sessions.

Theraplay puts significant emphasis on parental involvement to reestablish the healthy interactions and attachment between children and their parents. As evidenced by the treatment process, parents are trained and learned about how to interact properly with their children. There are four dimensions of focus in the treatment processes: engagement, structure, nurture, and challenge (Booth & Jernberg, 2010; Bundy-Myrow & Booth, 2009; Koller & Booth, 1997; Munns, 2003). Parents learn and practice during the session about how to provide enjoyable and nurturing experiences (Kottman, 2011) with their children within the four dimensions.

Prescriptive Play Therapy

Prescriptive play therapy is a contemporary approach in play therapy reflecting the need for short-term treatments because of the third-party payer system in the mental health. Gil and Shaw (2011) defined prescriptive play therapy as "a child-led, practitioner-informed method of selecting and implementing a particular play therapy approach" (p. 451). Thus, the stance of therapists in prescriptive play therapy is eclecticism espousing differential therapeutics from different play therapy schools (Schaefer, 2003). The premise of this tailored approach for each individual is that no single approach can best fit all children and symptoms (Schaefer, 2003). The criterion of choosing a particular play therapy approach is grounded in empirical research presenting the most effective play therapy over a specific symptom. Also, the selection of a

treatment modality is based on children's needs through assessment, not based on a therapists' preferred orientation (Gil & Shaw, 2011).

To provide the best framework and methodology for presenting issues and intervention (Gil & Shaw, 2011), prescriptive therapists must have significant knowledge and experience working with children and their parents (Kottman, 2011). The goal of prescriptive play therapy is to accommodate the best evidence-based intervention for children matching their needs and situation to optimize therapeutic results (Gil & Shaw, 2011; Schaefer, 2003). Because of the distinctive feature of prescriptive play therapy, in which the treatment modality may variegate upon therapists' decision over children's symptoms, needs, and research finding, the degree of parental involvement is determined on a selected play therapy approach.

Summary

The healing properties of play have been discussed by prominent scholars such as Piaget and Vygotsky. The use of play as a therapeutic tool goes back to the days of Sigmund Freud (1909/1955). Following Sigmund Freud, Anna Freud (1928) and Melanie Klein (1932/1975) also utilized play in their therapeutic settings to analyze their child clients in a psychodynamic approach.

Play in psychotherapy was seriously considered after Axline (1947) founded nondirective play therapy. Aligned with Axline's ideas, Guerney (2001), Landreth (2012), and VanFleet(2009) developed nondirective play therapy since the 1960s, referring to it as Child-centered play therapy. Particularly, Guerney and VanFleet expanded Child-centered play therapy to filial therapy, which trains parents to use techniques in Child-centered play therapy to improve relationships with their children and become therapeutic agents for their children.

Many other practitioners developed and expanded play therapy. Jernberg (1979) developed Theraplay, grounded in attachment theory. Additionally, Developmental Play Therapy by Brody (1993) and Object Relations Play Therapy by Benedict (2007) are rooted in attachment theory. Other play therapy approaches were developed from counseling orientations for adults. Over the past 10 to 20 years, Adlerian Play Therapy, Cognitive-Behavioral Play Therapy, and Gestalt Play practice have been developed (Kottman, 2011). Contemporary play therapy approaches, such as ecosystemic play therapy, adopts a systemic stance to the practice, often including family in therapeutic processes.

I suggested the needs for including parents in play therapy context by shedding light on therapeutic benefits for play therapists, parents, and children. Results from meta-analyses (Bratton et al., 2005; LeBlanc & Ritchie, 1999) also support parental involvement; parental inclusion increased the efficacy of play therapy to a greater degree than play therapy without parental involvement.

Considerations for parental involvement in the therapeutic process are: a) the necessity to be aware of levels of distress presented by parents (Hill, 2005), b) practitioners' paying attention to parents' potential affliction and becoming aware of their need for support, and c) practitioners' effort to enhance parents' motivation when including them in the therapeutic process (Walker et al., 2010).

Finally, I assigned a section briefly covering how different approaches in play therapy discuss involving parents in therapeutic processes: Child-Centered Play Therapy and Filial Therapy, Adlerian Play Therapy, Cognitive-Behavioral Play Therapy, Ecosystemic Play Therapy, Gestalt Play Therapy, Jungian Analytical Play Therapy, Psychodynamic Play Therapy,

Theraplay, and Prescriptive Play therapy. I discussed all of their tenets of therapy and how they approach parental involvement.

CHAPTER 3

METHODOLOGY

The focus of this study was to explore how participants facilitate parental involvement, to examine the processes by which this parental involvement occur, to identify what core aspects may contribute to parental involvement, and to understand how parental involvement may relate to the therapeutic context. To answer these research queries, I adopted a qualitative methodology for this study. Maxwell (2005) contended that qualitative research is better to explain how the subject of research occurred. Qualitative research is an inherently processual orientation to find meanings and influences of events and activities to people and their involvement. Mohr (1982) also explained that a process-oriented approach covers events and how events are contextually connected. This approach enables in-depth study and explains what really happens between events. Therefore, by employing a qualitative, process-oriented approach, I expected to meet the purpose of this study.

Specifically, I followed an Interpretative Phenomenological Analysis (IPA). IPA is an attempt to integrate phenomenological study of the participants' and researchers' interpretative activities (Smith & Osborn, 2008; Smith 2011). IPA is phenomenological in that it endeavors to obtain a detailed examination of the participants' experiences and thus profound understanding of their perception on events (Smith & Osborn, 2008). Accordingly, the purpose of IPA is to explore individuals' experiences in-depth and understand how they make sense of their lived experiences such as "what is it like to be experiencing this or that for this particular person"

(Smith & Eatough, 2008, p. 181). At the same time, the researchers' role in research development is acknowledged as they engage in interpreting the participants' understanding of their experiences through their own conceptions (Biggerstaff & Thompson, 2008). According to Smith and Eatough (2008), human beings self-interpret, and thus understanding of events is always mediated by existing knowledge and life-experiences. Therefore, the researchers' participation in interpreting participants' experiences is inevitable. This hermeneutic approach grounded on participants' understanding allows more opportunities for new understandings (Smith & Eatough, 2008).

Researchers engaging in IPA participate in the interpretation process, which is called a double hermeneutic (Smith & Osborn, 2008); researchers try to make sense of how participants make sense of their experiences. Therefore, within IPA, researchers have two primary duties: they strive to get close to the participants with the position of insider's perspective while trying to understand the participants' worlds through an interpretative process (Smith & Eatough, 2008; Smith & Osborn, 2008).

Parental involvement in play therapy can be best understood through probing deeper into participants who have rich and competent experiences in engaging parents in the child therapy process. I sought to find the most qualified participants in order to obtain profound understanding of their rationales of parental involvement in child therapy settings, their experiences of parental inclusion, and their insight into parental engagement. In conjunction with my interpretation of their making sense of parental involvement, I was able to showcase the purposes of this study: illuminating processes for parental involvement, core components leading to the facilitation of parental involvement, and participants' perceptions of the impact of parental involvement on child therapy results.

Reflecting characteristics of IPA on this study, I pursued purposive sampling to find participants to which research questions were significant and who had expertise in being researched (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2008). I chose participants for this study applying theoretical sampling to collect data from different sources and groups. I obtained in-depth and comprehensive data by interviewing the participants' perceptions and experiences. I developed themes and categories from the data coming from different participants while constantly comparing themes among data. Also I collected additional data, which were play therapy videos demonstrating the process of parental involvement. In IPA, these extra data are helpful for understanding contexts and activities of phenomena of being studies (Smith & Pnina, 2012). In addition, I consistently wrote researcher memos. Researcher memos are a researcher's "think pieces" and hunches about the research process, usually included either in the middle or end notes. Findings of this study were grounded in participants' accounts and perspectives.

The following details specific processes of this study. First, I will reiterate the purpose of this study. Next, I will explain procedures of choosing participants, data collection, and data analysis. Third, I will discuss reliability and ethical issues. Finally, I will share findings from the preliminary pilot study.

Purpose of the Study

First, the purpose of the current qualitative study is to explore how play therapists facilitate parental engagement in their child's therapy process and by doing so to identify their roles and strategies in promoting parental participation. Second goal is to obtain a comprehensive and shared understanding about processes of parental involvement and to discern potent

components attributed to the facilitation of parental inclusion by examining play therapists' experiences and their suggestions. Finally, exploring play therapists' perceptions of influence of parental engagement on the therapeutic context is the other goal.

Research Questions

1. How do play therapists make sense of parental engagement in the child's therapeutic context?
2. What do play therapists practice parental involvement in the child's therapeutic context?
3. How do play therapists facilitate parental involvement for the therapy processes?
4. How do play therapists handle challenges in the process of parental involvement?
5. How do play therapists perceive parental involvement in the therapeutic context?

Participants

Criteria of Recruitment

I recruited 10 participants in total. One is from Jungian analytical play therapy; two from Child-centered play therapy; two from Gestalt play therapy; three from Adlerian play therapy; and two from Theraplay. To choose participants, I employed criterion-based selection. This strategy deliberately selects persons, settings, or activities to provide information (Maxwell, 2005). Theoretical orientations of participants in play therapy were the first criterion. The participants were from each of five approaches in play therapy: Child-centered play therapy, Gestalt play therapy, Jungian analytical play therapy, Adlerian play therapy, and Theraplay. The criterion for choosing these five play therapy modalities was determined by the degree to which

play therapists of each model take the lead during sessions. Child-centered play therapy, a non-directive approach, is one extreme of the spectrum, and Theraplay is the other. Gestalt play therapy and Jungian analytical play therapy are in the middle of the spectrum between directive and non-directive play therapy approaches. Carroll (2009) explained that Gestalt play therapists incorporate elements from both directive and nondirective approaches. As another option for a play therapy modality in the middle of the spectrum, I chose Jungian analytical play therapy because of the combination of non-directive and directive approach in its practice. For sessions with children, Jungian analytical play therapists assume observer-participant roles (Kottman, 2011), allowing children's lead for sessions. They believe in self-healing process by children. This stance is taken by non-directive play therapists. However, at the same time, they remain in analytical attitude (Green, 2009), analyzing symbols created by children and interpreting meaning of the symbols. This manner is considered as directive. Based on availability of participants, play therapists from either Gestalt play therapy or Jungian analytical play therapy took part in the study. Finally, Adlerian play therapy was selected as Adler himself championed the significant role of parents in their child's developmental process.

The second criterion of selecting participants relied on whether potential participants own rich knowledge and experience about each play therapy approach that they employ in their practice. To meet this requirement, I had at least one participant who was a trainer for each play therapy modality. Also, I chose participants who had a play therapist license and at least 7 years' experience with their approach.

As a recruitment strategy, I referred a professional network such as the Association for Play Therapy and the official website for each play therapy modality. In addition, I utilized my personal networks built through play therapy conferences and trainings. I emailed a request for

research participation to qualified participants. Once first contact was made through this email, snowball sampling, in which one participant recommended other potential participants, was employed.

Demographic and Professional Background Information

Among the 10 participants, two were male, and the others were female. Their years in practice varied ranging from 9 to 55 years. The average of their years in practice was approximately 27 years. Six of them had a doctorate degree and the other four had a master's. Eight of them were Registered Play Therapist & Supervisor (RPT-S); one had Registered Play Therapist (RPT); and one was practicing play therapy without play therapy credentials. However, she was trained by a prominent play therapist.

Regarding theoretical orientations, two interviewees were from Child-centered play therapy; two from Gestalt play therapy; three from Adlerian play therapy; and two from Theraplay. Eight participants held positions as play therapy trainers. One was teaching play therapy at a graduate school while also practicing play therapy, and the another was providing play therapy at a private practice.

To help a better understanding of professional background of each participant, a brief chart is provided as follows. Pseudonyms were introduced to protect identities of the participants. However, regarding play therapists from copyrighted videos, I used their first name because these videos were open to the public and there is no necessity to protect their identities.

Table 1

Professional Background Information of the Participants

Pseudonym	Gender	Orientation	Position	Practice Years	Degree	PT Credentials
Peter	Male	Child-centered	Trainer	50	Ed.D.	RPT-S
Theresa	Female	Child-centered	Trainer	33	Ph.D.	RPT-S
Carly	Female	Gestalt	Trainer	30	M.Ed.	RPT-S
Lisa	Female	Gestalt	Trainer	20	M.A.	N/A
Thomas	Male	Jungian	Trainer	10	Ph.D.	RPT-S
Jeannie	Female	Alderian	Trainer	29	Ph.D.	RPT-S
Rachael	Female	Adlerian	Practitioner	9	Ph.D.	RPT-S
Amy	Female	Adlerian	Practitioner	16	M.S.	RPT
Grace	Female	Theraplay	Trainer	55	M.A.	RPT-S
Ashley	Female	Theraplay	Trainer	17	Ph.D.	RPT-S
Sandra (Video)	Female	Theraplay				
Rise (Video)	Female	Child-centered				

Data Collection

Interviews with the participants were the primary source of data. Additionally, I analyzed other play therapists' sessions that were open to the public, which presented the play therapists' practice of parental involvement. This indirect observation was aimed to further explore how play therapists facilitate parental participation in play therapy contexts.

For the interview I employed purposive sampling (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2008), in which I included participants who have expertise with the phenomenon of parental involvement in play therapy settings. This type of sampling in IPA usually involves small numbers of homogenous groups (Smith et al., 2009).

Interviews

Upon the agreement of participants for the research, I had total 10 interviewees. I conducted face-to-face interviews with seven of them. My interviewees and I met places mutually agreed, which were either their practice places or their favored places. However, for the rest of three participants, I proceeded with phone interviews because the physical distance hindered face-to-face interviews. Upon the agreement by interviewees, I recorded interviews.

Regarding interview process, interviews lasted 45-90 minutes. For the interview operation, I utilized devices such as voice recorder to record interviews for later data retrieval and analysis.

Indirect Observation

Sessions (e.g., video-recorded sessions) from different schools of play therapy were also a part of data collection. I included video sessions to review segments involving parents engaged with their child therapy practice. I intended to observe play therapists from five different orientations through copyrighted video-taped sessions to explore their interactions with parents. However, only two video sessions, Child-centered play therapy and Theraplay, included practical sessions of involving parents. With those videos, I observed how child practitioners approached and involved parents for their child's therapy process and what strategies and techniques they were employing to facilitate parental participation. To access the copyrighted training videos, I requested the DVDs via the library loan of Northern Illinois University.

Data Analyses

For the data analysis process, I followed the general IPA data analysis steps suggested by Smith and Pnina (2012) and Smith and Osborn (2008). First of all, I transcribed all interviews and the video-taped sessions. I listened to each transcript at least four times to ensure that the transcript is identical with what the participants said. In spite of my effort, there were small unrecognizable parts due to background noises or the participants' mumbling. However, considering the content, those parts were considered less significant and did not affect analysis processes. To store the data, I created Microsoft Word files for all interview transcripts. Then I carefully read the transcripts and notes at least twice during uninterrupted periods, paying particular attention to interviewees' comments and memos, which Smith and Pnina (2012) described "reading and re-reading." Those processes made me familiar with content of transcripts. Next, I started from the thorough analysis of data from a single case. As Smith and Pnina (2012) mentioned, this initial level of analysis was time consuming and entailed detailed description of participants' accounts. Then I analyzed data across different participants while identifying overarching themes and integrating themes into big concepts. Particularly, researcher memos were significant parts of data analysis because they were purposeful reflective process and frequently prompt stimulating analytical insights for analysis and interpretation (Maxwell, 2005).

Before starting analysis of collected data for this study, I developed a small preliminary list of possible coding categories. A code is a fragment or segment of data (Coffey & Atkinson, 1996) explaining a concept of an idea. Some of the preliminary coding was referred from the pilot study while others were developed from ideas that had occurred during the transcript. Those pre-set codings were useful in that they provided me with ideas of where to start. However, as I

developed more cording from the data of this study, many of them were reworded to fit new data; some of them were eliminated because they did not match with codes from current data.

The data analyses comprised two cycles of coding, following Saldana (2013). First, I started from open coding. This open coding was based on content, description, and process of all resources. At the second cycle, I utilized pattern and axial codings and theoretical coding. Grounded in many codes that I developed in the first open coding, I attempted to group those codes into a small number of sets, themes, or constructs. Pattern coding is a way of grouping, linking data fragments through coding to particular topics or themes. This linking process led me to create categories based on grouped. Then I developed over-arching patterns or themes beyond codes and categories. In addition, I tried axial coding, which determines which codes are the dominant ones and which ones are less significant. At the same time, axial coding provides hierarchy of the categories where a category specifies subcategories with properties of the category (Charmaz, 2010). Through axial coding, I identified which codes or patterns needs more attention considering research questions and emphasized areas by the participants. Then, theoretical coding was employed to integrate themes and constructs developed in the pattern coding to find primary themes of the research. All of those coding processes simultaneously involved constant comparison of data and analytic memos.

For data coding and analyses of all resources, I employed NVivo. Particularly, the NVivo is useful to develop a "bottom up" approach, whereby categories are drawn from the content of the data (Strauss, 1987). The NVivo has functions to develop codes of single cases and categories of cross-cases. Simultaneously drawing all sorts of data from transcripts, pictures, video-recorded materials, to textual resource, it enabled me to visualize codes and categories, examine relationships between data and the participants, and thus develop a second level analysis

through these functions. To secure confidentiality for the data, I set a password to protect the data.

Effort for Validity

The Interpretative Phenomenological Analysis (IPA) is concerned with whether researchers seek in-depth lived experiences of participants and see data through their lens. Even though findings are from participants' account, expectations for data from researchers cannot be ignored because these expectations or pre-assumptions of researchers may contaminate the results. This concern is true for this study. As a researcher, I have over seven years' of experience working with parents in child therapy, and thus from my previous experiences, I have established my own theory of how to involve parents: a) providing psych-education to help parents better understand child-developmental processes so that they have sensible expectations towards their children, b) training parents to sensitize them to children's emotional needs and to develop better coping strategies for distressing situations, and c) delivering genuine empathy and support to parents. Nevertheless, my suppositions may be found through the participants' accounts. Yet, I was cautious about whether I unwittingly drove data to fit my assumptions. To prevent self-fulfilling prophecy, I deliberately screened my assumptions and compared them to the actual findings of this study. The effort to find alternative explanations from results and test my conclusions was assisted by a peer debriefer.

Furthermore, to minimize my bias for results, I wrote a researcher identity memo suggested by Maxwell (2005). The researcher identity memo asks researchers to write about a researcher's goals, background, experiences, and feelings, reflecting how they inform and influence the research. The purpose of this practice is to help researchers doing qualitative

research to "examine your [their] goals, experiences, assumptions, feelings, and values as they relate to your [their] research and to discover what resources and potential concerns your [their] identity and experience may create" (Maxwell, 2005, p. 27). Whenever I analyzed data, I mostly left small or long memos to screen and minimize my bias, resulting in over 23 memos from June 2013 to July 2014.

To increase reliability, I acquired the assistance of one peer debriefer in my program who analyzed her dissertation data through qualitative methodology. The peer debriefer was familiar with qualitative research. By discussing my pre-assumptions from my previous work experience and their potential impact on my findings and sharing processes of data collection, coding, and analysis of this study with this debriefer, I was able to check myself. In addition, this debriefing process prevented me from too much being occupied by my data. This assistance by the peer debriefer took place four times during data collection and analysis.

Ethical Issues

This sections deals with ethical issues that arose during my study. The first ethical concern was whether this research on parental involvement in the play therapy process would benefit the participants. Reciprocity (Creswell, 2009) and mutual benefits were considered for this study. Punch (2005) asserted the identification of research problems that will be meaningful for the individual being studied is important. To guard the benefit of participants, I conducted a pilot study, as suggested by Creswell, to detect how this research might affect the participants. Participants reported that the interview was meaningful because they were able to consider their practices, why they have involved parents in the therapy process, and how parental engagement has impacted therapy results. Additionally, the interview reminded them of lessons that they

learned through their accomplishments and failures. Normally, they did not have much time for self-reflection.

I had similar responses from the participants of this study. When I asked the participants about how they experienced their interviews, all of them shared positive comments with me. One participant said,

> It was interesting. It was very reflective. And some ways I thought, "Gosh, next time I'm working with the parent, I'm going to dadada." It felt like almost like supervision session. And when you asked, "If you could work with that challenging parent again, what would you do?" And I have several levels of thought. One was "I can't believe I never ask myself this question. That would be important to ask myself." Um, that was really, that was really helpful to think about "What did or didn't I do to strengthen the relationship?" "What was about that client that?" You know, thinking back on it.

Similarly another participant said, "Oh, I wish I knew then what I know now." These responses suggested their interview experiences were beneficial in that through the interview questions they were able to reflect on memories of their cases and by doing so identify their learning from their experiences.

The second ethical concern was about creating research relationships with my participants. The research relationship in terms of "rapport" could be problematic (Maxwell, 2012) because this kind of relationship may exploit participants who are in disparity positions from the researcher. As the researcher for this study, I was not placed in any higher position nor did I establish personal relationships with my participants, whereby I might take advantage of my position to coerce them for my research purpose. Rather, the issue for me was to develop the research relationships with them in which participants might feel comfortable enough to share their perspectives and experiences. Creating relationships with the participants was critical to foster a genuine dialogue between my participants and me. To develop the research relationship with the participants who did not already have professional relationships with me, I invested

effort to better understand their backgrounds and insights. Prior to conducting interviews, I asked them to provide me some information of how I might better understand them.

The third ethical consideration was confidentiality. I informed participants about the potential risks of non-confidentiality (Giordano, O'Reilly, Taylor, & Dogra, 2007). The risks were detailed in the informed consent form (See appendix A). In addition, in case the participants wanted to correct their answers, I established an open condition to this process prior to starting the interviews. All transcripts and field notes were saved on a password-protected computer. Finally, to protect the identity of my participants, I used pseudonyms for the participants whenever I excerpted their accounts to support my assertions to research.

The phone interview was another concern during data collection. Interviews via phone can lack the vividness of a live interview, not fully delivering subtle messages from interviewees. To compensate for this disadvantage, I recorded interviews and reviewed them as part of the transcription process. Further, I gained permission for follow-up questions prior to the first interview. I also sought additional permission to use their responses through the email in advance.

Preliminary Pilot Findings

As preliminary study for this dissertation, I conducted interviews with two participants from October to December 2012. One participant, whom I will refer as A, identified herself as a Theraplay practitioner. The other, participant B, had not decide her practice of orientation, even though her approach resembled Adlerian. Both were female therapists. In terms of educational background, both had master's degree: Participant A was from special and child education (double major) and B's was counseling psychology. Participant A had roughly two years of experience in Theraplay, and participant B worked over 5 years as a play therapist and counselor.

For each participant, the interview took 40-45 minutes. Data from the two transcripts were analyzed through NVivo. Findings through preliminary analysis of data have enabled me to identify four themes of parental involvement in play therapy.

First, the participants' efforts to facilitate for parental involvement were found. The play therapists tried to involve parents in the therapeutic process by sharing child sessions with parents, by following up parents' practice of what they learned in the sessions at their home, through extra contact with parents outside of therapy, and by giving assignments for parents' self-care. Second, aspects contributing to parental involvement were identified: therapists' support for parents, perspective changes of parents toward their child, parent counseling, changes of parents' awareness levels, and parents' trust of therapists. Next changes as results of parental involvement were explained: changes in parents' attitudes toward their children, changes in interaction between parents and their children, and changes of parents' awareness levels. Finally, suggestions were made by therapists for parental involvement. Therapists suggested to have parent counseling or brief family therapy to encourage parental involvement.

In addition to finding themes, the pilot study revealed many potential subcategories, which will be valuable references when creating categories for this study. Furthermore, the preliminary study helped me supplement interview questions. For example, while analyzing data from the pilot study, I found that data regarding processes of parental involvement was meager and thus was not enough to develop any larger categories. This occurrence was because my interview question about processes of parental involvement was too broad. I revised the question, asking for specific phases of parental involvement from intake to termination in therapeutic processes.

The most significant reward from the preliminary study increased the awareness of my bias as the researcher. While I was listening to recorded interview files, I realized that I was more responsive to interviewees' answers that were consistent with my own experiences, ideas, and theoretical background in play therapy. For different accounts from the interviewees, my responses fell into two categories. For some answers, I was eager to understand their explanations better. This attitude might suggest that their answers made sense to me. However, sometimes, I found that I was less encouraging because interviewees' accounts might not fit with my framework of what would work for parental involvement.

This awareness of the inclination to my framework of parental involvement alerted me to screen my bias. The awareness also instigated me to develop ideas and actions to guard against my pre-assumptions. Writing researcher memos, hiring a peer debriefer, and holding consultation with an expert in qualitative research are good examples of ideas and actions to minimize my bias.

There were two things to consider about this pilot study. The interviewees were from a different culture from the U.S.; they were from an Asian country. Their responses might reflect cultural differences. In particular, both of them had a strong belief in a systemic approach, whereby they place emphasis on parents' roles and responsibilities because parents significantly impact children's personality shaping. In addition, the preliminary study was conducted with only interviews, lacking a diverse data source. Additional data from observation and documentation would further support the findings of this pilot study. In spite of these considerations, the pilot study provided me with theoretical and practical insight into conducting interviews and analyzing data.

Summary

I adopted the Interpretative Phenomenological Analysis (IPA). IPA is an attempt to integrate phenomenological study of participants and researchers' interpretative activity (Smith & Osborn, 2008; Smith 2011). Regarding the participants, I recruited 10 participants in total. To choose participants, I applied criterion-based selection. Theoretical orientations of participants in play therapy were the first criterion. The participants were from each of five approaches in play therapy: Child-centered play therapy, Gestalt play therapy, Jungian analytical play therapy, Adlerian play therapy, and Theraplay. The second criterion of selecting participants relied on whether potential participants own rich knowledge and experience about their approach. To meet this requirement, I had at least one participant who was a trainer for each play therapy modality. Also, I chose participants who had a play therapist license and at least 7 years' experience with their approach.

For the interview process, among 10 participants, I had face-to-face interviews with seven of them whereas phone interviews with the rest three. In addition, I obtained data through interviews with participants and observations of copy-righted video-recoded sessions. To perform data analysis and to transform data, I followed steps of data description, analysis, and interpretation. Regarding data coding and analyses of all resources, I utilized NVivo, a computer software intended to analyze qualitative data. To minimize my bias for results of this study, I shared my pre-assumptions and processes of this study with a peer debriefer. In addition, I frequently wrote a researcher identity memo to examine how my goals, background, experiences, and feelings may influence the research.

Finally, I discussed ethical issues. The first ethical concern was about reciprocity, in which both my participants and I should benefit from this study. The second concern was about

creating research relationships with my participants so that they may feel comfortable enough to share a genuine dialogue between them and me. Confidentiality was the third concern. The use of phone interview also caused an ethical concern, lacking the vividness of live interview and failing to deliver subtle messages from interviewees. Effort to minimize those ethical issues was included.

CHAPTER 4

FINDINGS

The purpose of this study was to explore how the play therapists in this study facilitated parental involvement, to identify processes by which this parental involvement occurred, to determine potential components contributing to the promotion of parental engagement, and to understand results of parental inclusion in the therapeutic context for parents and their child. All those inquiries were sought to obtain participants' perceptions and their experiences.

The results of this study are presented in following ways. First, big categories and sub-categories as results of coding process are shared. Second, overarching themes and sub-themes from the data are discussed. All those themes and patterns are illustrated by excerpts and case vignettes from the participants' accounts to substantiate my analytical/thematic points.

Table 2 and 3 present the categories and sub-categories. Table 2 exhibits the major categories, listing general themes, sources, and references. Sources provide the total number of resources that were referred to each category from the interview transcripts and the observation transcripts. References mean the total number of quotations for each category.

Table 2

General Theme Categories

Categories		Sources	References
What the play therapist does in parental involvement		12	204
Interactional ways with parents		12	146
Aspects contributing to facilitation of parental involvement		10	143
Forms of parental involvement		12	84
How to promote parental involvement		10	80
Results of parental involvement		10	70
Processes of parental involvement		10	70
Goals for parental involvement		9	53
Ways dealing with resistant parents		9	44
Rationales for deciding parental involvement		10	43
Suggestions for play therapists		7	29
Lessons from failures		7	16
Parallel process		7	14
Criteria of involving parents for child's session		5	10
Lack of parental involvement		1	1

Table 3 presents the sub-categories comprising the upper-level of categories. There are two more sub-categories that are not included this section because of page capacity.

Table 3

Sub-categories with Thematic Connections

What the play therapist does in parental involvement		12	204
Teacher role		12	59
Systematic approach to child's issue		4	5
Providing tailored services		7	13
Providing additional materials for references and transition		2	2
Helping parental prepared for involvement		8	16
Follow-up		1	1
Counselor role		10	65
Consultant role		12	43
Interactional ways with parents		12	146
Respect toward parents as working alliance		6	28
Instructional interaction		12	53
Information sharing		1	1

Table continued on next page

Table 3 cont. from previous page

Facilitator		6	11
Affective interaction with parents		9	53
Aspects contributing to facilitation of parental involvement		10	143
Systemic change		2	2
Relationship between therapist and parents		9	25
Dimensions from therapist		10	74
Dimensions from parents		10	42
Forms of parental involvement		12	84
Separate parent sessions		10	45
Play therapy sessions for parents		6	14
Parents' practice at home		3	4
Family therapy		7	17
Extra contact outside of the session		3	4
How to promote parental involvement		10	80
Using expertise of therapist		4	10
Understanding parents' culture and using their language		1	1
Understanding parents and considering their needs		7	23
Therapist's passion and caring personality		7	15
Taking ownership in relationship with parents		1	2
Self-disclosure		1	1
Respect parents		5	11
Research citation		3	3
Instilling a sense of hope		3	5
Clear structure about parental involvement in the intake		5	9
Results of parental involvement		10	70
What parents gained		9	24
Systematic change and better functioning		4	9
Parallel process between parents and their child		5	6
Changes in the child		9	19
Better relationship between parents and their child		8	12
Processes of parental involvement		10	70
Stages		10	64
Goals for parental involvement		9	53
For therapy		4	12
For parents		7	23
For family		7	18
Ways dealing with resistant parents		9	44
Providing tools at home		1	1
Providing psycho-education		2	3
Providing parents with referral sources		1	1

Table continued on next page

Table 3 cont. from previous page

Normalizing their resistance		3	5
Listening to them first and understanding their needs		6	16
Helping parents experience play activities		1	1
Frankly talking about the resistance (being genuine)		3	4
Encouraging them		2	2
Do not work harder than clients		1	1
Building relationship with parents first		1	1
Accepting parents as they are		5	9
Rationales for deciding parental involvement		10	43
To create a safe environment for parents and therapist		1	1
Systemic views		8	11
Relationship with parents		4	7
From theories		3	5
From research		3	5
From prominent play therapists		1	1
Effective service for children (based on experience)		8	13
Suggestions for play therapists		7	29
For relationship between the therapist and parents		2	2
Efforts to be balanced between parents' needs and child's needs		1	2
Efforts for therapists themselves		5	16
Effort for parents		4	8
Brief family therapy		1	1
Lessons from failures		7	16
Understanding parents' personalities and their expectation		2	2
Understanding parents' immediate needs		1	1
Providing clear structure of the therapy process and parental involvement		3	3
Importance of building alliance and trust with parents first		2	2
Importance of being sensitive with parent's issue		2	2
Being sensitive with cultural aspects of parents		1	1
Being patient with child's progress		1	2
Balancing between respecting parents and challenging them		2	2
Accepting therapist's limitation		1	1
Parallel process		7	14
Criteria of involving parents for child's session		5	10
Quality of interaction between parents and children		2	2

Table continued on next page

Table 3 cont. from previous page

Perspective differences between parents and the therapist		1	1
Parents in conflict		2	2
Child's age		2	3
Checking barriers on the parents' part		1	1

Multiple Roles

The participants performed multiple roles to facilitate the parents' participation and help their understanding. I conceptualized the three roles of the participants as teachers, consultants, and counselors based on the type of assistance they provided for the parents. The idea of the three roles came from Bernard's (1997) Discrimination Model for supervision, in which counselor supervisors perform three different roles in helping supervisees' professional development. I noticed that the ways the participants assisted parents during parental engagement were similar to Bernard's model. As demonstrated in Table 2, the coding results exhibited that the play therapists were most frequently counselors, followed by roles as teachers and consultants.

Counselor Role

The counselors' role was characterized by the play therapists' emotional support and care for the parents, helping parents gain insight into themselves and providing low-key counseling services for parents.

Warmth, Caring, Understanding, and Acceptance

Emotional support and care for parents was the cornerstone in the counselors' role, which was emphasized by all the participants. They understood how hard it would be for parents to

engage in their child therapy process and put effort for change. Carly (Gestalt) acknowledged this challenge and revealed her understanding to the parents, "Changing your parenting style is going to be difficult." Ashley (Theraplay) also mentioned her work starting from understanding parents; she shared, "I think that because the mom has a lot of knowledge, but for her important thing is nobody understands mom. So, being understood in a professional way, being supportive to mom, helped her really change her gear." Similarly, Theresa (Child-centered) presented her willingness to understand the parents' position. She said:

> Even parents who are maybe burned out, you know, they've tried to everything that they can think of, they are really frustrated with their kids, usually that makes sense to them. And, you know, I try to realize, be sensitive with the fact that maybe they are, really worn out of depression, whatever might be going on.

Lisa pointed out parents' experience of being guilty of and angry about their child's symptoms and shared that she understood their emotional hurt in a non-judgmental manner.

> But the goal was to get her calm down enough, really I focused I think on her fear of not being a good mother and letting this happen to their child. So I kind of wanted her to get out of that anger and that seemed to work. You know, really focused on the fact that she was a really good mother and that it wasn't her fault. And that's beginning to come through her enough where she could start listening to what would really make sense for her daughter . . . So work on the relation with the parents and make sure you truly feel a sense of compassion for them and the connection that you really do; then you will find some compassion and connection there . . . Because they were children once too and they are hurting as well.

This excerpt exhibits how Lisa endeavored to understand and connect with the parents. Her effort started from learning about the source of the parents' distress and at the same time creating a safe, non-judgmental atmosphere for the parents.

The emotional support and care for the parents by the participants is represented well through Peter's sharing. Peter (Child-centered) accentuated those caring aspects, encapsulating them as warmth and care for, understanding of, and acceptance of the parents:

> The process of working with the parents would be almost the same as the process of working with an adult client when utilizing person-centered therapy. Would be an approach that would be very sensitive to the parents? Trying to be in-tuned with, how they are experiencing their world, how they see me, how they see their child, how they see themselves, how they see this, or experiences, settings; what they think about play therapy would be sensitive to all of that. I wanna be understanding of their feelings and their perception . . . So to answer your question [significant aspects contributing to effective facilitation of parental involvement], it would be warmth, understanding. Understanding is a crucial dimension, not often fully understood . . . Understanding that I can communicate, I can understand you deeply, at deep level, I understand a lot of things about you . . . And I put warmth and caring. Those are different dimensions, but I put them there together. Warmth, caring, understanding, and acceptance.

The fact that he was not only sensitive to the parents and their needs but exhibited the same care for them as he would do for his adult clients evidenced how much he cared for the parents and supported them with warmth. His investment of the same energy and effort that he used in adult counseling for parents made him play the role of counselor.

Holding a Big Mirror to Them

The participants helped parents gain insight into their child and themselves and how their personal issues may interface with those of their child. Thomas (Jungian) believed child therapy would be fully effective only when parents looked at themselves. He said, "It's like a holding a big mirror to them. Before you can point a finger at me, at your child, or anybody else, you need to look at yourself, and you need to look at you[rself] as functioning unit. And that's the only way we will get through this." Then he shared one of his cases in which he helped the parents to confront themselves:

> At first, there was lot of resistance to the sand part, not from the mother, but from the father . . . So, when I met him separately, I said, "I'm noticing a lot of resistance, I wonder if there's something else we can do, why you feel this way. And come to find out through the interaction." The father was crying in the session and saying that any time he tries something new in front of his wife, he always felt less than. She's always competitive with him. And he had reaction to doing the sand play cause he thought she was gonna try to outstand him. She had no idea, so she started crying, she is like, "I

> always thought you judge me because I always had to live with your standard." So, I had them look at this and said. "Could you imagine what the child's internalizing if you are having this, hyper competitive for each other? What is the child having to achieve? What does the child have to prove to you all?" So we had this moment and we went back to the sand play, not that I force them to do, but I said, "Would you like to try that again we did?" They were able to work out through some of their challenges.

Thomas created a moment in which the parents were able to look at their relationships and their experiences with each other. In addition, he facilitated how the couple's issues might affect their child's problematic symptom. Rachael (Adlerian) described this process as parallel and reciprocal. She said:

> Part of what I do with parents is as a parallel process. I work with children. And so I'm working with them to help them understand themselves; I'm working with them to help them understand their child; I'm working with them to help understand their own lifestyle and how their lifestyle and belief about themselves, other in the world impacting their child; and helping them understand their child's lifestyle and how their child's lifestyle is impacting the parents. How's the reciprocal piece.

Through parallel work with the parents and their child, Rachael helped parents attain insight into their lifestyle, and that of their child, and the interaction of the two lifestyles.

Grace (Theraplay) employed experiential activities to help parents understand their child's experiences in play therapy activities. She explained:

> Basically, the mode that l I described [is], the observing, helping them [parents] understand, reflect on what's going on, and coming in and practicing is still exactly what we do . . . That is, "Let me show you how it feels so that you can experience it and then begin to reflect on it." Um, one of them has to do with helping them really understand what they might be like for their child. So, to reflect on what might be going on with the child.

Through the demonstration of certain play therapy activities, Grace prompted parents to directly experience the effect of the play activities and reflect on them. Parents' direct experiences of play therapy allowed them to understand their child's experiences with different interactions.

Brief Mild Counseling

The participants offered low-key counseling for parents, which manifested their counselor role. This type of counseling for parents during the parental involvement occurred naturally through deep understanding of and support for the parents.

Peter (Child-centered) shared how his interview with parents could be perceived as a counseling session:

> When I'm working with the parents in an additional interview, there is a time that if you walk in and listen to it through the microphone, there is a time that you would check in my interview with parents and you would say, "Oh, that's not a parent interview, that's a counseling session." Because one of the parents is hurting, I wanna touch that hurt, I wanna respond to it. I wanna respond, provide understanding of that their hurt, their pain, their confusion. For sure their anger with their child would be in touch with that. So, my or few minutes would be exactly like what I would be doing in the therapy.

As such, Peter's intention for better understanding of and profound connection with the parents made his interview with the parents perceived as a counseling session for them.

Jeannie (Adlerian) also mentioned she provided brief counseling depending on parents' issues.

> Every once in a while I will also do some brief counseling. But, I may do a little bit of, if I think parent has a like a minor issue, um, I may do some counseling with the parent, kind of briefly, or I assess that they do need counseling.

It is clear that the brief counseling for parents would be within dimensions in which parents have minor issues so those issues can be discussed during the child therapy processes. Even though this type of counseling is brief and low-key, it is the evidence of the counselor role by the participants.

Teacher Role

The majority of the participants provided psycho-education and experiential learning

opportunities for parents so that they better understand the concept of play therapy and the healing process of their child. In addition, the psycho-education and experiential learning for parents was intended to teach parents specific skills to enhance their interaction with their child as well as their parenting. Furthermore through this education and skill teaching, the participants helped the parents to gain insight into and deep understanding of their child's issues.

This Is What It Looks Like

The play therapists of this study helped parents understand what play therapy may mean to their child. They considered the parents' curiosity and doubt related to play therapy practice and accordingly explained the therapeutic aspects of play therapy and the overall process of play therapy to enhance the child's problems.

Thomas (Jungian) and Theresa (Child-centered) specifically shared how they introduced play therapy to parents. First, Thomas said,

> I remember the first time we did, and keep in mind before we do family sand pictures, I show them a video of me doing sand play from my video or before that I will show them a clip that I got authorized. I would give them a brief introduction of it, I would give them psycho-education as I've written a couple of articles on it, I will show them, you know, "This is what it looks like."

Thomas utilized a video demonstration and articles about play therapy to help parents understand play therapy and its effectiveness.

Theresa also communicated a process of play therapy to facilitate parents' understanding of play therapy in the first meeting with them.

> In the first case, I have to educate them a little bit about play, and so, I will try to do that in a way, I often talk about, you know, 'Play is language, play is how kids express what's really going on inside. And then we can understand more about that.' But, most of time when I talk about play, and I'm also talking about how play is really important, we now know, cause research is catching up to what we do. Um, the play helps with emotional regulation, helps behavior, like self-control, and helps with that especially if it's done

> with the context of relationship. Play can assist, you know, how kids express everything about the world. So, I will do some education so that they start realizing. And I try to draw the lines for them well. "You can create a better, you know, a fuller, or a deeper relationship with your own child and you would do that through the kind of language of play. You can understand what's really going on for your child's underneath of that might be anxiety instead of anger, or might be other things.

By explaining and educating parents the meaning of play and play therapy and by highlighting what play therapy can bring for children's emotional and behavioral regulation and relationship improvement, Theresa not only helped parents better understand play therapy, but also instilled hope for them regarding her practice.

What's Going on with the Child

The participants delivered developmental information about children. The education on child development was intended to improve the parents' ability to distinguish whether their child behaviors could be accepted or whether they are something that requires an intervention.

Rachael (Adlerian) emphasized providing parents with education about their child's developmental needs and behaviors.

> Um, two would be education about, um, child-developmental children's need...information about their specific child, so and the dynamics that are happening between those. So first is the relationship, two is just general child development, you know, what is normal, what you can expect from five years old, um, third would be specific information about their child, who their child is, how their child is once in a world and, how they are contributing, how the combination between them is contributing.

Rachael helped parents differentiate what they could expect from their child based on the child's developmental stage. This knowledge seemed to promote the parents' acceptance of their child's behaviors that once they perceived as abnormal or irritating.

Furthermore, the participants clarified why child clients might have developed symptoms, sharing their understanding of the children's experiences in certain situations so parents

comprehend what their child might have gone through. Grace (Theraplay) mentioned:

> We [Theraplay therapists] also do fair amount of just talking about, sort of didactic, the naturally way for a baby and parents. You just naturally reflect the child, whether the child feels. And but something this is an adopted child, you weren't there [when the child was a baby]. So, he hasn't had that experience [of natural reflection with his parents] even though you had all this good empathy. He couldn't feel your [empathy]. You are not able to relieve his pain, or comfort this, sort of thing. I'm talking now about making a kind of understandable narrative for the parent about how the child might be feeling, and so the parent can begin to learn more about...There are certain amount of that. Um, I find myself a sort of creating narrative about how I tie together the early history [of the child] with what's happening now. So, parents would come in and say, "Just seems like he just wants to get make it hard for me." You know, they have a picture of delivery, angry, or irritating child. And I would begin, so this is the part of the reflection to be getting, I would say, "You know, babies need a whole lot of experience of having a grown-up, regulate their experience. He didn't get that. So, he's constantly feeling agitated." So I put together an explanation of why the child might be behaving now, and the parents can be much more sympathetic with. And it can help them reflect more accurately on what's really going on with the child.

Through narrative explanation, Grace assisted adopted parents to understand what their child might have experienced and how the child might have formed his relational reference, connecting the child's history with what he exhibited. Her psycho-education seemed to illuminate the underlying but critical reasons for the child's symptoms.

<u>We Help the Parent Get the Skills I'm Doing with the Child</u>

The participants helped parents obtain parenting and communication skills and coping strategies. Ashley (Theraplay) offered a good example of her specific assistance for a parent to achieve therapy goals for a child and to help the parent learn interaction and coping skills.

> We really help the parent get the skills that I'm doing with the child. So, there is a skill building piece, and then an educational piece...So you know, I break it down the goal, if they, let's say that they say, "I want her to stop screaming at me." If that's the big goal, then I have a kind of step by step that goes what kind of things we can be achieving between. So, helping the child stop screaming, it's so important why the child is screaming when the child screaming, and how long the child is creaming. There's many factors to look at this behavior, right? So, we break it down and I start to tell the parents literally, "At this point, the first thing we need to do is that we have to figure it out what

> caused her screaming." So, now next week three sessions, I will be really focusing on her why we are interacting that, you know, when she has in a distressful, you know, behavior, and what triggered the behavior? So, if that's the kind of trauma related reaction, and that's one thing we need to explore. I really have this divided step by step goal for the parents so guide the parent to achieve what they want to do.

As the first step she took in teaching the parent how to deal with her child's misbehavior, Ashley helped the parent understand the underlying reason for the child's misdeed. Then she gradually taught the parent how to communicate in the child's distressful situation, through which she mentioned as a step-by-step approach.

The way the participants coached parents to attain the skills was through experiential learning. The participants actively invited parents to situations in which they had mock play therapy sessions with the parents or demonstrated interactional and communication skills to the parents while involving a lot of play activities. Grace's (Theraplay) sharing was a good example of how the participants employed experiential activities for parents.

> I think the first step is the session that they have [play activities] for themselves. Um, almost very often, parents spontaneously say, “Oh, is that the way my child might be feeling?” So you know, the experience of actually having someone do for the parent and then be able to feel, "What that feels like?" allows them, often makes it possible for them to say, “Oh, it makes connection with how their child might feel." I once did a kind of role play. I had a father whose son was just all over. He couldn’t stop him [his son]. So I said, “O.k. You will be your son and I will try to help you.” He [the father] just ran all over the room, climbing upon things, I finally got him and got him down, got him calm. And he went, "Hue [like deep breathing sound], I thought you would never stop me. Do you think that’s how my son feels?” So having a session, where the parents experienced, the structure or nurture or playfulness, can make it possible for them to get in touch with things that they missed with their own pleasure on it, and be able to be touch with their child of responses

By having the parent take the place of his son and by demonstrating coping skills to stop the son's problematic behavior, Grace facilitated the parents' deep understanding of his son's experience and vicarious learning in terms of coping strategies.

Rise (Child-centered) introduced a parent training group and supervision in which she offered parents feedback on their interactions with their child.

> We train parents to the play session; then we as we start doing the play session with their own children. We supervise those sessions. And eventually parents learn to do play session home without our supervision, and very end part of the process is actually very important too, what the parents learn in terms of skills, um, interacting with their children, interaction patterns they learn. We've helped them delivery, help them generalize those new days in their life.

Rise had the parents have play sessions with their child at home and practice interaction and communication skills based on play therapy activities. Through this process, Rise facilitated the parents' learning of better parenting and coping skills and a generalization of learning in their life.

Consultant Role

The participants played the consultant role when they assessed sources of difficulties with parents and their child by gathering information. Also they attempted to promote understanding and communication between parents and their child by serving mediators between the two parties. In addition, the participants had mutual conservations with the parents to provide feedback on their coping strategies, discuss alternative interactions between the parents and their child, and review the therapy process with them.

I Wanna Explore Kind of the Root of the Child's Problem

The participants collected information from both the parents and their child to understand the child's issues and to determine the sources of the problems. Jeannie's (Adlerian) comment represented what the participants do to better understand the positions of parents and their child, respectively, and what information to assess on the child's issues. Jeanne shared:

> I see the parents as a source of information in formulating my hypothesis about what's going on with the child. I'd also like to know what's been tried, what's worked, what hasn't worked, what's effective, um, in like parenting, kind of things I want to know, all that stuff. So, that's part of it. I also believe that kid's personalities are formed, partly because of modeling by the parents, partly because of the way the parents establish the atmosphere in the family, um, partly from how parents treat the kid, there's like a more than that. But, for example, those, I'd like to see how the parents talk about the child, but also how the parents talk about themselves, in terms of their attitude toward their kids, their attitude towards parenting. Um, sometimes marital stuff comes in, and I believe in many cases problems between the parents and the child, in terms of like personality not matching very well, um, maybe a source of the child's problem . . . So assessing that. I don't do marital counseling with them, but I am assessing "Is this an issue that's majorly impacting the child and do I need to refer them for relationship or for marriage work?" I think those would be the big categories of goals . . . I wanna explore kind of the root of the child's problem, and the root may be if their parenting issues.

Jeannie approached her cases holistically to figure out where the issues of child clients may come from. She explored what attempts had been made by the parents and what had worked or not, how the parents and family atmosphere modeled the personality formation of their child, how parents talk to their child and what their attitude may be toward their child, whether there is a personality match between the parents and their child, and whether marital issues may impact the child's problems. Jeannie undertook significant assessment tasks in comprehending her child clients and for determining the roots of their difficulties.

For this assessment process, Lisa (Gestalt) implemented an activity of family drawing, involving all family members in the activity and asking them to draw a picture together.

> I wanna hear what's they're upset about. It's important that there aren't any secrets and we are here to talk about what's they're upset about. The first session that I always have with a new client, I always need . . . My format is the first time when I get a new referral, I meet with the parents first to get a history. And the second session is always the entire family, everybody, siblings, parents, everybody. At that session, I have everybody draw a picture of their family, each person in their family as an object or an animal including themselves. And I have everybody go around and talk about each person, you know, why they pick that. And [I say], "Tell me one thing they like and one thing they don't like about each person including themselves." And that starts to set the tone for discussion about, "What you are unhappy about?" The message is this is place we can talk about what you are unhappy about with the person you love. And they are saying things you are

> really angry about, things you don't like, things you're mad about. This is an open forum here. So, it's that way for the kids with the parents and that way to prepare with their kids.

Through family drawing, Lisa was able to hear the voices of all the family members and see their perceptions of themselves and other family members.

In addition, assessment and information gathering was performed to decide parental involvement. Peter (Child-centered) determined whether the parents are ready for parental inclusion through an interview.

> The few parents who have great difficulty, um, we should pull them out of the filial therapy training and work with them in individual or couple therapy. And then as long as it takes and then put them back in filial therapy with another group at some point. Sometimes, that is the problem, they are so angry at each other, they like to strangle each other. And they can't get pass that to learn anything. With a couple like that, I discover that in initial interview. I'm not gonna start filial therapy with these people. They need counseling first to get ready to profit from what filial therapy has to offer.

Information collected by Peter served to conclude parental involvement. He did not invite parents to filial therapy, a form of parent training program, when parents had individual or marital issues; he was fully aware that parents' individual or couple issues would prevent them from taking advantage of their participation in child therapy process.

As such, through parental involvement, the participants collected data to determine children's issues, to comprehend the source of their difficulties, to assess family functioning, and further to decide parental inclusion.

Pick Family Game Night

By the means of play or other experiential activities, the participants established an atmosphere in which parents and their child felt connected. Theresa's (Child-centered) approach

illustrated how the play therapists facilitated connection and communication among parents and their child. She introduced one of her methods in which she utilized a dog.

> One is I just include them [parents and their child] with some of the activities. So we might say, "O.K, today we're gonna try get the dog to do ZYX or the horse or whatever we are working with." So, we will say, "Here is your job as a family, is to get the dog to go from here, here without ever touching the dog." And then they have to figure out how to move dog without touching it. You know, by calling it, or enticing it, you know, whatever they gonna do. But, they have to work it out as a family, so that would be one way. Another way is one child has to learn some behaviors, tricks, or other things to do with the dog, as a part of individual work. Then, I would have parents come in and children do demonstration for the parents. So that parents can see what kids have learned, and how they capable they are.

By employing an activity that required participation of the parents and their child and cooperation among them, Theresa not only created pleasant family time but also promoted family communication.

Jeannie (Alderian) also built moments in which parents had quality of interaction and pleasant time with their child while encouraging parents to attempts novel approaches.

> So, part of the laugher yoga is you laugh. So, I gave homework assignment, so we practiced in the session. But I gave homework, assignment of goal and every day and, "The two of you have to laugh together and so tomorrow you have to laugh one minute, set the timer." Let say, "You have to laugh for two. By the time you get back, I want you to laugh several days for five minutes a day together". . . I highly encourage them [parents] to do special thing with their child when he behaves. I always say, "Why don't you, instead of rewarding them with things, like a new game, so that the game boy whatever gonna be playing. Um, pick family game night. Have that family game night on Friday night that you never wanna make time for it. You're always busy doing some other time, doing some other things" . . . I have one little boy, he had some good week, where he gets up and gets ready for school. And they get there on time, Friday night, they do the Monopoly [name of a board game] night. So I always encourage parents to reward their child with some extra time, doing things better pleasurable that are not electronics.

By helping parents understand what might be better ways of rewarding their child and suggesting an alternative way of interacting with their child through a game, Jeannie played a role of facilitator in communication and interaction between parents and their child.

Building Relationships Comes First

The participants put establishing relationships with parents as the first and foremost task in working with parents. The emphasis on a relational aspect with parents was a salient theme regardless of the theoretical orientations of the participants. All the participants cherished this relational aspect in working with parents, emphasizing a team approach to child therapy. The evidence of valuing this relational aspect was particularly found in the beginning stages. For example, the significant goal of parental engagement set by the participants was building relationship with parents. In addition, the major task of the beginning stage in working with parents was building relationships and a working alliance with them.

I Was with Them

The participants were aware of how significant it is to establish solid relationships with parents in the beginning. They were aware of parents' feeling of disconnection when the therapist supports their child. To make the tie with parents occur, the participants first identified the parents' distress, delivering their understanding of the parents' positions.

Theresa (Child-centered) shared how she approached parents by presenting her understanding of them.

> I think first of all, it starts from my first very meeting with the parents. And that is where I usually, you know, like to know about the problem, but I don't have them fill out a lot of paper work before they come. I usually meet with them face-to-face, and I like them to talk, and I use lots of empathy. So I'm trying to build the relationship with the parents, right from the very start so that they feel comfortable with me, comfortable anything that I recommend . . . And so, my first step, my procedure, but it is genuine, is to first listen. You know, always empathically listen and try to get the deepest feeling that parents have. So, I might be reflecting of, you know, "You really don't get this play stuff. You're really wondering how on earth that's going to help with the behavior problem." And then, to the second part, I might reflect something like, um, "You've already tried everything. And so, you don't really understand what I'd be expecting of you since you've already tried

> everything, and now it hasn't worked.” So then, they usually say, “Yes, that’s exactly right."

At the first meeting with parents, Theresa started by listening to and understanding what the parents might have gone through rather than from a problem-solver position. Her attitude exemplified her effort to connect to the parents.

Carly (Gestalt) reflected on how she learned through her early experiences the importance of forming relationships with parents as a way to promote therapy processes:

> What I found in those first, two, three years' practice was that when I was just meeting with parents, child together, there was so much information, so much going on, I was trying to connect to the child; I was trying to connect to the parents . . . Parent sometimes feels like, if you [play therapist] are supporting the child, you're not understanding their point of view. The child, if you're looking at the parent, feels like "You are blaming them [children]," just like that. I just feel like it was all of the places. And so that good, solid foundation or container for the work was not getting set. So . . . I needed to definitely be sure that parents understood what the therapy process was about. And they need to know I understood their concerns-- that I was with them.

Carly tried to convey the message that she was with the parents. In addition, she acknowledged the relationships with parents would promote their cooperation and ultimately facilitate the children’s healing process.

Similarly, Jeannie (Adlerian) highlighted the importance of building relationships with parents through understanding of their experiences during children’s therapy.

> I also believe that it’s super, super, super important to build the relationship with the parents before I do any information giving. When I first start it out, I basically will go and go, “Ok, I am here to teach you Adlerian parenting and you know, I am [teaching] the parenting over and you need to change this, you need to do this, you need to do this.” And that wasn’t very effective because I haven’t had the relationship with parents and I didn’t understand their lifestyle, and they didn’t feel connected to me. Then I wasn’t very effective, truthfully. And over the years, I figured out, "Oh, of course, the first thing I have to do is building relationship with the parents so that they feel heard; they feel supported; they feel encouraged." So I guess that is another big goal of mine, which is for the parents to feel supported and encouraged, because most of the time when kids have to come to counseling, the parents are feeling discouraged. Um, so I wanna be as encouraging to them as possible.

Jeannie understood how discouraged parents could be when they visited play therapists for their child's issues. She tried to connect to the parents through encouragement and understanding so that they felt heard.

Peter, a Child-centered play therapist, shared the rationale of parental engagement and its goal of establishing trust with parents.

> I think that's largely done by working hard to build a relationship with the parents. If they don't trust the play therapist, it doesn't matter. They are not gonna bring their child no matter what the therapist says it. So the relationship is crucial to helping the parents become more accepting [of the] play therapy experience and commit to bring their child. I think that's overlooked, often overlooked about play therapists.

In the same way, Rachael (Adlerian) succinctly explained her account for parental involvement, emphasizing trust with the parents:

> If the parent has no interest in me or feels no connection, no trust in me, then we've lost the child, that child is not coming in. So, it's two-fold; on one hand, I want to build the relationship with the parent so that the parent trusts me and use these skills at home, and all those kinds of things. And just a matter of getting the child into the room, I think that makes sense.

As seen, these participants understood how vulnerable and insecure parents could be when they met the play therapists regarding their child's issues. The participants all prioritized building relationships with the parents first by understanding their experiences and connecting to them. In addition, the participants strove for trusting relationships with the parents because the parents' trust in the play therapists was linked to the continuation of the therapy. The participants believed these trusting and supporting relationships with parents might eventually promote the therapeutic processes of their child. Their genuine interest and concern seemed a cornerstone of forming relationships with the parents.

We're Working Together

All the participants addressed building therapeutic working alliances with parents as a primary task in the beginning of parental involvement. They clarified the need for parents' cooperation and their help in the course of establishing relationships with them. In addition, by delivering understanding of and empathy toward the parents, the majority of the play therapists in this study first attempted to form therapeutic alliances with the parents. Carly (Gestalt) supported this notion:

> And we have a working alliance. And so, part of the reason why I meet the parents first is building that relationship and alliance, their trust in me. And clearly, I acknowledge always that, and I feel this is that any parents who don't [initially] trust their child to therapist's treatment take tremendous trust and competence [from this meeting]. And you need to know who that person is. So, anyway, in the beginning, I first meet with the parents because they're gonna be my best source. So, I will say, "We're working together as a team cause I don't see the child outside of my space here. However, on the other side, I have a perspective because my training and what I do that I can offer you as parents." And they're gonna have a perspective that they offer me. So, I say I want us to work together. I create that kind of idea, how we're working together.

In the beginning of establishing relationships with parents, Carly tried to create an atmosphere suggesting that she and the parents should work together as a working alliance; she spelled out the child therapy process is teamwork between the parents and her.

Rachael (Adlerian) also clarified mutual effort by parents and the therapist for their child therapy process:

> Um, part of it [making a relationship with parents in the beginning] is spending time with parents. And so the parents not feeling rushed that. Um, you know, it's not a question and answer, "I gonna ask you a question and you give me answer. And you are out of the way." But, um, really just spending time with parents, trying to understand the parents, communicating that I understand. So using, you know, our basic counseling skills, those reflective listening and often questions, and those kinds of things. So part of that is really just that basic. I also use humor and self-disclosure often with the parents.

Her approach of including parents in a working alliance incorporated listening to, understanding of, and communicating with the parents. Through those relationship-building skills, she illustrated how she would work with the parents.

Grace (Theraplay) clearly set the tone of parental involvement to form therapeutic alliance from the beginning while at the same time delivering empathy for the parents and hope for the therapy.

> I think that the first phase is forming therapeutic alliance. So, that involves the intake interview, in which the therapist conveys the sense of empathy for the parent situation, um, and understanding and beginning, well, conveying some sense of hope. There's gonna be that the therapist understands [them] and has some ideas about how this can be better.

Grace's style of building a therapeutic alliance with the parents integrated empathy for and understanding of them.

Thomas (Jungian) also clarified in the beginning of therapy his modality as a team approach between the family and therapist.

> I think if you ask parents why they were enticed to do family with me they were very resistant, they would tell you, not because I manipulated them or haunted them, because of the environments I said in the negotiation were, "This is what we have to do as a family, this isn't the option, this is as a team." Because there's just a different way of being with people. People see that in us, people see that in me . . . People see [do] not greatness, but people see it humanity, humility, that maybe some of those manualized treatment approach, some of evidence-based practices, sometimes is missing in some ways.

The way Thomas approached and interacted with the parents was through humanity and humility, and this type of interaction made the parents decide to work with him as a team. How Thomas established working alliance with parents was human to human contact.

Supporting this humanistic approach in forming a working alliance with the parents, Ashley (Theraplay) asserted, "It's not about the symptoms or the behaviors of the child; it's more

how I communicate, how I build the alliance with the parents and kids to success." Her notion suggests the significance of a relational aspect in forming working allies with parents.

Empathy as a Key

Empathy was identified as an essential element in interactions with the parents. Particularly, empathy was indispensable in the parents' feeling of being understood and heard. In addition, empathy was a powerful component for delivering the therapists' care for parents, which was the most overarching and dominant theme for facilitation of parental involvement. Furthermore, empathy served as a significant aspect in dealing with the parents' resistance.

That Releases the Parents

The majority of the participants affirmed empathy as a way to establish therapeutically allied relationships with the parents. First, Jeannie (Adlerian) shared how she connected herself to a parent by deeply listening to him.

> I spent a long time during the first part of the relationship, listening to him. And listening to his sadness and his feeling, like he wasn't enough. His feeling like he couldn't do this by himself . . . I listen to that a lot, I listen to his frustration, I listen to how much he cares about this little boy, but doesn't know how to interact with him.

Jeannie's approach in building a relationship with the parent started from empathic listening. Through the empathic listening, she showed that she understood the parent's difficult experiences.

Peter (Child-center) believed therapists' empathy toward parents is a path to lead parents to feel safe and cared. Furthermore, he considered that empathy provided by therapists liberated the parents and let them look at other areas that they have not considered.

> And parents insist differently if the therapist is cognitively bound, they are giving the parents lots of facts, and they're getting facts from the parents. Then, I don't think parents would feel safe or this therapist really cares. But if the therapist is doing the same kind of things that we would do in a therapy setting in the first interview questions, then I think the parents would feel he [therapist] cares. And that's a human longing to know somebody cares. I think their questions like that, people, particularly children, are crying out in their lives, "Does anyone up there hear me? Does anyone care? Look down here I'm hurting." And parents are the same way. And then when we tough their heart, when we touch their pain with our response, and the feeling goes with that. The caring feeling goes with that. We touch what they're experiencing deeply in their soul. And that releases the parents, "Oh, somebody finally heard me." That releasing allows the parents to consider new dimensions they have not considered before because they've been so tightly bounded and rigid and angry. They've not been able to look at possibilities in their child. And we can help them with those feelings. And those feelings subside and they are replaced with their ability to consider some positive dimensions about my child that I have not been aware before. The behavior of the child may be a negative behavior but the quality of characteristic is a positive thing.

Peter expressed empathy toward the parents as a way in which the therapists touch the pain and experiences of parents. This caring and echoing response to parents' experiences through empathy not only contributed to creating a safe atmosphere in the relationship with the parents but also transformed them to see positive dimensions of their child.

Grace (Theraplay) also acknowledged the power of empathy in establishing a therapeutic alliance with parents and in helping them feel confident.

> First [significant aspect to the facilitation of parental involvement] would be the empathy for the parent, for which I use the phrase *forming therapeutic alliance*. And that means I convey to the parent my understanding, my capacity to reflect on their experience, and my strength and willingness, capacity to help them, to help them take advantages of their good strength. You know, something very positive about the therapist's empathy toward the parent that conveys confidence and changes the internal working model because I think, you know, parents come in feeling defeated, helpless, "I can't do it." So that the whole aspect of making them feel "You are a competent person." There's somebody in my eyes. I see it.

When Grace reflected on her understanding of parents through her empathy, therapeutically allied relationships with parents were nurtured. In addition, her empathy toward the parents led

the parents not only to change their internal working model, but also to recognize their inner power and competency.

Empathy was a core aspect in genuinely communicating with parents and delivering their understanding of the parents because through empathy the parents felt heard and supported. Lisa (Gestalt) pointed out the parents' experience of feeling guilty and angry about their child's symptoms, sharing how she understood their emotional hurt in a non-judgmental manner.

> But the goal was to get her calm down enough, really I focused I think on her fear of not being a good mother and letting this happen to their child. So I kind of wanted her to get out of that anger and that seemed to work. You know, really focused on the fact that she was a really good mother and that it wasn't her fault. And that's beginning to come through her enough where she could start listening to what would really make sense for her daughter . . . So work on the relation with the parents and make sure you truly feel a sense of compassion for them and the connection that you really do; then you will find some compassion and connection there . . . Because they were children once too and they are hurting as well.

Lisa's compassion and understanding of the parent's fear of not being a good mother allowed her to comprehend the parent's childhood hurt.

I Mirror All the Time

Empathy was a key aspect in dealing with parents' resistance. Empathy provided by the participants mitigated resistance of the parents, allowing them to be deeply understood. Furthermore, empathy converted the parents' resistance into cooperation for their involvement in child therapy processes.

Ashley (Theraplay) shared a case in which her full acceptance of and empathy toward a parent transformed the parent's complaints about her child to an ability to see improvement in the child.

> I mirror all the time. Whatever she complains, I'm fully accepting it, hoping that she's fully accepting the child. And I also really try to see a lot of positive intention that [the]

> mom is showing, instead of becoming critical and pointing out. I think that work out so well . . . Even successful case, there was a moment that mom was angry at me . . . I do have a power struggle moment . . . One day [the] mom came in; mom started saying again [things to become] worse than the beginning, a lot of bad things about the child. "Nothing works, and it's been too much. I'm exhausted, Nothing works whatever you're telling me, they don't work." And when she shared that and I heard what she heard, what she said. And I was also really helpful to see what changed. "I see that you really feel like nothing happened to your child. That would be so frustrating. You've been coming here twice a week, diligently, you passed two months; you still feel like nothing happening to your child. However, when the child coming in and that I noticed that instead of she was covering her face like 10 minutes, I noticed that she looked at me after one minute. What do you see that?" And them mom said, "Yes, that part she got better." [I said] "Oh, I'm so glad that you see that that's better. Yeah, it seems so slow. That's why it's so hard for you whether it's gonna work or not. You know, if I were you, every day with this girl will be hard. And those cases are so slow. But good news is that even though it's slow, change is happening . . ." When she hears that, she starts thinking. "Can you really think about any other tiny, little bit of change that you never see before but starts happening?" And the mom starts thinking of that. So my technique right now, I accept whatever she says. I feel so sorry about whatever she feels, but I also do my [best] every week. I work so hard to find out things changed. Because sometimes we see it, but parents do not see it, and it's our job to help the parents to see it.

By empathetically responding to the parent's concern, rather than being critical about the parent's inability to recognize her child's improvement, Ashley established an atmosphere in which the parent might feel understood and heard. This care and support for the parent switched the session flow and finally helped the parent see the other side of her child.

Grace (Theraplay) asserted that therapists should be empathetic when they notice parents' resistance.

> In that case, we have to be sympathetic with the fact that they [the resistant parents] feel they’ve been. I mean, I just try to help them understand [parental involvement] and to end to get a better picture of something that has some possibilities.

Grace maintained that even when parents are resistant, therapists should be sympathetic and consider the parents' experiences and feelings in related to parental involvement.

Theresa (Child-centered) highlighted empathetic listening when encountering resistant parents.

> Even parents who are maybe burned out, you know, they've tried to everything that they can think of, they are really frustrated with their kids; usually that makes sense to them. And I try to realize, be sensitive with the fact that maybe they are, really worn out of depression, whatever might be going on . . . That's true with many parent, for variety reasons why they mind, not to be ready to make commitment. You know, they might be tired out, they may not see the point it is, they might be so frustrated with their child. Yea, I mean, there's something, I think, we do into account. And I think, what I do with parents is I listen more first. And cause I wanna know why they are resisting, I mean, resistance is a normal part of change process. But, I need to kind of understand more about what they are not going to be committed. Are they just overwhelmed with everything else in their life [so] they're not interested in their children? You know, what are other possibilities? . . . I'm starting to get those every signal that they are not too committed. Then I'm gonna first empathetically listen to that. So, I will say, "Oh, it's kinda surprising to you that I'm asking you to come and you're kinda helping something like that." And then I will ask "Tell me what you're helping and expecting?" So I'll have a conversation with them about it. But, then I have to educate them about "Why they are really important."

The first step when Theresa faced parents' resistance was to normalize their resistance and empathetically and fully listen to them. She genuinely communicated her understanding of why the parents are resistant and how frustrated and tired they might be in relation to their child's issues. Then she gradually helped the parents recognize why the parents' participation in their child therapy is important.

Facilitation Strategies for Parental Involvement

Specific practice promoting parental participation in the child therapy processes was shared by the participants. Several dimensions were found to facilitate parental involvement. First, the participants considered the needs of parents in the process of involving them. Second, when facing resistive parents, the participants first empathetically listened to the parents and tried to understand their experiences and feelings. Third, the participants respected the parents as evidenced by valuing their knowledge about their child and their input in the therapy process. In addition, the participants had high passion for and commitment to engaging parents in the child

therapy processes. Furthermore, by providing a clear structure of parental participation when meeting the parents, the participants prepared the parents for their engagement. Sixth, the participants referred to their years of experiences working in child therapy and their expertise to convince parents of the effectiveness of parental involvement. Next, in dealing with resistant parents, the participants normalized the resistance of parents, presenting their understanding of the parents' resistant responses. Finally, the participants utilized gentle confrontation when addressing the parents' resistance.

Is That the Most Likely to Be Seen Appealing to Them?

The majority of the participants shared their consideration of the parents' needs in relation to the child therapy process. Rachael (Alderian) provided an excerpt in which she strived to understand the needs of a parent.

> So it was resistant relationship in those places. Um, she would come in, we would talk freely, I would work with the child. She was a kind of reserved, distant person anyway. But, one thing that I learned from her was her need to have some control and her real desire to want to be a part of the process. But, she wasn't going to ask for because she also had the pleasing part of her personality. So, she wanted to be in control, but she didn't want to piss me off. That was this, interesting kind of thing . . . So, using that information to build the relationship with her and using that information to provide her with tools to use at home. That helped strengthen the relationship. So, over the course of few sessions . . . I'm going to encourage her, encourage what she did at home . . . So, very often I will use what I know about the person to build the relationship.

When encountering the parent's resistance, Rachael contemplated what the parent needed when she was engaged in her child's therapy. Taking into consideration the parent's personality, Rachael provided what the parent wanted.

Ashley (Theraplay) shared her constant effort to figure out a parent's needs in regard to parental involvement.

> It’s difficult, because she was so negative to the child. So, I do a lot of modeling. I model

> mom that in a way she's gonna model the child. I keep emphasizing her positive impatience, even though it turns out something negative. But I realize that's not what she needs. She needs something clear.

Jeannie (Alderian) looked at the personality priorities of parents when she invited them to child therapy.

> I also use the system of thinking about their personality priorities. So I think about ways that I can present things for the particular parents. Um, that will increase their likelihood of being responsive and being engaged. So, with the control parents, I will talk about it in a certain way, with the pleasing parents, I will talk about the process in a certain way, kind of the advantages of the process. So I kind of, from the very first, you know, brief conversation I have with them, I'm already thinking about, "What is the parents' personality priority, and how can I present an invitation for their involvement in the way that is the most likely to be seen appealing to them?"

Considering the personality priorities of parents, Jeannie was constantly thinking about what the parents might want and how she could present her invitation for their involvement in a way that could meet their needs.

Empathetically Listen and Try to Get the Deepest Feeling That Parents Have

The majority of the participants prioritized listening to stories of parents and empathetically responded to them when they noticed the parents' resistance. Listening to resistant parents allowed the participants an opportunity to understand the source of the parents' resistance and further to convey the participants' understanding of them.

Theresa (Child-centered) shared her first step when she noticed the parents' resistance, which was listening to them. She said,

> My first step, my procedure [to resistive parents], but it is genuine, is to first listen. You know, always empathically listen, and try to get the deepest feeling that parents have . . . cause I wanna know why they are resisting. I mean, resistance is a normal part of change process. But, I need to kind of understand more about why they are not going to be committed, you know, "Are they just overwhelmed with everything else in their life? They're not interested in their children? You know, what are other possibilities?"

By empathetically listening to the parents first, Theresa tried to understand what might hinder the parents' commitment to their engagement in child therapy process. By doing so, she attempted to learn the deepest experiences of the resistant parents.

Grace's (Theraplay) approach for parents' resistance was to spend time with them to understand their backgrounds:

> You know, sometimes, you can begin to help somebody with their resistance if you understand where it's coming from, you know more about their childhood whatever it is . . . You have to do a lot of work, first before they can even enter into the Therapy and accept it [parents' childhood experience] something as good for them and for their child. If you're dealing with people who are so caught up with their own problems, poverty, poor parenting, you know, they had no good parents. Um, sometimes, you have to do a lot of work with parents to help them understand how this could be helpful . . . This is a very important part of the work because [the] therapist has to understand what level of integration the parent is and I have to say, we can't even start Theraplay until you and I do some work. And some people are going to accept that. You know, you could say, "You know, looks to me as if from what you tell me, you didn't get what I have asked you to give with your child here. So let's spend some time helping you with that."

Grace was aware that issues from the parents' background could prevent them from comprehending the benefits of child therapy and their involvement in the process. To help parents make sense of those therapeutic processes, Grace was willing to spend time helping them understand her therapy modality.

Peter (Child-centered) addressed the importance of empathetic responses to resistant parents.

> There is this resistance. They experience understanding, and I like to use teachable moments. Generally, my first effort [in] introductions . . . my first response to a parent in the group in the first session is empathic response [to] the parents describing their child's behavior and their response to them. And I say something like, "That sounds very frustrating. That gets you really frustrated with your child."

As seen, Peter empathetically reflected on the frustration of resistant parents in relation to their child's problematic behaviors. In explaining the necessity of listening to the resistant parents, Peter conceptualized resistant parents as angry ones. He understood that the parents have given

up because they have been frustrated with their child and their previous experiences that have been hurtful for them.

> Maybe this is a parent [resistant parent] that is angry because if we can trace the anger back, it comes from an experience they had a year ago or an experience they had in their church where they were rejected. Um, it was very hurtful to them . . . Many parents are angry because they've given up. Um, they don't understand their child, um, they are angry at their child because the parents make them feel weak, nothing seems to be working, they're frustrated, um, in a very short period of time. Hearing that helps the parents to begin to relax . . . We must deal with the person of the resistive parent. And we do that by the things that we've talked about already being warm, caring, and understanding, believing in this parent. Um, I have a sort of objective for myself in this process. And it is that I want to be one person in this parent's life that they can't reject . . . And you cannot reject somebody who is trying to understand you.

Peter considered how tough parents' lives could be in addition to their child's issues and how they might have ended up giving up. He believed the therapists' hearing helps the parents relax. Furthermore, he asserted understanding, warmth, and care by therapists to deal with resistive parents.

You Are the Expert on Your Child

Even though parents were the service-seekers for the expertise of the participants, the participants respected the knowledge of parents regarding their child and their parenting style. Their respect for the parents was evident when they treated the parents as significant figures in the child's therapy processes. In addition, they accepted the parents as they were.

Jeannie (Adlerian), Carly (Gestalt), and Theresa (Child-centered) described how they presented their regard of the significance of the parents for children's therapy process. Jeannie told the parents,

> “You are the expert on your child, which I truly do believe.” And so sometimes that helps, like “I can’t know your child with the school. I see kids half an hour of the time. I can’t know your child in a half an hour of week as well as you know him. I can’t have as big of

> an impact on your child with a half an hour of week as you can, cause you live with them."

Jeannie acknowledged, from the beginning, that she could not be as significant as the parents in terms of knowledge of and impact on their child, crediting the parents' input in the child therapy process.

Carly invited the parents as co-therapists and was willing to share her power with them.

> When I include them in family therapy, they might be co-therapists. So I always put parents at my level. I'm never above parents. We are always that same mutual, working mutually at the same level. That doesn't mean sometimes I don't instruct and say come over to see the expert, if you will. I will offer them information, but ultimately, we are working at that level. And I think that sincere respect, and regard, and inclusion apparent in the process allows to provide so much support and continuity . . . Not doing," I can be better than you," attitude, and I think that's important for, especially, young play therapists, people who are just starting, whether it's filial therapy, or Theraplay, or other family therapy.

Carly emphasized therapists' sincere respect for, regard, and inclusion of the parents while maintaining the attitude, "I am not better than you," which she thought was important for young play therapists. She was aware that this type of attitude from therapists allowed the parents to feel supported and to continue the therapy.

Theresa exhibited her respect for the parents by treating them as partners in their child's therapy processes. She was cognizant that both the parents' influence on the child's results and the continuity of the therapy's effectiveness were dependent on the parents:

> I will try to engage them as collaborator or as a partner for real. You know, it's easier said than done. But, I really do believe that sometimes even parents have done pretty awful things to their kids, um have a lot of stuff to offer. They don't know it. Sometimes the system that deals with them doesn't know it. But, that's part of, it evolves over time when they start to realize that I do ask for their input all the time. I take them seriously; I listen to carefully, that kind of thing . . . It's kinda acknowledging they are the parents and they are important. And I think sometimes we exclude parents from our work with children. You know, perhaps because we think that parents caused their problem. But even if the parents did cause their problem, um, if they're not working with them, they're not changing anything. You know, in a way, it's likely to relapse.

Theresa's consideration of the parents was to the degree that even negatively perceived parents have functional influences on their child. Her approach seems to present the participants' attitude toward parents; every parent is significant and, thus, should be respected as such.

Amy (Adlerian) demonstrated her respect for parents through an egalitarian relationship with them:

> Parents are in [an] egalitarian relationship [with me]. I would say the role was. You know, we were collaborating, we were equals here. Actually, you know, "You know a lot more than I do about your child, so you teach me" and then we will figure this one out together. We will do this together.

Her effort was expressed through her invitation of the parents, asking them to teach her about their child. Her intentional pursuit of this type of relationship suggests how much she was aware of the power differential between parents and therapists and that play therapists have more power than parents due to their professional position.

As such, the participants' respect for parents was manifested not only through their attitude toward parents in which they treated parents as partners or co-therapists in the child therapy settings but also through their effort to create egalitarian relationship.

I Don’t Just Give Up

The passion for and commitment to parental involvement of the participants facilitated parental engagement. Their passion and commitment were found through accounts of almost all of the participants.

Tomas (Jungian) shared how he actively convinced parents to engage in their child's therapy process. He said, "I try to fight for the child. I say, 'Look, let me show you the research, let me show you the evidence. You will be involved.' In other words, I don’t just give up, I try to

reason with them." As seen, he had faith in parental involvement enough to persuade the parents to participate in the child's therapy process.

Peter (Child-centered) mentioned how he devoted himself to parents as much as he did with his clients.

> The same effort that you put in building a relationship with your client. Let me step back and say that. For me, the child-centered philosophy or theory or approach is to be lived out wherever we are. It is not a cloak that I put on when I go into the play room and close the door and I put my play therapy cloak on and now I'm a play therapist practicing these wonderful skills. And the session is over, as I walk out the door and take the cloak, counselor, play therapist cloak off and hang it on the door knob, and now I'm something else. Um, some therapists operate that way. But I don't think that [is] very effective. They are living it out. It is a routine thing that they try to do and probably don't do it very well.

Peter's approach emphasized congruency and transparency in interactions with parents; the interactions should be authentic and therapeutic no matter whether they occur in the therapy room or not. The fact that there was no difference between when Peter meets the parents and his clients in terms of his sincerity and commitment demonstrated his passion for and genuine interest in the parents.

Here Is How I Work with Your Child

Over half of the participants addressed that a way to facilitate parental involvement is through providing a clear structure of parental inclusion and its processes to the parents at the first meeting. They believed that this clear structure and therapists' expectations of parental engagement helped the parents become ready for it. The participants shared how they delineated their expectations of parental participation to the parents in the beginning meeting. For example, Carly (Gestalt) said:

> So I would say to my parents when I have to meet them for the first time; that it's essential that we work together. And we have a working alliance. And so part of the reason why I meet the parents first is building that relationship and alliance, their trust in

> me . . . [I say to them], "Here's how I work, here's how I work with your child for a few sessions, then we would meet again." So I set up expectations that we assure the parents that they're going to be involved. And I do that now in the first session.

Carly made clear from the intake session that the parents would be involved in the process of their child's therapy, asking them to become working allies.

Similarly, Jeannie (Adlerian) elucidated parental involvement at the first meeting with parents.

> I say from the very first conversation that the way I work with is I work with the child and with the parents and sometimes with the other kids . . . I said that from the very beginning in my first conversation with the parents, I say, “I see difficulties that kids are having as being, kind of symptomatic of a family issue that everybody in the family has a piece of it.” And I will talk about it, like, "It’s a puzzle. The child is just one piece of the puzzle, and to see the whole picture I have to have everyone involved." And sometimes parents say, “No,” and in my private practice, I have the freedom to say, “Well, I won’t see you.”

Jeannie was very determined about parental engagement, to the extent she turned down the child's case when parents refused to get involved.

Ashley (Theraplay) also emphasized the first session for preparing the parents for their involvement. According to her, the first session is crucial because it is the period that would make parents become hopeful and positive about the therapy.

> I think [the] beginning is so important to make successful parental involvement. Because Theraplay is a bunch of activities, if I don’t prepare parents well, parents have lots of doubt. And if parents have doubt, and that’s why the first four visits are so important. At first four visits, it is not only in tape of MIM, and the feedback session is so important. And also the first session is the key. If parents buy the first session, then we are going in a positive way. But after the first session, if the parents have lots of confusion, doubt, then you know, it’s harder. But you know, I need to devote more time to the parents’ understanding.

Being mindful of the significance of the first session, Ashley intentionally invested more time and energy in providing feedback for parents on their interaction session with their child. By putting extra effort on the first session, she prepared parents for their involvement.

As such providing a clear structure in the beginning meeting with parents is tremendously important; not only is it critical in the parents' decision to participate in their child's therapy but also in helping the parents trust the process.

For Years' Practice, I Have Learned That

The participants promoted parental involvement by sharing their professional knowledge and working experiences in relation to the effectiveness of parental engagement. Carly (Gestalt) shared with parents her learning of the usefulness of parental involvement through her long-term practice. This sharing not only helped persuade the parents but also inspired their motivation for involvement:

> It's not just me. It's research shows. For 35 years' practice, I have learned that which I have . . . They wanna help their child, and I offer them with that sense of "I think these are some things that can help." And I might say, "Look, I've been working with parents now for 30 some odd 40 some odd years, so school teachers acknowledge this. I have yet to see, when I present with layout, when this gets clearly and consistently brought into the family and into your parenting style, it's always effective . . . That can be a big motivation for them to be involved.

In the same vein, Jeannie also said to parents, “I’ve been doing this almost 30 years, and what I find is with the kids whose parents are more involved, they get better faster.” Jeannie was aware of how her statement on her working experience would impact the parents and their decision.

Theresa offered a detailed description of how she gained parents' consensus regarding their inclusion in the child therapy process.

> Very often as therapist, child therapists, we are very good at explaining what's in it for their [parents'] children. Like, “It will be really good to be involved because your child will get better this way, that way.” And I try to say, “You know, earlier, you told me you’re so frustrated, and every time you turn around you’ve got to be nagging her to do it, homework, and that. If we do this together, I think the amount of time you have to spend nagging will go way down. Because we will get more cooperation from her.” You know, I kinda start to try explaining that and that’s how I go about the process of trying to convince them to be part of the process . . . It’s common thing for me to say to the parents,

> "Well, you've told me all these worries that you should have about your child. And you know, it's clear to me you understand very much about when the problem occurs, how it occurs, how long it lasts, and everything like that. And that's just so important that, you know, I can cover some things for everybody to try it a little bit different. I can work with the child individually, I can work with the other family, whatever my recommendation's gonna be. But I really need you to be part of the process because you understand all about your child; you can tell me what you've tried, not tried, details, if we bump into that. Um, and I think we just aim to do something a little bit different. My training is quite different from something that you've tried. And that way if we work together, we're likely to make quicker change, quicker result."

In the course of obtaining the parents' agreement regarding their engagement, Theresa illustrated how their child could get better in terms of his/her symptoms and how the child would be cooperative with the parents. Addressing the efficiency of parental involvement for child therapy results, she asked for the cooperation of the parents in the play therapy process.

As seen, the participants utilized their professional opinions and working experiences to encourage parents to consider their participation in children's therapy process.

Resistance Is a Normal Part of the Change Process

When encountering parents' resistance, the participants normalized the parents' resistance. This attitude toward resistance helped the participants become flexible in dealing with unwelcoming responses from the parents. However, the flexible attitude did not mean that they surrender to the parents to engage them. Rather, they did not give up trying to understand where the resistance of the parents might come from while at the same time accepting the resistance.

Theresa (Child-centered) explained her understanding of the parents' resistance and how play therapists should cope with it:

> Resistance is a normal part of the change process . . . They [resistant parents] might not say it very well, they might not explain themselves very well, it sounds like being argumentative. But, I think, some of the time, they are just wondering "Why should we do this?" You know, I've got a, for example, one of common ones with play therapists. I've got a child who's got bad behavior. [Parents ask to me] "Why should we do this play,

> which seems like a reward to me to make the behavior better?" You know, it doesn't sound like a normal thing to most of them. So we have to kind of have some understanding of the parents that "Yes, it's kind of normal for you to have this question. And if I didn't have a play therapy, maybe I have that question, too." And then we are more likely to have patience and do a better job, I think, explaining what we are recommending, what we are asking them to do.

Theresa understood that the parents might not be convinced about their involvement because for them the engagement process is new and does not look normal. She normalized this resistance, even putting herself in their position. She suggested that play therapists should have patience while explaining what the therapists are asking the parents to do.

Carly (Gestalt) shared a case in which one parent was not cooperative regarding the engagement.

> If the parents are still living together, one is very resistant to not wanting to have anything to do with this. The other one is. I just work with who is. I don't try to force people to do this. Or browbeat them, shame them. I just say, "Well, okay, looks like you and me. And let's see what we can do." And sometimes that has an effect on the other person. But at least this parent that I'm working with is motivated and willing to do that.

Carly did not push the resistant parent to participate in his/her child's therapy processes. Instead she accepted it and tried to best utilize the given situation in which only one parent was involved. Her flexible attitude toward the parent's resistance sometimes even opened the door for the resistant parent to be engaged later.

Even though the participants normalized the parents' resistance, they did not give up putting effort to invite the parents into the therapy process. Rachael (Adlerian) said,

> There are those times…that is I've run into anywhere where parents aren't going to be a part of the process. Their part of the process is they are bringing the child to counseling center. Um, you know, it happens rarely. Um, but, when it happens, I can continue to work with the child in the playroom, um, I continue to try to educate them . . . I still want to connect with parents. Um, what I have found in this situation is parents are so willing to talk to me, but they're just willing, they just want to tell me about the "bad stuff." You know, they just want to tell me how terrible their child is, what terrible things the child has done.

In spite of the resistance of the parents, Rachael worked persistently to relate to the parents. Thanks to her constant endeavors, she finally recognized their inner needs; they wanted to communicate with her about how tough their parenting was and what they had to go through because of their child's issues. This segment presents well her consistent effort to communicate with the parents when they presented resistance.

As seen, the therapists' normalization of the parents' resistance through flexible and patient attitudes and constant effort mitigated the resistance, serving as key elements for handling the parents' resistance.

I Share What I See in a Very Gentle Way

The participants gently addressed the parents' resistance when they felt it was necessary. Although the participants were willing to understand parents' positions, it did not mean that they would not address areas that parents needed to improve. Thomas (Jungian) mentioned, "If they are still resisting, which they sometimes are, then I will meet with them separately and we will talk about the resistance. You know, if they can work through on their own, we will try to figure out what it's about." By bringing up the parents' resistance upfront, Thomas worked on the source of the parents' resistance.

In terms of the way of addressing the resistance of the parents, the participants mentioned that it should be soft rather than in a blaming or guilt-driven way. Amy (Alderian) mentioned,

> Because they think that it's all about the child, it's never their fault. You know, if you gonna call it fault, um, everybody's styles of, you know, engagement, are so different. They wanna think that they are perfect and their child is not. So you have to very gently . . . You know, I never, ever, told them, "You need to change your parenting style." I just like, you have to be so gentle with them.

Amy highlighted the smooth way of addressing parents' resistance so that they did not feel judged by the therapists. For her, a soft confrontation was key in identifying the parents' resistance.

Ashley (Theraplay) shared how she gently proposed that parents should see their child's behavior differently while agreeing with their opinions to some extent.

> I don't need to fight with parents. If I say, "Well, that's not true," then we gonna be in a fight. They gonna be very upset. I don't wanna be a, they kinda say, rude therapist. Whatever they feel, whatever they experience, I really appreciate, really try to understand. And also I share what I see in a very gentle way . . . There are so many resistant parents, and depending on our chemistry, sometimes, we worked it out, sometimes, it didn't work out. One thing I know in my philosophy [is], if parents believe that fixing the behavior is the only option, then I have to be honest with the parents that, "I will really agree that illuminating the behavior is so important, but I think you and I have a different way of illuminating the behavior. You think that we have to start from the outside to inside. I'm telling you it needs to start from the inside to outside."

In the process of dealing with the parents' resistance, Ashley acknowledged the parents' needs to fix their child's behavior first. Yet she was assertive enough to help the parents differently perceive their child's issues and the foundation of the child's behavioral problems while maintaining a soft attitude toward the parents.

Phases of Parental Involvement

The participants practiced different interventions or strategies during the course of parental involvement. These interventions were organized into three different stages (intake, working, and termination phases). In addition, overriding themes of the each stage in parental engagement were identified. I present these findings according to the respective stages.

Initial Stage

In the first phase, the participants particularly tended to form working allies with parents through empathetic responses to them. Also they collected information to accurately assess the child's issues utilizing diverse methods such as parent interviews, development assessments, family genograms, and MIM. In addition, the participants helped the parents prepared prior to their engagement by providing them with psycho-education or play skills training. Finally, the participants instilled hope for therapy in the parents.

The First Phase Is Forming Therapeutic Alliance

Almost all of the participants addressed building relationships and therapeutic alliances with parents as a primary task in the beginning of parental involvement. For them, establishing partnerships with parents was the most important priority before specifically discussing treatment plans for their child. This theme, establishing relationships with parents as a working alliance and providing them with empathy is already discussed above, so I only briefly introduce this concept.

Carly (Gestalt) shared how she invited parents as a working ally in the first meeting with them:

> And we have a working alliance. And so, part of the reason why I meet the parents first is building that relationship and alliance, their trust in me. And clearly, I acknowledge always that, and I feel this is that any parents who don't [initially] trust their child to therapist's treatment take tremendous trust and competence [from this meeting]. And you need to know who that person is. So, anyway, in the beginning, I first meet with the parents because they're gonna be my best source. So, I will say, "We're working together as a team cause I don't see the child outside of my space here. However, on the other side, I have a perspective because my training and what I do that I can offer you as parents." And they're gonna have a perspective that they offer me. So, I say I want us to work together. I create that kind of idea, how we're working together.

From the beginning, Carly clarified her expectation of parental involvement, cherishing their input in child-healing.

In addition, Grace's (Theraplay) description seems to represent well the effort by the participants to form therapeutic alliances with the parents while at the same time delivering empathy for them.

> I think that the first phase is forming therapeutic alliance. So, that involves the intake interview, in which the therapist conveys the sense of empathy for the parent situation, um, and understanding and beginning, well, conveying some sense of hope. There's gonna be that the therapist understands [them] and has some ideas about how this can be better.

As such, the participants strived to build partnerships with parents in the initial stage through their empathetic responses to the parents.

I'm Gathering Information

The next overarching theme that the participants focused on in the beginning stage was collecting information about the parents' perspectives before establishing therapy goals. All the participants collected holistic information on their child clients to accurately assess the problems and the source of the children's difficulties.

Rachael (Adlerian) explained how she gathered information from the parents.

> For me, the initial stage is a lot less directive. I'm gathering information and building relationships. So, I'm going be asking question, I'm going to be asking parents to share with me, you know, "Describe for me a typical day," "Describe for me how you feel when this happens," "Describe for me whatever." So, I'm gonna be asking a lot of questions, gathering information, still reflecting feelings, those types of things.

By asking the parents to describe things in a less directive way, Rachael collected information that she wanted to have. In addition, this interview process allowed her opportunities to reflect the feelings of the parents.

Many of the participants had distinctive methods to collect information related to children's issues. They implemented active tactics for information gathering and assessment. For example, Thomas (Jungian) shared a unique method to obtain systemic information, which he called development assessment.

> I interview them [parents] for the extended development assessment; I observe them. I meet them, they let [me] come to [their] house for 30 minutes, I observe them, or at school. So no--they are not involved until after the developmental assessment . . . It becomes in between one month or two months. And after I feel that I have built somewhat of a relationship with the child, and I've been able to go their school, and I've been able to talk to significant caretakers, and [then I] formulate treatment plan in my head.

After ensuring a relationship with his child client, Thomas pulled information about the child from different angles by observing the child's family interactions, visiting his/her school, and listening to significant caretakers. This way, Thomas attained the whole picture of the child's issues.

Lisa (Gestalt) and Jeannie (Adlerian) utilized experiential activities such as family drawings, family sand tray activities, and family genograms. Lisa provided a specific example of how she collected information by having all family members draw a picture of their family together.

> My format is the first time when I get a new referral; I meet with the parents first to get a history. And the second session is always the entire family, everybody, siblings, parents, everybody. At that session, I have everybody draw a picture of their family, each person in their family has an object or an animal, including themselves. And I have everybody go around and talk about each person, you know, why they pick that. And tell me one thing they like and one thing they don't like about each person, including themselves. And that starts to set the tone for discussion about "What you are unhappy about?" The message is this is [the] place we can talk about what you are unhappy about with the person you love. And they are saying things you are really angry about, things you don't like, things you're mad about. This is an open forum here. So, it's that way for the kids with the parents and that way to prepare with their kids.

Grace and Sandra, from Theraplay, introduced a unique assessment from their play therapy orientation, the Marschak Interaction Methods (MIM). This assessment was intended to learn interactional patterns between parents and their child and to identify strengths and areas to improve in the relationship between the two parties. Grace said,

> The next step within early this phase, which is still getting acquainted and forming, aligns with beginning to form ideas of what's going on as the Marschak Interaction Methods are structured, a play-based assessment. So we have the parent and child do some simple activities together so that we can see where the strengths are, where the difficulties might be. And um, so, once they have done that, we provide, you know, just kind of nurturing, quiet kinds of activity, and challenging ones, we get a picture of how [the] child responds [to] different levels of activity or different demands. Also how parents handle the difficulties.

As seen, in the beginning stage of involving the parents, the participants endeavored to gather comprehensive and meaningful information on their child clients. For this process, they utilized different methods.

There Are Sessions That Parents Go Through Without Children Present

The participants helped parents become ready for their involvement in the child therapy processes. As the first step for this preparation, the participants made parental engagement clear at the intake. Then they helped the parents with different methods. Usually, this preparation was assisted by a form of psycho-education; parents were informed about the significance of their involvement in children's therapy processes and what they were expected to do. In addition, the therapists taught the parents how to interact and play with their child at the child's session or in their home.

First, Theresa (Child-centered) clarified parental engagement in the beginning, emphasizing her needs for them when their child was not present:

> And many times parents are not expecting they would be involved as much as I want to involve them. So I do emphasize . . . how important they are for their kids. But also, you know, I can help them, you know, very often; what I say to the parents is, “I’m an expert on the set of skills that we know works very well with kids, which is play session skills. And you are the world's best expert on your own children. So together we need each other."

In addition, the participants offered practical guidance to the parents with regard to how to interact with the children as a preparation for their involvement without having children present. For instance, Carly (Gestalt) suggested a book dealing with parenting skills.

> I say, "Okay, I have something I'd like you to read." I give them the book, I give the book to parents . . . So, I provide it, and I say, "Take a look at this" and I review with them a little bit. And I say, "Let's meet again in two weeks because a couple weeks you kind of take a look at it" . . . And I say, "Underline it, dog ear it, it's yours. And then come back. I'd like to hear what you're learning from the reading, what you're thinking about it. And I will have some suggestions of how we begin to implement that into your family." And we do that in the session. I'll get my flip chart out, maybe and we start writing and working. And it becomes a real work session. So when they leave, usually after that second or maybe we have to go another session, they have something in hand that they can then refer to what they feel they want . . . Um, it's, that's pretty much it, meeting with them one on one, structuring it. And then I may move into the family therapy where we have parents and kids together. And we have this base worldview. They understand, the parents understand me where I'm coming from.

Carly asked parents to read the book she provided and then discussed with them what they might learn from the book. In addition, to encourage the parents to implement their learning to their family, she practiced this application in the sessions with them. By providing a hands-on resource and opportunity to rehearse their learning, Carly prepared the parents for joining the family session.

In the same way, Theresa prepared parents prior to their participation in the child's sessions. Her approach included experiential methods in which parents learned how to play with their child.

> In the early stages, I’m gathering information from the parents, listening to them, and then I’m also training the parents to conduct the play session for themselves. I usually, I do a demonstration for the parents to watch, and there’s three one-hour training sessions

> that the parents go through without the children present. So, early stages, gathering information, understanding what's going on, and teaching the parents what they gonna need to know.

By demonstrating basic play therapy skills through role-play in which parents acted like their child, Theresa helped the parents acknowledge how those play therapy skills would be helpful for their child and what they were expected to do with their child.

Conveying Some Sense of Hope

Inviting parents as working allies, the participants instilled hope in parents in relation to their child therapy. Grace (Theraplay) mentioned that in the beginning play therapists are "conveying some sense of hope. There's gonna be that the therapist understands and has some ideas about how this can be better." According to her, play therapists help parents become hopeful by presenting understanding of the children's issues and having ideas about a treatment.

Peter (Child-centered) also commented that play therapists infuse parents with hope for therapy through their hopefulness:

> Let me talk about that in terms of filial therapy sessions. Initially, parents are reluctant, anxious, doubtful, unsure of this work, "Playing with my child? That's gonna do any good?" There is some general resistance to this idea . . . [but with] the understanding and caring approach of the therapist, the therapist [is] also instilling hope in the parents because we are hopeful for it. If [the] therapist is not hopeful, the parents are not gonna be very hopeful.

Peter believed that when therapists exhibited hope for the therapeutic process, this belief would help resistant parents become optimistic about their engagement.

Carly shared what she offered parents in the beginning of working with them.

> I offer, I think, a possibility to learn something, that's going to help ease that. I don't prepare them in any way other than say, for instance with the book, a sense of hopefulness, a sense of I think "I have something to offer you.

Carly's preparation for the parents prior to their engagement was two things: parenting education and imbuing in the parents a sense of hope. Having the parents feel hopeful for the therapy process was her significant task in the beginning stage.

Middle Stage

In the middle phase, the participants played a more active role in engaging parents. They implemented different interventions, such as family therapy, demonstrations, modeling, and games, to encourage parental involvement. In addition, through those activities, they led the parents to gain insight into themselves, their child, and the dynamic relationship between the two parties. Furthermore, they offered the parents specific skill training to enhance interactional skills with their child and increase their understanding of the child's problems.

You Will Have More Involvement and Changes Are Being Made

The participants took an active stance in involving parents in their child's therapy processes. They brought the parents to family therapy or invited them to their child's sessions. These processes offered the parents opportunities to obtain insight into themselves, their child, and the dynamic relationship among themselves and their child. Amy (Adlerian) briefly described what helped in the middle stage.

> In the middle, I'll say, um, you will have more involvement with the parents and things are really happening in the middle stages of treatment. You know, changes are being made, so I guess, a lot of having the parents in session, playing games or activities, which also gives parents insight into themselves without commenting on them . . . So that would be, the middle would be helping the child gain insight and also the parents at the same time.

Amy included parents more in the middle stage, and by doing so, she noticed their changes. Particularly, she observed the parents' attainment of insight into themselves.

Grace (Theraplay) also stated:

> Probably, in the middle phase is when they're actively involved in the sessions themselves. Um, and that's a time when we can guide them, we can say, "Oh, do you remember we talked about 'let's do it this way?" But they are really practicing and beginning to feel some good response from their child.

In the middle phase, Grace actively engaged parents and taught them a different way of relating to their child. Through the new learning, the parents started a positive change in the interaction with their child.

The more parental engagement happened, the more opportunities the participants had to share their professional opinions on therapy process. Rachael (Adlerian) explained how she approached parents to help them understand her perceptions of their child.

> Um, the middle active phase, I'm going to be trying to connect with what the parent has given to me, connect with what I know about the child from my time with the child, and trying to make sense, trying to give some soft confrontation, "Here's what I think is going on." So in this way, I'm providing my perspective on what's going on to the parents, um, based on what the parent, the child has shown me. So I'm more directive in that way. I'm more vocal in that part of it. At the end part of it, I am, you know, I usually feel pretty confident that the child has demonstrated some type of improvement in the playroom with whatever the goals were. I've seen improvement there. [The] parent has probably identified some improvement or at least been able to identify the strength of the child. Their perception of the child, their perception of the initial problem has changed some ways.

Rachael's attempt was to facilitate parents' better understanding of their child through her understanding of the child. To promote new learning of the child on the parents' part, she shared her understanding of the child and her professional perception of the situation based on information that she had gathered from both parties. Finally, she helped the parents recognize improvement in or the strengths of their child.

Jeannie (Adlerian) provided examples of activities she used when parents were present at the child's session that were intended to help parents gain insight into the situation.

> Then, I'm going into helping them gain insight. And that may last a long time. Um, that's when [middle stage] I do a lot of more active things. So . . . we played the safety cards game; I might ask them to do the safety cards and talk about how each of them felt. Or I might just engage, have the parents come in and do, you know, just participate in the session. And then afterward, I talk to the parents [about] what I notice[d] about their interaction. Um, I may do some drawing kinds of things. So like I might have them draw, "If one thing could change, lets' pick something that could change. So say, your kid has no longer temper tantrum. And draw what the family would look like." I might do that. So I do the more active, directive things in the third phase.

Through experiential activities, such as games, Jeannie facilitated communication among the parents and their child, followed by providing feedback for parents about the interaction. Additionally, with the medium of art activities she helped parents obtain a deeper understanding of their situation and their role as parents. As seen, in the middle phase, the participants were active in facilitating parent participation through different forms while leading them to new perspectives on their child and themselves.

I Have a New Tool

The participants made an effort to equip parents with better interactional and parenting skills. In addition, they provided parents with psycho-education so parents could better understand their child and better handle the conflict-raising situations. Peter (Child-centered) contended,

> Then the second stage is the experiencing of the training of the skills. And they become hopeful, "Oh, there is something I can do" as we're talking about choice giving, for example, in the play session. Then we generalize that to it happening outside of the play session. And the parents begin to experience feeling hopeful that, "There is something I can do besides yelling, screaming at my child or spanking my child. I have a new tool." And all of these skills being empathic, giving choices, reflecting, setting limits, these are tools they can now use of their experience of being hopeful.

Peter noticed that his interactional skills training led the parents to become hopeful because they had new and constructive coping strategies for troubling situations with their child; they learned how to stop negative discipline such as yelling at and punishing their child.

Jeannie detailed how she provided psycho-education for parents so they could realize the dynamic relationship among themselves and their child. She called this lifestyle exploration. Then ensuring the attainment of parents' insight through this type of psycho-education, she offered parents practical guidance for dealing with difficult situations through lecturing, teaching, and didactic practice:

> In Adlerian play therapy, you build the relationship with the child, you explore the child's lifestyle, you help the child gain insight into their lifestyle, and then you do reorientation, reeducation, which is teaching. And with the parents, there is an exactly parallel process of I build the relationship with the parents, I explore the parents' perception of their child's lifestyle, and I explore the parents' lifestyle and the interaction between the two. And I want to get them insight into their own lifestyle into their child's lifestyle, into the interaction of the two, then I go to the teaching skills part . . . So that's when, you know, I might have handouts, I might give many mini lectures, it's more didactic and practice. So that's when we would have the kid come in; we practice the reset button. So in the third phase, we're using that, for example, I might talk about it when they seem to escalate in certain situations. I might ask them to observe in the course of the week, you know, watch for that escalation and watch how it goes, and then I might in the fourth phase, I might teach them a reset button and give them as a homework assignment to do it twice during the week, something like that. So the four phase is more directive, um, more didactic; there's more homework assignments, more practicing in the session, and asking them to generalize it outside of the session. Then, usually, we're done.

In sum, in the middle phrase of parental involvement, the participants actively invited parents to sessions, providing psycho-education and skill training for healthy interaction and communication with their child. In the course of this active parental engagement, the participants observed parents' learning about themselves and their child and the perspective changes that occurred.

Final Stage

In final stage of parental involvement, the participants focused on the transitional process from the therapy room to home. They tried to ensure that parents are grounded in what they learned through experiential training and psycho-education so parents can generalize their learning outside of the therapy session. Also the participants checked the changes in terms of the parents' perceptions of their child.

How It Is Going at Home

The play therapists in this study assisted in the shift of the parents' learning from the therapy room to their home. The participants addressed potentially conflicting situations, brainstorming those situations with parents with regard to how to deal with the challenges. In addition, the therapists encouraged parents to take charge more when they were engaged in their child's sessions. At this stage, the role of the participants faded and became less directive. The participants trusted the parents' capacity to deal with difficult situations even outside of the therapy room. Theresa (Child-centered) described this feature of the final phase:

> And then the final stage would be the parents shifted and [are] having the play session at home without my direct supervision; they come in, and we talk about that. Then we generalize what they've learned. We start talking more about daily life, real life, and you know, how they're gonna take what they've learned in the play session and use it every day, not that they're gonna be empathically listening to their kids all the time, they are not. But just how they know when to listen, when to set limits, when to structure, you know, all the different things that they've learned in play session, how to apply it more generally . . . I might be phasing things out with [the] child but also having the parents learn. Again, it's kind of generalization phase; what happened here and help it work for us in the future.

Theresa conceptualized that the final stage is a period in which parents generalize what they learned through their engagement and when they feel capable of handling tough situations.

Grace (Theraplay) also presented a similar idea:

> And I think the final phase is growing competency on the parents' part. I've sensed they know what to do. So we gradually help them take charge more in the sessions until at the end we might have them lead the whole session. Maybe even practice session before that, in which they take charge of activities with the therapist playing with the child.

In the final stage, Grace let parents have responsibility for leading sessions with their child that were originally led by the therapist because she witnessed that parents presented an enhanced capacity to deal with their child's issues. These parent-led sessions suggest Grace prepared the parents for the therapy to home transition. Here Rachael (Adlerian) provided an example of how she helped parents for the transition:

> Hope for that transitional, you know, "How it is going at home," "What's working at home," but really focusing more at home and that transition out, um, less focus on what I see in the playroom. You know, bringing some parents of, you know, "How can we continue to, how can you and your child continue to make things go in a positive direction when you aren't here all the time?" If the child tends to have [an] explosion when in transitional periods, say, parents are separating, child's going to mom's and dad's house, back and forth. So next time [the] child has to go the mom's house, doesn't look forward to, what are some ways that you all can work together so that it is a successful transition. But really processing future, processing that home stuff.

By addressing prospective conflict-raising situations and discussing those situations in advance, Rachael helped parents come up with useful strategies and coping skills for the situations, making sure that the parents were able to handle them. By doing so, she helped the parents become ready for the transition from the therapy room to home.

They Become Much More Accepting of Their Child

Before terminating the children's therapy, the participants verified that parents' initial perception of their child has changed. Peter (Child-centered) said that at the terminal stage, he witnessed parents' changes:

> The fourth stage is their acceptance of their child. They become much more accepting of their child. Good and bad, they no longer just see the negative things of their child. They're able to see the good dimensions of their child and dimensions that they hope

> someday they change, we will call negative. Along this route, there is another dimension that is the parents' changes.

Peter saw how parents changed; they accepted their child as he/she was and further recognized positive aspects within the child.

Rachael also commented on the parents' improved ability to notice the positive attributes of their child.

> At the end part of it, I am, you know, I usually feel pretty confident that the child has demonstrated some type of improvement in the playroom with whatever the goals were. I've seen improvement there. Parent has probably identified some improvement, or at least been able to identify the strength of the child. Their perception of the child, their perception of the initial problem has changed in some ways.

Similarly, Rachael observed that in the final phase parents were able to discern how their child had improved and what strengths their child had.

In sum, in the termination stage, the participants exerted for a successful transition from therapy room to home while at the same time helping the parents generalize what they learned through their engagement to daily life with their child. In addition, the participants checked the parents' perceptional changes toward the child and their enhanced competency to deal with their child's issues. These efforts by the participants suggest that prior to terminating therapy they made sure that the parents were ready to handle their child's problems without the therapist's help.

Gaining from Parental Involvement

An effort to explore how the participants perceive the influence of parental engagement on outcomes of the play therapy was attempted. Even though some of concepts were already mentioned above and categorized under different themes, I organized these perceived therapeutic results of parents' participation in children's therapy based on the participants' perspectives.

Three dimensions of change were discovered as a result of parental engagement: changes in parents, changes in children, and a systemic change.

Changes in Parents

The participants observed that through parental involvement the parents not only changed but also gained insight into problematic situations their child triggered, thus enabling them to see their child in a positive way. Furthermore, the parents became hopeful for life with their child, feeling competent as parents. Finally, the participants noticed that parents learned a lot of parenting skills and coping strategies for challenging situations.

"It's not my child who is trying to be a pain in the butt, but my child needs attention"

Through participation in their child's therapy processes, the parents obtained insight into the child's issues and difficult situations. First, Carly (Gestalt) stated, "I think that parents also just learn something about themselves regarding their own childhood. And so individually, there's some maturity there." Carly found that through their engagement in their child's therapy processes, the parents came to better understand their childhood experiences.

Peter (Child-centered) talked about a change in the parents' awareness level. He said, "They [parents] come, wanting us to change their child. And about in the third or fourth session of training [of filial therapy], they begin to realize, 'Oh, we are here to change ourselves, not our children.' That helps them be more accepting of their child." He noticed the parents became aware of the need for their change in relation to their child's issues rather than insisting on changes in their child.

Rachael (Adlerian) also shared her observation of the parents' change in their perception of their child:

> Yes, so back to that example of "It's not my child who [is] trying to [be a] pain in the butt, my child needs attention. And needing attention isn't a bad thing. I as a parent, I need to find other ways to give this child attention." So the child is seeking attention in positive ways. Um, so I've seen, yea, perception changed, and improvement in understanding child development, child's needs. I've seen the joy of being a parent again.

Rachael reported the parent came to understand the underlying needs of the child's misbehavior; the child wanted to obtain the mother's attention rather than to torture her. By learning the goal of the child's misdeed, the parent did not personalize the problematic behavior of her child and further enjoyed her position as a parent.

Grace (Theraplay) explained how she helped parents gain insight into their child's behavioral problems and even perceive their child differently.

> You know, they have a picture of angry or irritating child. And I would begin, so this is the part of the reflection to be getting, I would say, "You know, babies need a whole lot of experience of having a grown-up regulate their experience. He didn't get that. So he's constantly feeling agitated." So I put together an explanation of why the child might be behaving now, and the parents can be much more sympathetic with. And it can help them reflect more accurately on what's really going on with the child.

Thanks to Grace' assistance in explaining the reason for their child's behavior and reflecting on the child's experience, the parents were able to identify why their child might have developed the problematic behavioral pattern. This new knowledge changed the parents' perception of their child and even helped the parents develop "sympathy" toward the child.

Thomas (Jungian) shared a case presenting how parents reconstructed their response to their child's diagnosis by admitting their projection to and disappointment with their child.

> They started to react to him in different ways. And by the end, there was some cohesiveness that was occurring. There was still some, I think difficult feelings about, you know, the son having this ADHD, maybe not being the exact son they want him to be, but they started to accept more what's happening. And the child started feeling better

> about himself. I would think that that is one of the examples of successful integration of parents.

Through the process of child therapy and parental inclusion, the parents realized that they did not accept their child as he was because he was not the ideal one that they wanted. However, as they reached this acknowledgement, they reacted to their child in an accepting way. Finally, the parents' changed attitude resulted in the child's feeling better about himself.

Jeannie (Adlerian) identified the parents' improved ability to evaluate conflicting situations in a wise manner as a result of parental involvement.

> I think that lots of times parents are clear about what's important and what's not important. Um, cause in many cases when parents bring their kid into me, they're quibbling about stuff that actually when we get down to it isn't important. You know, "Did your child put the trash can liner in the way you put in or not really isn't as important as do you love your child and does your child love you." So yes, so I teach them to pick their battle basically. And generally speaking after I work with parents for a little while, they're much much better at that. So the things are small things. They just let go. And they're more clear about what the big things are. They're more clear about how to handle big things.

Jeannie observed that under her guidance the parents became aware of what is important in the relationship with their child and further obtained the ability to discern the levels of their control over their child. Accordingly, they became better at handling their child's issues.

In sum, the participants recognized that the parents changed their perspectives of their child and developed insight into themselves, their child, and the problematic situations as a result of parental participation. Those changes in the parents even led them to notice positive attributes of their child.

<u>Parents Are More Hopeful about Their Life with Their Children and Their Child's Future</u>

The participants observed that parents became hopeful through parental engagement and felt competent as parents. Thomas asserted,

> Parents are more hopeful about their life with their children, their child's future. It's what Jung called, "developing the positive potential future," which means that patients' futures are filled with hope again. I'm not saying I give people hope. What I'm saying is that one of the outcomes that I noticed within parents is that they start to see things more hopefully. Not just a blanket, "Oh, everything is okay." But they genuinely feel better about people around the world.

Thomas observed that parents became hopeful about their life as parents and about their child. In addition, he found this hope was generalized to the parents' life; the parents became optimistic about their future and people around them. His observation of the parents' change suggests how parental involvement can be therapeutic to the parents.

Grace witnessed how the parents came to revalue themselves in terms of self-esteem and competency through a relationship with play therapists.

> So with the parents, once again, it has a lot to do with forming a relationship with someone that can guide them, that they feel values them. So you know, the sense of self-esteem, the sense that someone who can guide them, the sense that they can begin to be really competent for themselves.

According to Grace, a play therapist's guidance and support helps the parents develop security about themselves. Furthermore, the parents start to feel a sense of significance because the play therapist treat them as such. Eventually, based on these positive experiences with the play therapist, the parents form better self-esteem and competency.

Jeannie described the process of the parents feeling hopeful and competent through development in their control and empowerment. She said, "Um, I think parents wind up feeling more in control, not necessarily that they are actually more controlling, but they feel more in control and they feel more, um, they feel empowered as parents."

In addition, Lisa (Gestalt) noticed the change of parents in feeling flexible about their roles as parents. She stated, "They will relax. They stop putting so much pressure on themselves. They relax more. They don't take themselves seriously."

The participants observed that parental involvement generated hope for parents and their increased competence as parents. The dimensions resulting from parental engagement seemed to have comprehensive impacts on the parents, such as bringing about feelings of empowerment and relaxed attitudes about parenting.

They've Learned These Skills

Some participants from Child-centered, Gestalt, and Theraplay approaches remarked that the parents gained healthy parenting skills and coping strategies in regard to challenging situations caused by their child's issues. Theresa (Child-centered) related the parents' change to learning parenting skills:

> On the parents' side, I just see just their eyes getting open, to really understanding their kids better, they like their kids better, they feel better about themselves as parents. So if you have behavior changes in kids, you also see behavior changes in parents cause they've learned these skills.

Theresa recognized the improvement of parents in terms of having a better understanding of their child and feeling competent about themselves as parents. In addition, she observed behavioral changes in parents due to the skills they learned through parental involvement.

Changes in Children**:** Feeling Happy Through Shared Joy and Improved Relationships with Parents

The participants observed that after parental involvement their child clients feel happy about themselves and their lives. The participants offered one possible explanation for this positive change within the children as the shared joy between parents and their child. First, Ashley (Theraplay) commented on the importance of a shared joy between parents and their child:

> The big change I noticed is that they have a shared joy. So let's say that if they have a relationship issue, they cannot look at [each other]. There's some behavioral parts that I'm looking at too. And both of them [are] really in-sync while we are doing the activity. They even forgot about the time. They're really enjoying each other. So a lot of genuineness coming in, instead of pretend fun and laughter, whatever. So that's one thing.

Similarly, Amy (Adlerian) also shared her observation of joy between the parents and their child.

> Many, many parents when they come in with their child to the child's therapy session, you know, that's the only time to have them together [for fun]. And so when they start to have fun, they really enjoy their child, this person. The child knows that, they know that their parents have a good time with them; they're laughing, playing, dancing, and moving around, doing yoga, um, falling over, and just. You know, they can look silly in here, and parents really, most parents enjoy that.

Amy saw how the parents and their child had a fun and enjoyable time through parental involvement; they laughed together while doing activities. She noted this session with the parents was the only time that the parents and their child did something together for fun.

Theresa (Child-centered) illustrated children's happy feelings and positive changes due to the quality of play time with their parents.

> When they [children] start [playing with parents], they're realizing, "Wow, this is real, my parent really are tuning into me, understanding me in a different way." Then the kids are just so happy and excited. And you just see them engaging the parents, I mean, they don't always play with the parents but very often they do [in play sessions with their parents]. And then you see changes in their behavior in their real world, if the parents are sticking with it [play session] and doing it . . . Usually within the sessions, after about three play sessions, the parents getting to see some changes [in their child]. So that keeps coming. Then, they see, "O.k. This could work." So often times, it's much quicker change, much quicker that their kids get to working on their issues at a deep level than with a therapist.

Through play sessions with their parents, the children came to perceive their parents differently; they started to recognize that their parents understand them and have an interest in them. This recognition of changes in their parents made the children feel happy and excited, even leading to behavioral changes. In return, with these changes in their child, the parents became convinced about the effectiveness of their engagement. According to Theresa, when the children work on

their issues with the parents, it brings quicker change than working with play therapists. This aspect strongly indicates the therapeutic power of parental involvement on children's results.

Participants from all the four different approaches identified positive changes within children because of improved relationships and interactions with their parents. Grace (Theraplay) ascribed healthy interactions and secure attachment between parents and their child to the child's successes in different dimensions.

> And I think, maybe the third thing [change that occurs to children through parental involvement] will just simply be, what we're putting in place here is a kind of interaction that leads to secure attachment. And secure attachment has all kinds of implications for social success, interpersonal success, um, school success, um, good self feeling.

Ashley described how parents' positive perceptions and statements about their child contributed to the child's happiness and self-regulation.

> So mom starts to say positive statements to the child. And the child starts changing because the child's hearing a lot of positive about herself . . . Kids calm down, they have better contact with each other. It improves the contact and reduces conflict. You know, they are just happier and calmer.

Ashley witnessed cyclical changes between a mom and her child. The mom's positive comments about child led the child to feel in control and positive about herself. Furthermore, this dyad became better at communication with each other and having less trouble. These changes evidence healthy interactions between the two parties.

As seen, the parents' involvement resulted in happiness and joy in children, and those outcomes in the children can be traced back to the enhanced relationships and interactions with their parents. Even though the children's positive changes might be attributed to play therapy sessions with the therapists, parental participation seems to play a significant role in facilitating positive results of the children.

Systemic Change: The Family Unit Becomes Stronger

The participants noticed a systemic change due to parental involvement. Specifically, the participants observed that the families of their child clients were reunited and that family ties were rebuilt due to parental participation. These changes were meaningful and therapeutic to the families and the child clients as well. Thomas (Jungian) shared what he discovered from a family after parental inclusion.

> We've seen a family starts to feel cohesiveness again when there is a sort of sense of unity when the symbol, we allow the symbols to lead them toward their healing . . . I noticed with parent involvement is that the family unit becomes stronger. I noticed that the family unit becomes more cohesive. And that's where segueing out, I noticed that it's not their little boy with ADHD but two parents biting at each other. I've seen that over and over again. It's the family coming. So they started to eat dinner together again; they started watching motives together again. So I noticed that there's a family unit of reunification, not in the term from adopted parents, but psychological, emotional reunification occurs.

He witnessed that with parental engagement the family changed, becoming cohesive and connected; the family spent time being together through movies and dinners, which led the family bond to become stronger and united. In addition, Thomas also noticed changes in the parents; the parents stopped fighting each other and started to blend as a family unit.

Rachael (Adlerian) also recognized a change in the family system:

> I've seen family systems changed where if they identified the patient as a child, [which] is identified as family problem and siblings don't like the kid. You know, the child becomes very isolated. I've seen the whole family become a family unit again embracing all people in the family.

Rachael noted how the family changed from disliking the identified child to understanding him; previously family members did not like the child as the child was considered the problem with their family. Yet, throughout the course of parental involvement, the entire family integrated this child into the same unit, which Rachael identified as a family systemic change.

Carly (Gestalt) discussed the function of family system as a result of parental engagement.

> Even when the parents are divorced, they begin to work more consistently together. So the whole system begins to function with understanding and insight, and kind of integrating some issues that are going in the family. Cause again, children oftentimes, are either acting out historical issues, or you know, anxiety is occurring within the system. So it helps everybody that way.

Carly observed when the parents worked together in the same direction even though they were divorced, this type of parental cooperation and consistency enabled the family system to function.

In sum, the families' systemic changes through parental involvement were understood in the context of the parents' changes and family reunification; parents put effort toward their child on the same page, and the whole family became reunified as an entity by embracing all the family members.

Parental Involvement on a Systemic Perspective

All the participants understood parental engagement based on a systemic perspective: children are influenced by their immediate environments, their parents, and the family system. Play therapists in this study believed children are inevitably impacted by their surroundings, and they all agreed that children are vulnerable to their parents' issues, which are frequently projected to the children and become sources of their problems. The following descriptions help explain how the participants perceived the role parents' issues playing in their child's problems.

Thomas (Jungian) said:

> Most of the behavioral and disorder symptomology that were seen in young children is the direct internalization by their parents' pathology. So, I'm not so quick. In other words, children are playing out their own parents' unlived lives basically. You know, Jung once said, "That it's the greatest evil within the family is parents' unlived lives that are played out through their children . . ." Unlived lives, in other words, all of their projection and stuff that they have not been able to work through their own personal path. So, they put that onto their children and they whip them, they discipline harshly, or they abuse some ways. They neglect them emotionally.

He believed that parents' issues are directly related to symptoms of their child because the child personalizes negative reactions from his/her parents that in fact were a projection of their own problems.

Similarly, Lisa (Gestalt) emphasized the systemic view to understand children's issues:

> I want them [parents] to understand that that is a system problem, that there is a problem in the way that they are communicating. They are just dysfunctional system in place with communication that's, you know, dysfunctional, we're going to look at the system, and we're going to model healthy communication . . . And it isn't about that person's problem. And it's about their problem and we're all gonna discuss it.

Lisa explained that dysfunctional system has to do with dysfunctional communication. Her comment suggests that a child's issue is not an individual problem, but instead that problem should be understood based on system function.

The same idea of family as a trigger for children's issues was also supported by Theresa (Child-centered).

> Most problems are either part of the whole family, you know, there are interactions that don't go well. Or, the family is really, like to resolve the problem. The family is very important for support. So, whether the family causes or I hate to say causes but, you know, usually the problems are more complicated than sometimes parents think. And coming at things from a family point of view, you know, you can alter the situation for the better by intervening anybody in the family. So, you can work with the child alone, make some progress, but if you don't help the parents change too, then the change is not likely to last very long . . . In order to help the child, you know, I think that you need to involve the parents or the caregivers, the schools, anywhere in the community, you know, where they are having problem, or get input to some from everybody. And that's why, you know, because the child does not stand alone in the world. They have, you know, other systems that they are involved with.

Theresa regarded that family can be the source of a child's issues. Thus, she believed helping the family and parents change through parental participation is necessary for long lasting improvement of the child. She went further by arguing for inclusion of schools and communities

beyond the family in the child's treatment because the child is organically connected to those systems.

Similarly, Rachael (Adlerian) supported a systemic viewpoint in involving parents in the children's therapeutic processes:

> Um, I guess it was just easy, I don't know that I describe it as a decision, it was so much of what I believe was important. Um, for the child development, just family piece, such a part of Alderian theory, um, it was just given to me, it wasn't external decision that need to be made, the family relationships, family dynamics, that was parts of what we need to be explored, um, I also just think it's important that as a counselor, we see a kid, you know, 45 minutes a week, maybe an hour once a week, the children live [the rest of time] with parents or foster parents, or caregivers whoever that is, and, so it seems like obvious they have significantly more contact with their children than I do. And they need to be a part of the process.

Rachael related the necessity of parental engagement to therapy effectiveness. Her rationale for including parents in their child's therapy processes was based on children's long contact hours with their parents as opposed to one hour of contact per week with the therapists, which can be presented with the ratio of 168:1. Similarly, Ashley (Theraplay) mentioned,

> I'm only seeing the child, maybe 45 minutes per week. The rest of week, the child needs someone who understands the child because right now they struggle with their problems . . . So I think that the parent will be the ideal supporter for the child to overcome whatever they're experiencing right now.

Ashley also connected parents' engagement to the long lasting effect of children's play therapy.

Five of the participants held the systemic perspective for including parents in child therapy from their theoretical orientations. What theories play therapists endorse and how they are trained based on those theories impacted these play therapists' decisions regarding parental engagement. Thomas (Jungian) mentioned,

> Um, all I know is that from a Jungian perspective, it is insufficient for us as clinicians to treat a child in isolation or in a vacuum that we have to look at them within the collective, which is within the family system, which is their place. And it is a disservice to any child to not incorporate the family.

He explained that Jungian play therapists understand a child as a holistic entity closely interacting with his/her systems. Thus inclusion of the family system is a natural part of the Jungian therapy process.

Grace (Theraplay) also shared the influence of attachment theory on her practice of involving parents in the child therapy processes.

> You know, I don't think I was in that decision [of whether to involve parents]. But, clearly attachment theory says you should. And Ann Jenberg could have made that decision . . . Once you get the attachment idea that takes it totally out of the realm of fantasy, imagination, dreams, and unconscious and gets right into what happens in the interaction between the baby and the mother. So, if you saw problems in the relationship, you got to have both over there. So, that's really the way we [practice].

Jeannie offered her account of parental involvement based on an Adlerian perspective and her practice experiences.

> I mean part of being Alderian, is Alderians always say that Alder was for system's therapist. And I believe that the child doesn't have the problem in isolation, that really is the system problem. If we can work to shift the system, in many ways, it will be much easier for an adult to shift than the child to shift. So, if I can get adult to shift, then there's almost guarantee that the child will shift. But if I get the child to shift and I send them back into the system that is still the same, in many cases, the system has produced the struggle or difficulty. Then, the kid's not gonna get better.

The therapists who provided rationales for parental engagement based on theoretical orientations were clearly aware of why they practice inviting parents for children's therapy and what impact this practice might bring to the therapy results.

As seen, the play therapists in this study embraced a systemic approach to children's therapy, firmly believing that parents should be a part of therapeutic processes for their child. Some of the participants held this systemic perspective in parental involvement grounded in their theoretical orientations. Within the systemic perspective, parents are the immediate environment

for their child, can become sources of their child's issues, and can have a strong impact on therapy outcomes.

Summary

The findings of this study are the following. First, the participants performed multiple roles to facilitate the parents' participation: teachers, consultants, and counselors. The counselors' role was characterized by the play therapists' emotional support and care for the parents, helping parents gain insight into themselves and providing low-key counseling services for parents. Regarding the role of teachers, the participants provided psycho-educational and experiential learning opportunities for parents. The participants played the consultant role when assessing sources of difficulties with parents and their child and promoting understanding and communication between the parents and their child by serving mediators.

The participants put establishing relationships with parents as the first and foremost task in working with parents. All the participants cherished this relational aspect in working with parents, emphasizing a team approach to child therapy.

Empathy was identified as an essential element in interactions with the parents by helping them feel understood and heard, which was essential in building relationships with them. Furthermore, empathy served as a significant aspect in dealing with the parents' resistance.

For specific facilitation strategies for parental engagement, the participants first considered the needs of the parents in the process of involving them. Second, when facing resistive parents, the participants first empathetically listened to the parents and tried to understand their experiences and feelings. Third, the participants respected the parents, valuing their knowledge about their child and their input in the therapy process. In addition, the

participants had high passion for and commitment to engaging parents in the child therapy processes. Furthermore, by providing a clear structure of parental participation when meeting the parents, the participants prepared the parents for their engagement. The participants referred to their years of experiences working in child therapy and their expertise to convince parents of the effectiveness of parental involvement. Next, in dealing with resistant parents, the play therapists normalized the resistance and further presented their understanding of the parents' resistant responses. Finally, the participants utilized gentle confrontation when addressing the parents' resistance.

The participants practiced different interventions or strategies according to intake, working, and termination phases. In the first phase, the participants formed working allies with parents, collected information for accurate assessment, helped the parents prepared prior to their engagement, and instilled hope for therapy in the parents. In the middle phase, the participants played a more active role in engaging parents, implementing different interventions. In the final stage, the participants focused on the transitional process from the therapy room to home while checking the changes in parents' perceptions of their child.

Regarding the participants' perception of the influence of parental engagement on the outcomes of the play therapy context, three dimensions of change were discovered: changes in parents, changes in children, and a systemic change. The participants observed changes in parents: the parents gained insight into problematic situations, became hopeful for life, and learned a lot of parenting skills and coping strategies. Children felt happy about themselves and their lives through improved relationships with their parents. Finally, as a systemic change, the families of their child clients were reunited and family ties were rebuilt.

All the participants understood parental involvement based on a systemic perspective: children are influenced by their immediate environments, their parents, and the family system.

CHAPTER 5

DISCUSSION

The purpose of this study was to explore how the participants from five different branches in play therapy practice parental involvement and to draw a shared understanding of the process by which this parental engagement occurred in child play therapy settings. In addition, it was intended to identify aspects attributed to the facilitation of parental participation and to learn how parental inclusion is understood in the therapeutic context.

This chapter presents findings of this study in relation to the literature. In addition, this chapter includes suggestions for the future practice of play therapists. Finally, it ends with the limitations of this study and suggestions for future research.

Multiple Roles Play Therapists Perform

It was found that the participants played multiple roles: counselors, teachers, and consultants in facilitating parental involvement. A body of literature supports the idea that play therapists perform different roles in working with parents. Kottman (2011) listed play therapists' various agendas in working with parents: a) teaching parents skills and discipline strategies; b) helping parents explore personal issues to optimize the application of parenting skills; c) helping parents understand family dynamics, marital issues, and school issues and their impact on their child; d) assisting parents to better understand child development and their child; and e) helping parents gain insight into themselves and the relationship with their child. Cates et al. (2006) also outlined multiple tasks conducted by play therapists in parent consultation settings. These tasks

include helping parents understand the nature of play therapy and explaining therapeutic processes, establishing rapport with them, gathering data for assessment, discussing children's issues, providing psycho-education, and coaching parents on how to advocate for their child at school.

Gil (2003) described diverse therapists' roles as facilitators, role models, cheerleaders, and dialogue coaches. As facilitators, play therapists create an atmosphere in which parents and their child, and sometimes all family members, have positive interactions. In addition, the therapists demonstrate healthy interaction and communication skills and how to provide positive feedback to others. Therapists' demonstration helps parents obtain cues of how to perform those skills. As cheerleaders, therapists encourage, validate, and support any trials attempted by parents. Finally, as a dialogue coach, play therapists first observe conversational patterns between parents and their child. Then they provide parents with feedback on the interactional patterns with suggestions for healthy and successful communication. Similarly, Guerney (2003) identified different therapists' roles from instructors to supervisors, supporters, or co-service providers in the discourse of helping parents become therapeutic agents for their child. Sanders and Burke (2013) identified what therapists offer to parents based on social learning theory. Primarily, therapists teach parents parenting skills through modeling, rehearsal, practice, feedback and homework. However, at the same time, they found that therapists serve as encouragers and emotional supporters by employing interpersonal skills in building relationships with parents and in facilitating parents' reception to their suggestions. In sum, this research's finding that play therapists' roles in parental involvement can be understood on a holistic perspective is supported by the literature.

However, there is no research that conceptualizes these multiple roles of play therapists in relation to Bernard's (1997) Discrimination Model. Even though this model is referred to in the field of counselor education as a teaching tool for counselor supervisees, the Discrimination Model suggests practical guidance for play therapists working with parents. For example, within this model, supervisors focus on helping their supervisees develop proper intervention skills for their clients; supervisors guide their supervisees to develop conceptualization skills in which the supervisees increase their understanding of what is occurring in the session and discern patterns; and finally, the focus of supervisors is to help supervisees increase their awareness of how their personal issues may interfere with the therapy process so that their sessions are not contaminated by personal matters while helping the supervisees learn to integrate their personal styles with therapy. It is evident that the way supervisors facilitate their supervisees' growth is similar to what the participants practiced in the process of working with parents. Attention to this Discrimination Model provides play therapists with conceptual guidelines of how to approach parents.

Attention to Relationships with Parents

Establishing relationships with parents served as a significant aspect in facilitating parental involvement. This emphasis on the relational aspect in counseling intervention has been noted in literature. First, in counseling, the relationship between the counselor and client is considered as pivotal to successful client outcomes. Studies by Lambert (1992) and Ahn and Wampolds (2001) on the identification of contributing common factors of psychotherapy outcomes highlight the importance of therapeutic relationships with clients. Their studies found that the relational component explained 30% of client outcomes. More importantly, outcome

accountability could be increased to 70% when therapists affect the client factors (i.e., the clients' expectancy and motivation) through the therapeutic relationship (Sprenkle & Blow, 2004). These studies bring counselors' attention to the quality of relationships with clients.

The value of building relationships with parents in children's therapy settings has been also suggested by literature (Booth &Jernberg, 2010; Cates et al., 2006; Kottman, 2003, 2009, 2011; Landreth, 2012; McGuire & McGuire, 2001; Sanders & Burke, 2013; Sax, 2007; VanFleet, 2009). Cates et al. asserted that the major goal of parent consultation is to develop and sustain a trusting relation with parents. Trusting relationships between parents and therapists strengthen therapeutic alliances, which is not only positively associated with parents' engagement but with successful parent and child outcomes (Sanders & Burke). In addition, higher levels of therapeutic alliance rated by parents were associated with greater obtainment of parenting skills and parental sense of competence (Schmidt et al., 2014). As such, attention to establishing strong relationships with parents in child therapy settings is consistently highlighted through the findings of this study and literature.

However, in terms of priority when involving parents in children's therapy settings, opinions of professionals are different. Ruberman (2009) stated the first task of therapists in working with parents is to provide them with education to improve their parenting skills and understanding of their child as well as with further insight into addressed problems. Yet, Kottman (2003, 2011) and McGuire and McGuire (2001) strongly emphasized that discussing therapy goals for the child and needed changes for parents and other family members should not be done before the practitioners establish relationships with the parents. In the mixed messages about where to first focus on working with parents, findings of this study support the working

model with parents in which relationships with parents are placed at the forefront before teaching and educating them.

Empathy as a Key in Relationships with Parents

Empathy was identified as a key aspect in working with parents in this study. Highlighting empathy in building relationships with the parents has been recognized in research literature (Booth & Jernberg, 2010; Cates et al., 2006; Kottman, 2003, 2009, 2011; Landreth, 2012; McGuire & McGuire, 2001; Sanders & Burke, 2013; Sax, 2007). For example, Booth and Jernberg (2010) contended that an essential part of play therapy practice is for play therapists to help parents feel supported and understood by providing appreciative and empathic responses just as they do for child clients. Similarly, Sanders and Burke (2013) asserted that parent consultations need to marked with therapists' empathy with non-judgmental and open stance.

The need for empathy toward parents can be understood by considering their personal needs and distress. The fact that parents seek professional help to resolve their child's problems already suggests how helpless and inadequate they feel as parents (Cates et al., 2006; Booth & Jernberg, 2010; Kottman, 2011; Landreth, 2011). In addition, they may have guilt about their child's symptoms, feeling responsible for them. Furthermore, they can be nervous about meeting the play therapist, worried that the therapist may find deficiencies or faults in their parenting. Those concerns can cause parents to become defensive, tearful, or untruthful or to project their anger on the therapists, preventing them from fully committing and cooperating in their child's therapy processes. Yet therapists' empathy expressed through their reflection of parents' feelings, anger, and frustration served to dissipate those experiences of the parents (McGuire & McGuire, 2001). Therefore, it is a prerequisite for play therapists to deliver in-depth understanding of and

empathy toward the troubles that the parents are going through and to create a safe atmosphere for them (Booth & Jernberg, 2010).

However, this recognition of and emphasis on empathy paradoxically indicates the possibility of insufficient empathy in meetings with parents. Sax (2007) included parents' reflections on their experiences with their child's therapists. The parents shared their tough experiences of "how difficult it can be to get anyone to hear their worries, how often they feel discounted and patronized by professionals, their anger and tears, the growth of their self-confidence over time" (p. 80). Even though many practical guidelines on parental involvement include relational aspects with parents, child therapists seem to practice fewer empathetic responses to parents than to deliver instructional and educational advice for parents. Play therapists should make sure that they deliver enough empathy and, thus, create a safe atmosphere for parents.

Facilitation Strategies for Parental Involvement

Strategies to facilitate parental involvement were shared in the findings. They were a) the participants considered the needs of parents in the process of involving them; b) when dealing with parents' resistance, the participants emphasized empathetic listening to the parents to understand their experiences and feelings while normalizing the resistance of the parents and utilizing gentle confrontation when they think it is needed; c) the participants' respect toward parents and valuing their input and knowledge about their child were evident through their interaction with the parents; d) the participants had high passion for and commitment to engaging parents; e) the participants prepared the parents for their engagement by providing a clear

structure of it from the beginning; and f) to convince parents of the effective of parental involvement, the participants mentioned their years of experiences working with children.

Some literature mentioned which skills or presentations are needed at the parent consultation. Cates et al. (2006) addressed using attending skills and reflective listening to empathize with parents, update their child's process in play therapy, discuss the child's behavior, offer psycho-education, and even encourage advocacy. By introducing a model for working with families, Sanders and Burke (2013) explained what interventions are utilized in the process of parent consultation depending on each stage. However, their model did not specify dimensions the practitioners need to pay attention to to promote parental engagement. Booth and Jernberg (2010) entailed specific parental engagement methods by play therapists to gradually help parents to become a para-therapist. For example, therapists demonstrated healthy interactions with children to parents, coached the parents to practice play skills with their child in the play session, and offered them opportunities to observe their child's sessions while providing explanations of play skills. Finally, the therapists let the parents lead the sessions with their child. Filial therapy also provided similar training for the parents (VanFleet, 2009). According to VanFleet, core strategies of filial therapy for parents include teaching parents a) structuring skills, b) empathic listening skills, c) child-centered imaginary play skills, and d) limit-setting skills.

What is notable from the findings of this study is that they suggest what stances and mindsets the therapists should take in engaging parents rather than listing strategic skills. They emphasize the practitioners' understanding of parents' needs and their struggles even when the parents are resistant. They also accentuate the significance of being empathetic with parents and listening to them. Furthermore, the findings of this study address the mindset of therapists being persistent and committed to parental engagement. Considering Sax's study (2007) in which the

parents reported that what matters to them was the child practitioners' understanding through putting themselves in same the positions as the parents, attention to the practitioners' attitude makes sense. Consistent with this notion, Landreth (2012) contended the need for therapists to be supportive of parents who are frustrated and have difficulty with emotional adjustments. McGuire and McGuire (2001) also addressed the need for therapists' emotional support to the extent of understanding the parents' harsh and negative comments about them. Strategies to promote parental participation needs to be approached in light of the therapists' attitude.

Phases of Parental Involvement

Different practices or interventions utilized by the participants according to intake, working, and termination phases were found. In the first phase, the participants strived to form working alliances with the parents, collect information for accurate assessment, help the parents prepared for engagement, and instill hope for therapy in the parents. In the middle stage, the participants played a more active role in encouraging the parents to participate by implementing different interventions, such as family therapy, demonstrations, modeling, and games, to encourage parental involvement. Through these experiential activities, the participants helped parents gain insight into themselves, their child, and the dynamic relationship as well as to enhance interactional skills with their child. In the final phase, the participants focused on the transitional process from the therapy room to home while checking that parents are grounded in their learning and with the changes in parents' perceptions of their child.

These findings are delineated in some literature. Cates et al. (2006) illustrated outlines of what play therapists practice in parental consultation from the beginning to termination: initial parent contact by phone, intake session, cultural consideration, establishing rapport, gathering

data, explaining the process, communication about play therapy, explaining the child's privacy, ethical and legal issues, playroom tour, setting a consultation structure, ongoing parent consultation, treatment goals, education for parents, advocacy, and termination. Kottman (2011) illuminated four phases of working with parents based on the Adlerian approach: building relationships with parents, gathering information from parents about lifestyles of parents and their child respectively, helping parents gain insight into their child and themselves, and teaching parenting skills. Sanders and Burke (2013) epitomized phases of parent consultation as initial engagement, assessment, behavior change, and termination. The goal of the initial phase was for parents to understand the objective and process of a guided participation model for promoting change in families; the assessment was aimed to set goal for intervention; for the behavior change stage, parents were introduced to the intervention plan such as active skills training; and the purpose of the termination stage was to help parents generalize their skills. The findings of this study are very close to Sanders and Burke's (2013).

Unfortunately, not much research has offered specific guidelines and procedures of how to deliver interventions in parental involvement. Agreeing with this notion, Sanders and Burke (2013) suggested that practitioners are assumed to already possess these interventions or to have detailed manuals for them, which is not always the case. In the light of limited resources for parental involvement, the findings of this study are meaningful in that they provide child practitioners with practical assistance in relation to interventions and services that should be provided by the practitioners in accordance with different stages of working with parents.

Therapeutic Changes in Both Parents and Their Child

One of big themes of this study was that the participants observed therapeutic changes in both parents and their child. First, parents became hopeful, felt competent as parents, and gained healthy parenting skills and coping strategies for challenging situations. Next, the child clients felt happy about themselves and their lives through improved relationships with their parents. The participants considered changes in parents that were closely connected to those in children; they believed that parental involvement resulted in improvement in the relationships among parents and their child, which might account for the happiness and joy in the children.

The changes in parents and their child and the connection in the changes of the dyad are supported by literature. Improved parental attitudes, such as being responsive to and empathetic toward their child, and advanced parenting practices have been shown to be crucial to positive child outcomes (Baumrind, Larzelere, & Owens, 2010; McNeil, Bahl, & Herschell, 2009; Smith, 2000; VanFleet & Topham, 2011; Wettig, Franke, & Fjordbak, 2006). Cates et al. (2006) mentioned effective parent consultation is related to the sustainment of behavioral changes of children. Those studies strongly suggest mutual or reciprocal therapeutic progress between parents and their child. At the same time, this parallel process requires play therapists and child practitioners to pay attention to building therapeutic alliance with parents. Therapists' work through parents is directly interfaced with the child-recovery process (Guerney, 2003).

Suggestions for Practice

This section offers suggestions for play therapy practice derived from research findings and the previous discussion. Those are a) therapist maturity through self-awareness, b) awareness

of setting boundaries with parents, c) attention to the first session, and d) consideration of the conditions of including parents in the child therapy process.

Effort for Maturity of Play Therapists Through Self-Awareness

Play therapists should be able to handle challenging situations. McGuire and McGuire (2001) addressed the need for therapists' maturity to understand the parents' harsh and negative comments about them. The service that considers parents' needs, in spite of their resistance, and delivers deep understanding and empathy should be possible when therapists comprehend the multi-faceted challenges that parents are facing. This full-grown perspective requires play therapists' maturity.

Therapists' self-knowledge and self-awareness is key to maturity (Lloyd, 2012). Through self-awareness, play therapists come to know more about themselves, and this learning allows them to accept themselves and to become better selves. In addition, therapists' awareness is essential in providing support despite the parents' defense mechanisms (McGuire & McGuire, 2001). Dee Ray, a play therapist cited by Kottman (2011), also emphasized therapists' self-awareness by saying that "the most important thing for a play therapist is to know yourself very well, including your own personal challenges. Be in an authentic relationship with yourself so that you can be an authentic relationship with other human beings" (p. 276). She was aware that therapists' self-awareness lets the therapists be genuine in the meeting with parents and in delivering authentic care for them. Sanders and Burke (2013) emphasized the need for practitioners' awareness of their assumptions, beliefs, and behaviors because this awareness can enable them to maintain a non-judgmental and open stance toward the parents and empathy for

their situations. Therapists' maturity and self-awareness are precursors to good relationships with parents and their satisfaction with the service that the therapists provide.

Keen Awareness of Setting Boundaries with Parents

As mentioned, building trusting relationships with parents is necessary for transforming the relationships to being therapeutic and in facilitating parents' cooperation and their active engagement in their child's therapy process. Delivering in-depth understanding of and genuine empathy toward parents is essential in generating this type of relationship. However, play therapists should be mindful that the nature of relationships with parents is different from that of the counseling relationship with clients. Relationships with parents are based on partnership for forming working allies for their child's improvement.

Without careful awareness of setting boundaries with parents, play therapists are likely prone to defocus the primary tasks of the children's therapy. Kottman (2011) alerted that keeping boundary with parents as working allies is important so that meetings with parents could be spent for the child clients, not for indulging parents' personal needs. Landreth (2011) also addressed a problematic situation in which inexperienced filial therapists are enmeshed in parents' issues neglecting to provide necessary training to the parents due to their inattention to the boundary. Maintaining this boundary in a professional manner is the therapists' responsibility and ultimately to protect parents and therapists as well (McGuire &McGuire, 2001).Therefore, play therapists should be mindful in managing subtle balance in keeping supportive relationships with parents within the extent of partnership.

Attention to the First Session

Beginning is important in the process of parental involvement. Establishing trusting relationships with parents is identified as a core aspect in successful facilitation of parental participation. Of note, this type of relationship starts to form in the initial stage of therapy. Therefore, extra attention and intentional effort should be given in the first session with parents.

Many child practitioners may agree that the initial meeting with parents carries critical aspects affecting parents' decisions. Through the interaction with therapists, parents become hopeful and relieved for professional guidance to resolve their distress. In addition, they may feel consoled by therapists who may understand them without judgment. Therefore, play therapists should not dismiss delivering affective and caring approaches for parents in the first meeting as well as establishing agendas that they plan to discuss with parents.

Consideration of Conditions Including Parents in Child Therapy Process

The position of this study on parental involvement is that parents' input on children's therapy process brings benefits for both parents and their child. Yet, situations should be considered where parents' inclusion could compromise child therapy outcomes. Suveg et al. (2006) reviewed conditions of deciding parental involvement. They addressed developmental issues suggesting younger children are influenced by their parents' values and behaviors. In addition, Suveg et al. discussed parental psychopathology. For example, Barmish and Kendall (2005) presented research findings postulating that high level of parental anxiety might result in excessive control over their child. In this case, play therapists can consider postponing parental inclusion because parents are severely entrapped by their own struggles and not ready to implement therapists' suggestions. Parents as perpetuators for sexual or physical abuses of their

child also should be excluded from their engagement.

Considerations of This Study

This study is based on 10 participants' perceptions of parental involvement in the play therapy context. Considerations of this study are as follows. First, cultural differences are not addressed in this study. The participants are play therapists practicing in the U.S. Their notions of parental involvement might reflect their cultural values, social norms, and child therapy practices in the U.S. Play therapists from different countries and cultures may have different understandings and perceptions regarding parental involvement.

Second, in terms of demographic features, diversity is lacking; 8 out of 10 are female participants. More inclusion of male therapists may help researchers examine balanced perspectives in terms of gender. Regarding race, 9 out of 10 participants are White, while only one is Asian. More diverse inclusion from different races might not only help to derive varied opinions and experiences in relation to parental engagement but also increase culturally sensitive accounts. In addition, the findings of this study seem applicable to middle-class clients because the participants shared their general ideas and experiences regarding parental involvement. Studies need in-depth exploration on different strategies and tactics for clients who are in different social-economic statuses or particular minority groups.

Third, parental involvement of this study seems to mainly deal with cases in which parents can have separate meetings with therapists either independently or after their child's sessions. Unfortunately, not all meeting with parents are separate from their child. In addition, there are situations where only a brief meeting time is available for parents. Specialized guidance for these situations is needed.

Finally, this study examined only play therapists' judgments on parental participation. Parents' perceptions and experiences are not considered. To confirm, modify, or generate new ideas regarding the results and findings of this study, aspects that were scrutinized in this study could be examined from parents' perspectives.

Suggestions for Future Research

Suggestions for future research comprise four strands. The first strand is to shed light on parents' positions. This study is based on play therapists' perceptions of parental involvement, exploring their understanding of aspects that facilitated parental engagement, their experiences of facilitating parental participation, and their notion of the influence of parental inclusion in therapeutic context. However, there could be disparities in perceptions between parents and play therapists in identifying factors contributing to the promotion of parental involvement. Therefore, probing parents' engagement experiences could help minimize the gaps and further allow child practitioners to provide customized service for them. In addition, parents' accounts can provide more detailed descriptions of their gains through their participation, which would help play therapists recognize therapeutic aspects and benefits of parental involvement. Parents can also offer valuable advice to play therapists to improve their practice for parental engagement. In sum, the potential study of examining parents' perceptions and experiences in relation to their engagement would allow comparison and analysis with the current study, through which play therapists and child practitioners can obtain comprehensive but precise information on and guidance regarding parental involvement.

Second, research on implementation of the motivation interview in conjunction with working parents can be considered. As discussed in the suggestions, the initial meeting and the

beginning stage of working with parents are critical and thus require play therapists to provide enough empathy toward and understanding of parents. These emphases are congruent with what is stressed in a motivational interview. Studies integrating aspects of motivational interview with parental involvement may suggest effective strategies in promoting parental participation.

Third, research including participants from diverse backgrounds in terms of gender, social-economic status, and origin of country could be conducted. Accounts from those participants would provide culturally sensitive guidance for parental involvement in children's therapy.

Finally, regarding play therapists' multiple-role performance, advocacy for working conditions of play therapists should be addressed. As seen in the discussion, play therapists are subject to demanding expectations by service consumers. However, these expectations cause challenges, such as being expected to be versatile in both child and adult therapy, and difficulties finding direct service hours because they have to listen to voices of different parties concerned (Sax, 2007). In many cases of the child therapy, time spent with parents for consultation or case discussion is not recognized as a regular session that can be reimbursed. Many service seekers think this service for parents is contingent to children's therapy. Yet, to help parents better understand their child and facilitate the therapy process, the time with parents is necessary. Therefore, security in time allocation that sanctions meeting with parents as regular sessions should be guaranteed. In this sense, research on advocacy for better working conditions of play therapists or child practitioners can be considered.

REFERENCES

Ahn, H., & Wampold, B. (2001). Where oh where are the specific ingredients? A meta-analysis of component studies in counseling and psychotherapy. *Journal of Counseling Psychology, 48*(3), 251-257.

Allan, J. (1997). Jungian play psychotherapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 100-130). New York, NY: Wiley.

Axline, V.M. (1947). *Play therapy.* Cambridge, MA: Houghton-Mifflin.

Babione, J. M. (2010). Evidence-based practice in psychology: An ethical framework for graduate education, clinical training, and maintaining professional competence. *Ethics & Behavior, 20,* 443-453. doi:10.1080/10508422.2010.521446

Barmish, A. J., & Kendall, P. C. (2005). Should parents be co-clients in cognitive-behavioral therapy for anxious youth? *Journal of Clinical Child and Adolescent Psychology, 34*(3), 569-581.

Baumrind, D., Larzelere, R. E., & Owens, E. B. (2010). Effects of preschool parents' power assertive patterns and practices on adolescent development. *Parenting Science and Practice, 10*(3), 157-201.

Bernard, J. M. (1997). The discrimination model. In D. E. Watkins, *Handbook of psychotherapy supervision* (pp. 310-327). New York, NY: Wiley.

Benedict, H. E. (2007). Object relations play therapy. In C. E. Schaefer & H. G. Kaduson (Eds.), *Contemporary play therapy* (pp. 3-27). New York, NY: Guilford.

Biggerstaff, D., & Thompson, A. R. (2008).Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5*(3), 214-224.

Bogdan, R. C., & Biklen, S. K. (2007).*Qualitative research for education: An introduction to theory and methods* (5th ed.). Boston, MA: Allyn & Bacon.

Booth, P. S., & Jernberg, A. M. (2010). *Theraplay: Helping parents and children build better relationships through attachment-based play* (3rd ed.). San Francisco, CA: Jossey-Bass.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.

Bratton, S. C., Ray, D., & Rhine, T. (2005). The efficacy of play therapy with children: A meta-analytic of treatment outcomes. *Professional Psychology: Research and Practice, 36,* 376-390.

Brody, V. (1993).*The dialogue of touch: Developmental play therapy*. Treasure Island, FL: Developmental Play Therapy Associates.

Bromfield, R. N. (2003). Psychoanalytic play therapy. In C. E. Schaefer (Ed.), *Foundations of play therapy* (pp. 1-14). New York, NY: Wiley.

Bronfenbrenner, U. (1979). *Ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University.

Bundy-Myrow, S., & Booth, P. B. (2009). Theraplay: Supporting attachment relationships. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 315-366). New York, NY: Wiley.

Carmichael, K. D. (2006). *Play therapy: An introduction*. Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Carroll, F. (2009).Gestalt play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 283-314). New York, NY: Wiley.

Carroll, F., & Oaklander, V. (1997).Gestalt play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 234-284). New York, NY: Wiley.

Cates, J., Paone, T. R., Packman, J., & Margolis, D. (2006). Effective parent consultation in play therapy. *International Journal of Play Therapy, 15*(1), 87-100. doi:10.1037/h0088909

Charman, K. (2010). Grounded theory: Objectivist and constructivist methods. In W. Luttrell (Ed.), *Qualitative educational research: Readings in reflective methodology and transformative practice* (pp. 183-207). New York, NY: Routledge.

Coffey, A., & Atkinson, P. (1996).*Making sense of qualitative data*. Thousand Oaks, CA: Sage.

Crane, S. C. M. (2005). *Child-centered play therapy and parent-child interaction therapy: A practice of two play therapies as trauma treatment* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No.3183577)

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.

Dybdahl, R. (2001). Children and mothers in war: An outcome study of a psychosocial intervention program. *Child Development, 72*, 1214-1230.

Eatough, V., & Smith, J. A. (2008).Interpretative Phenomenological Analysis. In C. Willig& W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 179-194). Thousand Oak, CA: Sage.

Eun, B. (2010). From learning to development: A sociocultural approach to instruction. *Cambridge Journal of Education, 40*(4), 401-418.

Fielding, N., & Fielding, J. (1986). *Linking data*. Beverly Hills, CA: Sage.

Freud, A.(1928). *Introduction to the technique of child analysis* (L. P. Clark, Trans.). New York, NY: Nervous and Mental Disease.

Freud, A. (1965). *Normality and pathology in childhood: Assessments of development*. New York, NY: International University Press.

Freud, S. (1955). Analysis of a phobia in a five-year-old boy. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 10, pp. 1-147). London, England: Hogarth Press. (Original work published 1909)

Gil, E. (2003). Family play therapy: "The bear with short nails" In C. E. Schaefer (Ed.), *Foundations of play therapy* (pp. 192-218). New York, NY: Wiley.

Gil, E., & Shaw, J. A. (2009). Prescriptive play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 451-488). New York, NY: Wiley.

Giordano, J., O'Reilly, M., Taylor, H., & Dogra, N. (2007). Confidentiality and autonomy: The challenge(s) of offering research participants a choice of disclosing their identity. *Qualitative Health Research, 17*, 264-275.

Green, E. J. (2009). Jungian Analytical play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 83-125). New York, NY: Wiley.

Guerney, L. (1997). Filial therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 131-159). New York, NY: Wiley.

Guerney, L. (2001). Child-centered play therapy. *International Journal of Play Therapy, 10*(2), 13-31.

Guerney, L. (2003). Filial play therapy. In C. E. Schaefer (Ed.), *Foundations of play therapy* (pp. 99-142). New York, NY: Wiley.

Hill, A. (2005). Patterns of non-offending parental involvement in therapy with sexually abused children: A review of the literature. *Journal of Social Work, 5*, 339-358.

Hill, A. (2006). Play therapy with sexually abused children: Including parents in therapeutic play. *Child and Family Social Work, 11*, 316–324. doi:10.1111/j.1365-2206.2006.00411.x

Hodes, M. (2000).Psychologically distressed refugee children in the United Kingdom. *Child Psychology & Psychiatry Review, 5*, 57-68.

Hug-Hellmuth, H. (1921). On the technique of child analysis. *International Journal of Psychoanalysis, 2*, 287-305.

Jernberg, A. M. (1979). *Theraplay: A new treatment using structured play for problem children and their families*. San Francisco, CA: Jossey-Bass.

Jung, C. G. (1961). *Memories, dreams, reflections*. New York, NY: Vintage.

Klein, M. (1975). *The psycho-analysis of children*. New York, NY: Delacorte. (Original book published 1932)

Knell, S. M. (1993). *Cognitive-behavioral play therapy*. Northvale, NJ: Aronson.

Knell, S. M. (2009). Cognitive-behavioral play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 203-206). New York, NY: Wiley.

Koller, T. J., & Booth, P. (1997). Fostering attachment through family theraplay. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 204-233). New York, NY: Wiley.

Kottman, T. (2003). *Partners in play: An Adlerian approach to play therapy* (2nd ed.). Alexandrian, VA: American Counseling Association.

Kottman, T. (2009). Adlerian play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 237-282). New York, NY: Wiley.

Kottman, T. (2011). *Play therapy basics and beyond* (2nd ed.). Alexandria, VA: American Counseling Association.

Kottman, T., & Ashby, J. (1999). Using Adlerian personality profiles to custom-design consultation with parents of play therapy clients. *International Journal of Play Therapy, 8*(2), 77-92.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.

Landreth, G. L. (2012). *Play therapy: The art of relationship* (3rded.). New York, NY: Brunner-Routledge.

Landreth, G. L., & Bratton, S. C. (2006). *Child parent relationship therapy: A 10-session filial therapy model*. New York, NY: Routledge.

LeBlanc, M., & Ritchie, M. (1999). Predictors of play therapy outcomes. *International Journal of Play Therapy, 8*(2), 19-34.

Lee, A. C. (1997). Psychoanalytic play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 46-78). New York, NY: Wiley.

Lee, A. C. (2009). Psychoanalytic play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 25-82). New York, NY: Wiley.

Levykh, M. G. (2008). The affective establishment and maintenance of Vygotsky's zone of proximal development. *Educational Theory, 58*(1), 83-101.

Lin, Y.-C. (2010). Improving parent-child relationships through block play. *Education, 130*(3), 461-469.

Liu, C.-Y., & Kuo, F.-Y. (2007). A study of internet addiction through the lens of the interpersonal theory .*Cyberpsychology & Behavior, 10*, 799-804. doi:10.1089/cpb.2007.9951

Lolan, A. R. (2011).*Play therapists' practice patterns and perceptions of the factors that influence caregiver engagement in play therapy* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3501589)

Lloyd, J. B. (2012). Psychological type and the religious quest for wisdom and maturity. *Mental Health, Religion & Culture, 15*(9), 837–847.

McNeil, C., Bahl, A., & Herschell, A. (2009). Involving and empowering parents in short-term play therapy for disruptive children. In H. Kaduson & C. Schafer (Eds.), *Short-term play therapy for children* (2nd ed., pp. 162-202). New York, NY: Guildford Press.

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage.

Maxwell, J. A. (2012). *A realistic approach for qualitative research*. Thousand Oaks, CA: Sage.

Mohr, L. B. (1982). *Explaining organizational behavior*. San Francisco, CA:Jossey-Bass.

McGuire, D. K., & McGuire, D E. (2001). *Linking parents to play therapy: A practical guide with applications, interventions, and case studies*. Philadelphia, PA: Routledge.

Munns, E. (2003). Theraplay: Attachment enhancing play therapy. In C. E. Schaefer (Ed.), *Foundations of play therapy* (pp. 156-174). New York, NY: Wiley.

Murray, C. E. (2009). Diffusion of innovation theory. *Journal of Counseling & Development, 87,* 108-116.

Oaklander, V. (1994). Gestalt play therapy. In K. O'Conner & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 143-156). New York; NY: Wiley.

Oaklander, V. (2001). Gestalt play therapy. *International Journal of Play Therapy, 10*(2), 45-55.

Oaklander, V. (2003). Gestalt play therapy. In C. E. Shaefer (Ed.), *Foundations of play therapy* (pp. 143-155).Hoboken, NJ: Wiley.

O'Connor, K. J. (1997). Ecosystemic play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 234-284). New York, NY: Wiley.

O'Connor, K. J. (2009). Ecosystemic play therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 367-450). New York, NY: Wiley.

Peery, J. C. (2003). Jungian analytical play therapy. In C. Shaefer (Ed.), *Foundations of play therapy* (pp. 14-54). Hoboken, NJ: Wiley.

Piaget, J. (1962). *Play, dreams and imitation in childhood*. New York, NY: Norton.

Piaget, J. (1985). *The equilibration of cognitive structures: The central problem of intellectual development* (T. Brown & K. J. Thampy, Trans.). Chicago, IL: The University of Chicago. (Original work published 1978)

Phillips, R. D., & Landreth, G. L. (1998). Play therapists on play therapy: II. Clinical issues in play therapy. *International Journal of Play Therapy, 7*(1), 1-24.doi:10.1037/h0089416

Punch, K. F. (2005). *Introduction to social research: Quantitative and qualitative approaches* (2nd ed.). London, England; Sage.

Ray, D. (2007). Evidence-based play therapy. In C. E. Schaefer & H. G. Kaduson (Eds.), *Contemporary play therapy* (pp. 136-157). New York, NY: Guilford.

Ray, D. C. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York, NY: Routledge.

Ray, D., Bratton, S., Rhine, T., & Jones, L. (2001). The effectiveness of play therapy: Responding to the critics. *International Journal of Play Therapy, 10*(1), 85-108.

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston, MA: Houghton Mifflin.

Ruberman, L. (2009). Working with parents: Implications for individual psychotherapeutic work with children and adolescents. *American Journal of Psychotherapy, 63*(4), 345-362.

Rutter, M., Champion, L., Quinton, D., Maughan, B., & Pickles, A. (1995). Understanding individual differences in environmental-risk exposure. In P. Moen, G. H. Elder, Jr., & K. Luscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 61-93). Washington, DC: APA.

Saldana, I. (2013). *The coding manual for qualitative researcher*s. Thousand Oaks, CA: Sage.

Sanders, M. R., & Burke, K. (2013). The 'hidden' technology of effective parent consultation: A guided participation model for promoting change in families. *Journal of Child and Family Studies, 23*(7), 1289-1297. doi: 10.1007/s10826-013-9827-x

Sax, P. (2007). Finding common ground: Parents speak out about family-centered practice. J*ournal of Systemic Therapies, 26*(3), 72-90.

Schaefer, C. E. (2003). Jungian analytical play therapy. In C. E. Shaefer (Ed.), *Foundations of play therapy* (pp. 306-320). Hoboken, NJ: Wiley.

Schwartz, J. P., & Waldo, M. (2003). Interpersonal manifestations of lifestyle: Individual psychology integrated with interpersonal theory. *Journal of Mental Health Counseling, 25*, 101-111.

Schmidt, F., Chomycz, S., Houlding, C., Kruse, A., & Franks, J. (2014). The association between therapeutic alliance and treatment outcomes in a group triple P intervention. *Journal of Child and Family Studies, 23*(8), 1337-1350. doi: 10.1007/s10826-013-9792-4

Sibley, A. B. (2008). *Components of parental involvement and treatment outcomes in a community-based mental health clinic* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3339649)

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage

Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods* (2nd ed., pp. 53-80). London: Sage.

Smith, J. A., & Pnina, S. (2012). Interpretative phenomenological analysis: Theory, method, and research. In H. Cooper, P.M. Camic, D. L. Long, A.T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology* (Vol. 2, pp. 73-82). Washington, DC: American Psychological Association.

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis: A reply to the commentaries and further development of criteria. *Health Psychology Review, 5*(1), 55-61.

Smith, N. R. (2000). A comparative analysis of intensive filial therapy with individual play therapy and intensive sibling group play therapy with child witnessed of domestic violence (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3019212)

Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, England: Cambridge University Press.

Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. H. S. Perry & M. L. Gawel (Eds.). New York, NY: W. W. Norton.

Suveg, C., Roblek, T. L., Robin, J., Krain, A., Aschenbrand, S., & Ginsburg, G. S. (2006). Parental involvement when conducting cognitive-behavioral therapy for children with anxiety disorders. *Journal of Cognitive Psychotherapy: An International Quarterly, 20*, 287-299.

Sweeney, D., & Landreth, G. (2009). Child-centered play therapy. In K. J. O'Connor & L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and techniques* (2nded., pp. 123-162). New York, NY: Wiley.

Swick, K. J., & Graves, S. B. (1986). Locus of control and interpersonal support as related to parenting. *Childhood Education, 63*, 41-50.

Swick, K. J., & Williams, R. D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early Childhood Education Journal, 33*, 371-378. doi:10.1007/s10643-006-0078-y

Thomas, M. L. (2006). The contributing factors of change in a therapeutic process. *Contemporary Family Therapy, 28*(2), 201-210. doi: 10.1007/s10591-006-9000-4

Thomason, T. C. (2010). The trend toward evidence-based practice and the future of psychotherapy. *American Journal of Psychotherapy, 64*, 29-38.

Tissington, L. D. (2008). A Bronfenbrenner ecological perspective on the transition to teaching for alternative certification. *Journal of Instructional Psychology, 34*, 106-110.

Topham, G. L., & VanFleet, R. (2011). Filial therapy: A structured and straightforward approach to including young children in family therapy. *The Australian and New Zealand Journal of Family Therapy, 32*(2), 144-158. doi:10.1375/anft.32.2.144

Topham, G. L., & Wampler, K. S. (2008). Predicting dropout in a filial therapy program for parents and young children. *The American Journal of Family Therapy*, *36*(1), 60–78. doi:10.1080/01926180601057671

VanFleet, R. (2009). Filial therapy. In K. J. O'Connor& L. M. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and practices* (2nd ed., pp. 163-202). New York, NY: Wiley.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.

Vygotsky, L. S. (1966). Play and its role in the mental development of the child. *Voprosy Psikhologii, 12*, 6-8.

Walker, J. M. T., Shenker, S. S., & Hoover-Oempsey, K. V. (2010).Why do parents become involved in their children's education? Implications for school counselors. *Professional School Counseling, 14*(1), 27-41.

Wang, Y.-W. (2008). Qualitative research. In P. P. Happner, B. E. Wampold,& D. M. Kivlighan, Jr. (Eds.), *Research design in counseling* (3rded., pp. 256-295). Belmont, CA: Thomson Brooks/Cole.

Wettig, H., Franke, U., & Fjordbak, B. (2006). Evaluating the effectiveness of Theraplay. In C. Schaefer & H. Kaduson (Eds.), *Contemporary play therapy: Theory, research, and practice* (pp. 103-135). New York, NY: Guildford.

Wilson, K., & Ryan., V. (2005). *Play therapy: A nondirective approach for children and adolescents* (2nd ed.). Philadelphia, PA: Elsevier.

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APPENDIX A

CONSENT FORM

ADULT CONSENT FORM

I agree to participate in a research project titled, *Optimizing child therapy results: Processes and components of parental involvement in play therapy and its perceived impact on child results*, being conducted by Mi-Hee Jeon, a doctoral candidate at Northern Illinois University. I have been informed that the purpose of the study is a) to obtain a comprehensive and shared understanding about processes of parental involvement based on play therapists' perceptions and experiences across different branches of and theoretical orientations in play therapy, b) to identify potent components attributed to the facilitation of parental involvement, and c) to explore play therapists' perceptions of influence of parental engagement on the therapeutic context in play therapy settings.

I understand if I agree to participate in this study, I will be asked to provide brief demographic and professional information such as my age and theoretical orientation in play therapy. I am aware that an individual interview will last for 45-90 minutes. I also understand that there may be additional interview request for clarification and elaboration from the first interview for no longer than 20 minutes. Interview (s) will be audio-taped and transcribed for review and analysis. I am aware that participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact Mi-Hee Jeon at mjeon@niu.edu or (815) 793-7533 or Dr. Myers at cemyers@niu.edu or (815) 753-7501. I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that the intended benefits of this study include the opportunity to provide valuable references for training and educating play therapists related to parental involvement in play therapy and optimal therapeutic results. Furthermore, by shedding light on the courses of parental involvement, the findings of this study will contribute to a body of knowledge of play therapy involving parents. I have been informed that potential risks of participation are minimal and are related to potential limits of confidentiality. I understand that all information gathered during this study will be kept confidential. I also understand that steps will be taken to protect my identity. I have been informed that I will have an option to use a pseudonym. However, play therapy orientation of my practice will be described. All transcripts and associated records will be maintained on a password-protected computer. However, I understand that another researcher who will help with data analysis may access the transcript of my account. In this case, my identification will be removed from the transcript. Finally, I understand that my consent to participation in this project does not constitute a waiver of any legal rights or redress I might have as result of my participation, and I acknowledge that I have received a copy of this consent form.

Participant's Name (please print) & Date: _____

Participant's Signature for Research Participation: _____

Participant's Signature for Consent for Audio Recording: _____

Contact Number &Email Address**:** _____

Demographic Data Sheet

My position title: _____

Numbers of years I've practiced play therapy: _____

Theoretical orientation in play therapy: _____

Age: _____

Contact Information

Please provide the best contact number and email address for appointment scheduling purposes and follow up.

Phone number: _____

Email address: _____

APPENDIX B

EXAMPLES OF INTERVIEW QUESTIONS

Examples of Interview Questions for Participants

1. How are parents involved in the therapeutic process based on beginning, middle, and terminating stages in play therapy?
2. How do you decide to involve parents in therapeutic processes?
3. What is your goal for parent involvement?
4. How do you help parents prepare for involvement with the therapeutic process?
5. What forms of parent involvement (e.g., consultant, education, and counseling) do you incorporate?
6. Specifically, what activities do you employ for parent involvement?
7. Is there one case from your experiences that stands out as exemplar collaboration with parents?
8. If so, would you share what the process was like? How did you derive parents' collaboration?
9. Please share a case with me in which you weren't satisfied with involving parents in the therapeutic process. If you had a second chance, how would you differently deal with it?
10. If you had parents who were resistant to the therapeutic process, how would you handle them?
11. What changes for children and parents occurred as parents were involved in therapeutic sessions?
12. Please pick three aspects that you provided with parents in the therapy process that you think are most contributed to successful results.