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Kaitlin Bach

St. Catherine University, kkbach13@gmail.com

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A Qualitative Investigation of Parental Experiences with Play Therapy

by

Kaitlin K. Bach, B.S.W

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
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in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Mary Nienow, MSW, Doctoral Candidate (Chair)
Eric Hanson, LICSW, LMFT
Shannon Rader, Ph.D.

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Today, 1 out of every 5 children are experiencing some sort of mental health condition, and of those children only one third will receive the treatment they need (As cited in Meany-Walen & Teeling, 2016; SAMHSA, 2015). As these mental health challenges in children continue to grow, so too does the need to use proven treatments. Play therapy is an effective and useful treatment approach for young children that has been proven effective for children ranging in age (Bratten et al., 2013; Cochran et al., 2010), diagnosis (Bratton, et al., 2014; Gold, et al., 2014) and culture (Cochran, Cochran, Nordling, McAdam, & Miller, 2010; Shen, 2016). While studies can be found, focusing upon the effectiveness of play therapy, a gap in the literature exists around the experiences of parents whose children have engaged in play therapy. Therefore, this study seeks to explore the experiences of parents who have had a child in play therapy, and examines the perspectives of these parents regarding their child's therapy process. This study used a qualitative research method to explore the research question: What are the experiences of parents who have had a child in play therapy? Data was collected using semi-structured interviews and the data was coded and analyzed using a grounded theory approach. The findings of this study support the need for parent participation throughout the play therapy process and stressed the importance of creating a positive parent-therapist relationship. Also discovered was the importance of outside influences as well as the role of culture affecting parental experiences with play therapy.

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Table of Contents

Introduction	5
Literature Review	8
Issues Children Face	8
Challenges in Addressing Mental Health in Children	9
A Description of Play Therapy	9
Play Therapy Approaches	10
Effectiveness of Play Therapy	12
Importance of Parents in Therapy	16
What is Missing in the Research	20
Conceptual Framework	21
Methods	23
Research Design	23
Protection of Human Subjects	25
Data Collection	27
Data Analysis	28
Findings	30
Discussion	46
References	57
Appendices A	60
Appendices B	63
Appendices C	68
Appendices D	70

Introduction

Play is an extremely important aspect of childhood. A child's world is structured around play; from the making of new friends, to learning social cues, to learning about themselves and the world around them. In the past 20 years, play as a tool for therapy has become more common and studies have emerged seeking to determine the effectiveness of play therapy in helping children who are facing a variety of mental health challenges (Bratton, Ceballos, Sheely-Moore, Meany Walen, Pronchenko, & Jones, 2013; Stulmaker & Ray, 2015; Ray, Blanco, Sullivan, Holliman, 2009). Many of these mental health challenges display themselves through disruptive or aggressive behaviors. (Cochran, Cochran, Nordling, McAdam & Miller, 2010; Ray, Blanco, Sullivan, & Holliman, 2009). These behaviors, if not addressed, have also been shown to place a child at greater risk for future problems both socially and emotionally, an increased risk of criminal activity, and failure to receive a high school degree (As cited in Cochran, et al., 2010). Because these issues are so clearly a part of childhood today, there is a focus within the research on how to effectively alleviate these problems through different therapeutic techniques. However, finding appropriate therapy for young children is not always easy.

Play therapy is a promising approach being practiced with young children today. It is defined as the "process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (As cited in Shen, 2016 p. 55). In other words, play therapy draws upon a skill children use every day, play, to help them communicate and explore their feelings and emotions in a safe and developmentally appropriate way. It is in this way play therapy is successful in helping a child express themselves and their emotions, as well as address a wide range of mental

health and developmental disorders such as anxiety, aggression, autism, and much more (Meany-Walen & Teeling, 2016; Cochran, Nordling, McAdam, & Miller, 2010).

Play therapy has also been studied for effectiveness in many areas. This therapy has been found effective for children ranging from preschool ages (Bratton, Ceballos, Sheely-Moore, Meany-Walen, Pronchenko, & Jones, 2013) to middle school, specifically with the use of art in play therapy (Perryman, Moss, & Cochran, 2015). Other studies, such as Shen, (2016), have explored the ways in which culture impacts the effectiveness of play therapy and discovered it can be successful for children of many different races, cultures, and ethnicities. And so, while play therapy has a solid research base to support its effectiveness with children, it is important to remember that children are young and need adults in their lives to care for them. That is why it is so important to consider the role of caregivers in the process of play therapy.

It has been noted parent involvement in therapies can be difficult, making it hard to include them as fully as some therapies with children require (Bratton, et al., 2013). However, it is also clear caregivers have a role to play in the therapy process whether big or small. According to Athanasion (2001), the family, and those within it, are the most important influence in a child's life. This is important because it supports the idea parents or caregivers have a strong role to play in a child's therapy and will be more likely to support a treatment when they have been included in the process (Athanasion, 2001). To do this, consultation and collaboration are two areas in which research has focused (Post, Ceballos, & Penn, 2012; Athanasiou 2001; Holcomb-McCoy & Bryan 2010). Other studies have also explored therapies focused on the importance of the parent-therapist relationship as it relates to the child's success in therapy (Holcomb-McCoy et al., 2010; Ahn, McInnes Miller, Wang, Lazloffy, 2013; Post, et al., 2012).

And yet, while research creates an understanding of the importance of caregiver involvement in a child's therapy, as well as its use in other forms of therapy, little research exists examining the direct experience of parents or caregivers who have a child using play therapy. Because children are vulnerable, they rely on their parents for many things. Parents must make decisions for their child, give them what they need to survive, and are responsible for their overall well-being. Without parent support of the services, the child will not be able to attend play therapy. The enormous role parents play in their child's life requires us to consider how parents understand or view play therapy and the experiences they have of the process for themselves and their child.

Therefore, the purpose of this study was to better understand the experiences and thoughts of the caregivers who have had a child use play therapy. Because there is limited research from the parent perspective on this therapy, this was a qualitative study exploring the experiences of parents of children who have received play therapy. For the purpose of this study, the term parent was defined as any adult, related or unrelated to the child, who was caring for and responsible for the child at that time. The researcher examined the ways parents understand play therapy, its usefulness, and how they have seen its impact on their child outside of therapy. Therefore, this study aimed to answer the question: What are the experiences of parents who have had a child use play therapy?

The motivation for this study came largely from the researcher's interest in the use of play therapy with young children today. As literature was reviewed, limited research could be found exploring parents in the play therapy process, and many studies discovered on this topic were relatively old and potentially outdated. In addition, little research could be found focusing on the direct experiences of parents themselves throughout the therapy process. By carrying out

this study, the hope was to allow the researcher, as well as other therapists, a better understanding of how parents have experienced play therapy for their child, and to use that information to better inform practice and the ways play therapy is provided to the child in collaboration with the parents.

Literature Review

Many studies have explored areas regarding play therapy in practice today. This literature review will examine these studies by looking at some of the issues children face today, why these issues need addressing, and the challenges in doing so with children. A description of what play therapy is, different play therapy approaches, and how play therapy has been proven effective will be discussed followed by the ways it has been most commonly studied as an effective therapy. Finally, the importance of parents in the play therapy process will be discussed as well as an explanation of what is missing in the literature which forms the basis for this study.

Issues Children Face

Children today are faced with a wide range of challenges and risk factors directly impacting their mental health. Risk factors can be defined as life events such as the death of a friend or family member, living in foster care, drug use by family, friends or personally, trauma in childhood, or living in poverty (Perryman, Moss, & Cochran, 2015). Based on studies performed, children experiencing risks factors such as poverty or family instability are often at a higher risk of mental health or behavior challenges (Bratton, et al., 2013). At the same time, research shows diagnosed mental health issues are rising in the country (SAMHSA, 2015). For example, one out of every five children in the U.S. are experiencing a diagnosable mental health issue, and yet only one-third of those children will get the care they need for it (As cited in Meany-Walen & Teeling, 2016; SAMHSA, 2015). Therefore, the mental health of children is

becoming an increasingly important topic that cannot be overlooked by society. However, addressing mental health in young children can be challenging.

Challenges in addressing mental health in children

It has been shown, current therapies such as Cognitive Behavioral Therapy are limited in their effectiveness for young children with mental health issues because this therapy relies on cognitive processing, which is not developmentally appropriate for many young children (As cited in Stulmaker & Ray, 2015). If a child cannot put to words what they are thinking or feeling, they will not be able to use talk therapies in the most successful way. This challenge of providing therapy for younger children has therapists and studies focusing on alternative therapy techniques as means to help children with a variety of mental health issues (Stulmaker & Ray, 2015; Perryman, Moss, & Cochran, 2015; Salter, Beamish, & Davis, 2016). One of these such therapies, is called Play Therapy.

A Description of Play Therapy

As previously discussed, play therapy is the “systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (As cited in Shen, 2016 p. 55). It is also an intervention that works to “facilitate a relationship and an environment with a child that is designed to enhance a child’s mental health and coping skills” (As cited in Ray, et al., 2009, p. 165). In other words, play therapy allows for children to use something they do every day, play, to express how they are feeling about or coping with their emotions, thoughts, or major life events, and then uses play to help the child find successful ways of coping. This idea has been widely studied and proven to be an effective

therapy for children of varying diagnosis, cultures, and even ages (Gold, et al., 2014; Shen, 2016; Bratten et al., 2013; Cochran et al., 2010; Perryman, Moss & Cochran, 2015).

Play Therapy Approaches

Within the realm of play therapy, there are many different approaches or styles. Just a few of these approaches include: child-centered, filial, or group play therapy, however there are far more than these (Schaefer, 2011). A full exploration regarding the different approaches to play therapy is beyond the scope of this research. However, a brief description to some play therapy approaches will be discussed here.

According to Sweeney and Landreth, (2011), child-centered play therapy “centers around the child” and, “while the majority of adults in the lives of hurting children focus on behavioral and emotional symptoms, or perhaps its causation, the child-centered play therapist refuses to lose sight of the child.” (p129). Therefore, in the child-centered play therapy approach, the therapist focuses more upon the child than on their diagnosis and walks alongside the child as they work together to discover what is going on for them; therefore, making this a very relationship-based model (Sweeney and Landreth, 2011, p. 129). For this therapy, the therapist does not focus on interpreting, teaching, or guiding the child, but instead focuses on the relationship with the child so they feel safe and comfortable exploring and learning about themselves (Sweeney and Landreth, 2011). However, while this approach is very centered around the child and therapist relationship, parent consultation is described as important to the process as well, and the question for the therapist is not so much if, but how they want to involve the parents in the process. (Sweeney and Landreth, 2011, p 138).

Another form of play therapy is filial therapy. This form of play therapy “offers a solution that involves parents more fully in the process, helps them make lasting changes, and

better ensures that child progress continues” (VanFleet, 2011, p. 153). Therefore, parents are often in the therapy sessions with their child and learning with them (VanFleet, 2011). In this therapy, parents are viewed as the major creators of change for their child. Therefore, the therapy focuses around training and teaching the parents skills and techniques to use with their child both in and out of the play therapy sessions to address their child’s challenges (VanFleet, 2011). In other words, parents begin to become their own provider of play therapy for their child, making this a play therapy approach with high levels of parent involvement not only outside of the therapy sessions, but within each session as well (VanFleet, 2011).

Finally, group play therapy includes several children in the therapy session. Here, “children learn about others and themselves in group play therapy. They learn because they are permitted to communicate through play, and they learn as they hear and observe the perceptions of the therapist and the other children toward them” (Sweeney, 2011, p. 229). Therefore, this form of group play therapy includes several children in the session, where the children are interacting to learn from each other (Sweeney, 2011). The role of parents for this approach is said to be “similar to the role in the individual play therapy process” where “the role varies according to the theoretical orientation and personal style of the therapist” (Sweeney, 2011, p. 237). Therefore, parents may find themselves with a range of involvement levels depending on the therapist they use for their child’s group play therapy.

These brief descriptions are just three of the many different approaches used in play therapy. Again, a discussion around each approach is beyond the scope of this research. For the purpose of this study, it is important to understand there are many different approaches used by therapists in play therapy today, and that all reside within the scope of play therapy. Therefore, while these styles use different approaches to the implementation of play therapy, it is important

to note that they all use play as a therapeutic tool to allow children to “prevent or resolve psychosocial difficulties and achieve optimal growth and development” (As cited in Shen, 2016 p. 55).

Effectiveness of Play Therapy

Diagnosis

Play Therapy has been shown to positively impact the outcomes for children with a variety of both medical and mental health diagnosis (Bratton, et al., 2014; Gold, et al., 2014; Meany-Walen & Teeling, 2016; Perryman, et al., 2015; Ray, Blanco, Sullivan & Holliman, 2009; Stulmaker & Ray, 2015). For example, in a study by Bratton, et al. (2014), 54 preschool aged children were evaluated by teachers for aggressive behaviors. Through this study, it was reported play therapy provided statistically significant impacts on reducing a child’s disruptive behaviors in a classroom setting. Twenty-one of the 27 children who received play therapy moved closer to normal levels of functioning from clinical or borderline disruptive behaviors (Bratton, et al., 2014). Similar findings were discovered by Ray et al. (2009), regarding aggressive behaviors in children, with teacher’s reporting significant decreases in aggressive behaviors observed in school. However, it is interesting to note that the parents of those same children did not report statistically significant behavioral differences at home when it came to the control vs. the experimental group. This study administered 39 pretests and 32 posttests to parents, and the researchers of this study believe a larger sample size would have allowed for a greater statistical significance from parent reports (Ray et al., 2009).

Play therapy has also been used to treat children diagnosed with medical and developmental diagnoses. In a qualitative study of play therapy for children dealing with the trauma and challenges of being in the hospital for a liver transplant, parents shared how their

children benefited from play therapy (Gold, et al., 2014). Through this, nine of the different parents interviewed expressed improvement in their child's confidence and coping skills, as well as decreased stress in their children (Gold, et al., 2014). In another study by Salter, Beamish, & Davies (2016), both qualitative and quantitative data was analyzed to understand the effectiveness of play therapy for three children diagnosed with Autism Spectrum Disorder, as reported by their parents. Here, parents of the children reported increased levels of social and emotional functioning in their child, as well as increased self-help skills and reduction in anxiety. Therefore, this small study showed the potential impacts play therapy might also have upon children with Autism.

Culture

Studies have also shown the effectiveness of play therapy across differences of culture and ethnicity. One study by Shen (2016) interviewed 960 school counselors and found school-aged children ranging from Hispanic, Native American, Caucasian, and African cultures, all responded to play therapy better than they did to talk therapy, but children from Asian backgrounds did not (Shen, 2016). This is thought by the researchers to reflect cultural views of play among many Asian cultures, with parents typically discouraging play once the child reaches school age to focus on education, causing children to be less at-ease in a play therapy setting (As cited in Shen, 2016). Additional studies have acknowledged the effectiveness of play therapy regardless of culture or ethnicity by including a variety of ethnicities and cultures in their studies focusing on areas of aggression or disruptive behaviors (Ray, Pedro, Blanco, Sullivan, & Holliman, 2009; Bratton, et al., 2013; Cochran, Cochran, Nordling, McAdam, & Miller, 2010) However, interestingly enough, none of the above studies had Asian American children in their study, but had African American, Hispanic, and Caucasian in their participant groups.

One case study by Cochran, Cochran, Nordling, McAdam, & Miller (2010) examined the use of play therapy for two boys from a Hispanic background who displayed highly disruptive behaviors. It used a triangulation of data through therapist interviews as well as a teacher rating scale to help determine the effectiveness of play therapy for each child. Here, the researchers were of the belief that the child's ethnicity did not impact the success of either child's treatment. Therefore, neither the therapists nor the child's parents were asked whether they saw culture as an important factor affecting the child's treatment. However, in another study, therapists reported more challenges with the parents of children from different ethnic or cultural backgrounds than with the children themselves (Chang, Ritter, & Hays, 2005). The study found therapists reported parents often appeared to be more hesitant toward the use of play therapy for their child as a whole or "devalued the effectiveness of play therapy more than Caucasian parents" causing them to discontinue treatment early (p. 76). This is an important area to consider, because parent involvement and support is essential for any child to successfully continue treatment, as they are the child's guardian and make decisions for their child. It is also important to note that the study did not address the race or ethnicity of the different therapists themselves or how this may have impacted the therapy (Chang, Ritter, & Hays, 2005).

Age

Effective studies of play therapy ranged in the age of children observed (Bratten et al., 2013; Cochran et al., 2010; Perryman, Moss & Cochran, 2015). Preschool aged children appeared in a study by Bratton et al., (2013), to be especially responsive to the use of play therapy for improving problematic behaviors. This study used preschool teacher-reported pre and post-tests regarding child behavior. The study found statistical and clinical significance in teacher reports of decreased disruptive classroom behavior as a result of the use of play therapy.

In addition, a quantitative study of 36 elementary aged children found statistically significant improvement in the children's levels of anxiety and worry after play therapy as compared to the control group (Stulmaker, & Ray, 2015). These findings provide continued support for the belief play therapy is beneficial to children preschool through elementary aged.

Play therapy has also been studied, although not as extensively, within older groups of children. Perryman, Moss & Cochran (2015), performed a qualitative study which used expressive arts in the form of play therapy as a way to help teenage girls express themselves. This study found, girls in the therapy reported increased self-awareness, reduced stress, and improved ways of expressing feelings through the use of play therapy with art (Perryman, et al., 2015). Therefore, play therapy may have the potential to be effective even for older aged youth as well.

And so, the research shows overall, play therapy has the potential to be an effective therapy tool for many children with a variety of diagnoses, cultures, and even ages. However, it has been shown play therapy may have greater challenges successfully reaching children from Asian backgrounds (Shen, 2016) and may be more difficult for the parents and families of children from different cultures to accept and understand (Chang, Ritter & Hays, 2005). This last challenge described by Chang, Ritter, and Hays (2005), suggests the important role therapists and parents play in a child's therapy. It is important to think about the ways in which therapists working with the families might consider how they can educate and work with parents on play therapy in a culturally sensitive and respectful way. This is important because in every aspect of their lives, children need adults to care for them; physically, developmentally, and emotionally. This kind of vulnerability means children rely on their parents to give them what they need or to help them get it elsewhere. Children need support from caregivers or parents to participate in any

kind of therapy. Therefore, it is logical to consider the ways in which the parents of children may impact or play a role in the therapy process.

Importance of Parents in Therapy

Adults play a key role in a child's life, and it could be argued parents of a child play the most important role of all. For the purpose of this literature review and study, the term "parent" was defined as any adult, related or unrelated to the child, who was caring for and responsible for that child at that time. Parents have a role to play in the play therapy process with a child, and while most forms of play therapy do not typically include parents in the therapy session itself, without parent inclusion and support of the therapy, children will not get to the therapy sessions and are more likely to drop out of therapy early (Athanasious, 2001). The literature, while limited, suggests the importance of consulting and collaborating with parents to help in the effectiveness of the child's therapy, and within many of those studies, building and supporting the parent-therapist relationship is commonly discussed as an important aspect of how the parent sees the therapy and their willingness to continue it (Holcomb-McCoy & Bryan, 2010; Post, Ceballos, & Penn, 2012; Athanasious, 2001).

Additional forms of play therapy, such as filial therapy, clearly acknowledge the importance of parents in the therapy process and intentionally include parents as a key member of the therapy itself (Foley, Higdon & White, 2009). As described above, filial therapy "offers a solution that involves parents more fully in the process, helps them make lasting changes and better ensures that child progress continues" (VanFleet, 2011, p. 153). Another way to describe this is that filial therapy believes parents can create stronger changes in their own children than an outside therapist might, and therefore, the parent becomes the provider of play therapy themselves (Foley, Higdon & White, 2009). While an in-depth exploration of filial therapy was

beyond the scope of this study, it is important to note this form of therapy exists, because it shows the importance of parents in the therapy process for children. Foley, Higdon and White (2009) state, “a preferable intervention would include both parent and child in order to avoid disengaging part of the family” (p 38). This supports the belief of this study that parents are an important part of a child’s therapy.

While it is clearly beneficial to include parents in the actual therapy itself, like in filial therapy, parents do not always have the time or capacity to participate in their child’s therapy at such a high involvement level. (Bratton, et al., 2013). Other forms or approaches to play therapy do not require such a time commitment for the parents themselves (Bratton, et al., 2013) and therapists have found additional ways to include parents in the play therapy process through areas such as consultation and collaboration.

Consultation and Collaboration with Parents

While most research has considered aspects of play therapy as it relates to the children themselves, less has looked at the role of parents. However, literature and articles *have* focused on the importance of using consultations with parents to help children succeed in play therapy by educating parents on how play therapy works, setting goals, being in communication with them, and growing the relationship between the therapist and the parent (Athanasίου, 2001; Holcomb-McCoy & Bryan, 2010; Cates Paone, Packman, & Margolis, 2006, Post, Ceballos, & Penn, 2012). In fact, one study found 94% of therapists felt engaging parents in the play therapy process was an important part of a child’s play therapy outcomes (As cited in Schottelkorb, Swan, & Ogawa, 2015).

Additional studies support the idea that parent involvement is important in play therapy as well. In a qualitative study by Athanasίου (2001), when including the parent in consultation of

her daughter's play therapy, progress in the child was seen after only 3 weeks of therapy. The author believed this occurred because parent consultation was used to help the caregiver understand play therapy, what to expect in her child, and how the work in therapy related to the child's behavior at home (Anthanasiou, 2001).

Studies have also found using consultation to partner with parents to form a child's goals and be in a shared alliance appears to be helpful in gaining parent support for the therapy (VanFleet, 2000; Post et al., 2012). By including parents in the process of decisions, it helps remind parents of their amazing ability to help their child (VanFleet, 2000). It creates a shared understanding, or alliance, between the therapist and parents around the challenges the child is facing and what can be done to help address these areas. (Post et al., 2012).

Additional authors have described helpful tools for therapists to use in parent consultation. Cates et al., (2006) highlights important components of consulting with parents such as explaining the play therapy process, communication about the therapy with the parents, while also explaining the need for the child's privacy in therapy. The authors also share ideas such as giving the parents a tour of the therapy room and setting a solid structure for the consultation process as ways to get the parents involved and supportive of the therapy itself. Another study by Gold et al. (2014), found that by involving parents with the therapy process, parents of children in a hospital setting commonly shared the belief play therapy was an important aspect to their child's mental health during their stay. Therefore, by providing successful consultation with parents, the literature supports the idea there will be more positive impacts on the overall play therapy experience, process, and results. Alongside this use of consultation, one re-occurring concept articles describe is the importance of the relationship in the parent-therapist consultation.

Parent-Therapist Relationship

As mentioned previously, in order for play therapy to be successful, the parents of the child must be on board with the therapy itself and support the process (Post et al., 2012; Athanasiou, 2001). Having a positive relationship between the therapist and parent is one way to ensure this. One study by Post, Ceballos, and Penn (2012), suggests that for successful parent involvement in a child's play therapy process therapists must focus on building a trusting relationship with the parents. They suggest the first step in doing this should be to listen to the parent as they describe their child and create a shared-understanding of the challenges the child is facing.

Another way to build the parent-therapist relationship is through cultural competency. Holcomb-McCoy and Brian (2010) point out the importance of cultural considerations in building a strong parent-therapist relationship and how this is essential in getting parents on board with the therapy. In another study, migrant parents of children in therapy expressed cultural sensitivity played a major role in their views of therapy for their child as well as had the power to impact the parent-therapist relationship in a positive or negative way (Ahn, Miller, Wang, Laszloffy (2014).

Therefore, the literature supports the importance of parent involvement and/or consultation during the therapy process and the need for strong relationships between the therapist and parent to do so. However, literature from as recent as 2015 recommends the need for more research on parents in the play therapy process, and expressed a need for more studies considering the effectiveness of parents and consultation used in play therapy (Schottelkorb, Swan & Ogawa, 2015). And so, much more can be learned regarding parents and the role they have in the play therapy process.

What is Missing in the Research

As mental health issues continue to rise in childhood today, the importance of providing the most effective treatments for children will continue to grow. Through the research reviewed it is suggested that play therapy can be an effective technique for children and may be impactful for children of varying diagnoses (Gold, et al., 2014; Bratton et al., 2013; Salter, Beamish, & Davies, 2016), different cultures (Shen, 2016), and even different ages (Cochran et al., 2010 & Perryman, Moss & Cochran, 2015). Because play therapy has been found to be so useful, the importance of parent involvement in therapy for children must also be considered. Without parent support and understanding, the child is unlikely to continue the therapy or have the best outcomes possible (Anthanasiou, 2001).

However, literature is limited and difficult to find regarding the role of parents in the process of play therapy. It should be noted many of the studies cited are at least 10 years old and have the potential to be outdated. In addition, very little research could be found considering the parents themselves and their experiences or understanding of play therapy with their child. Studies and articles agree consultation is needed in the play therapy process, to encourage continued use of play therapy for the child and to build in the overall success of the play therapy itself (Athanasios, 2001; Van Fleet, 2000; Cates et al., 2006; Holcomb-McCoy & Bryan, 2010), but these studies do not focus on the parent's perspective or views regarding the therapy of their child, the parent-therapist relationship or their overall feelings of what it is like to have a child who needs play therapy. Studies using parents as their data source are helpful, but focus on general therapy, therapy in a specific setting, or focus more on parents' views of therapy effectiveness rather than their thoughts around the experience itself.

By gaining a stronger understanding of parents' perspective as it relates to play therapy, therapists would have a stronger knowledge base regarding how to best consult and work with parents in their child's therapy process and to grow the relationship the literature describes as so important. It would also provide a more current view of parents as they pertain to the play therapy process, which the older research cannot do. Therefore, this is an exploratory qualitative research aimed to gather data from the parents of children who have used play therapy, and addressed the research question: What are the experiences of parents who have had a child use play therapy?

Conceptual Framework

The framework for this research, largely relied upon an ecological systems theory (Systems Theory) approach formulated by Urie Bronfenbrenner (Onwuegbuzi, Collins & Frels, 2013). Systems theory is the belief that there are four levels of systems that impact an individual. The microsystem, the mesosystem, the exosystem, and the macrosystem; each impacting the individual's development in a unique way (Onwuegbuzie, et al., 2013). Figure 1 (As cited in Onwuegbuzie, et al., 2013) displays the systems in a visual format. The Microsystem is the "immediate environment with which the child/adolescent closely interacts" (Onwuegbuzie, et al. 2013 p. 4). The authors describe how this means the home, the classroom, the neighborhood, or much more. The mesosystem is the interrelation of two or more settings, such as the home and the child's schools (Onwuegbuzie, et al., 2013). The exosystem is the systems that do include the person as an "active participant" but affects them indirectly, such as how a person's night at home may be influenced by their spouse's bad day at work (Onwuegbuzie, et al., 2013, p. 4-5). Finally, the macro system includes the larger systems that influence a person in a more indirect way such as social norms, values or beliefs, or even laws or policies (Onwuegbuzie, et al., 2013).

This study views all four of these levels to be important in the play therapy process. It especially considers the mesosystem and the strong connections between the child, the parent, and the therapist. Systems theory helps explain the importance of understanding how multiple systems from macro to mezzo to micro can impact the play therapy experience, because systems theory believes each system has an impact on the child (Onwuegbuzie, et al., 2013).

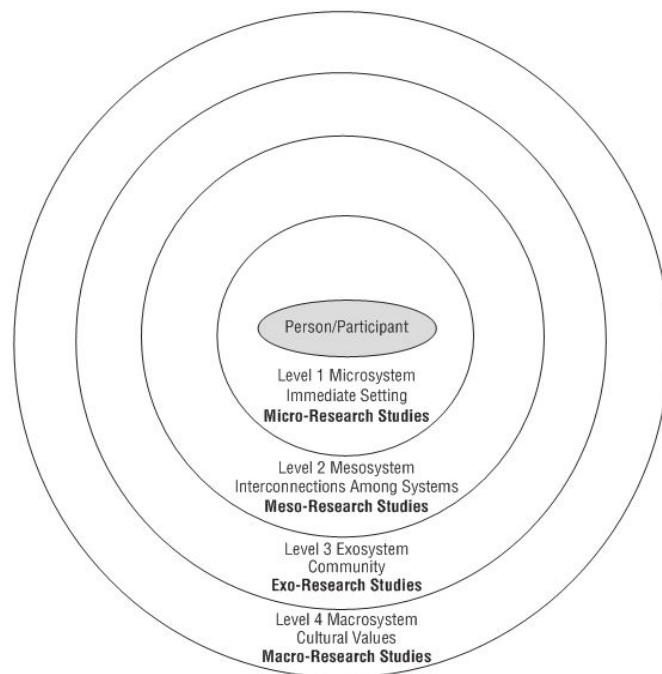


FIGURE 1: A VISUAL REPRESENTATION OF BRONFENBRENNER'S (1979) ECOLOGICAL SYSTEMS MODEL AND LEVELS OF RESEARCH

This study was also guided by the belief parent experiences and thoughts regarding their child's therapy are paramount in the overall outcomes and process of the therapy for the child. There is little research regarding experiences of a child's parents or family during the therapy process, and due to the conceptual belief in the importance of parents in a child's therapy, experiences, thoughts, and feelings of parents regarding their child's therapy are important aspects to pay attention to. Because the therapist-parent relationship is of great importance in the

overall experience of the parent and child in the play therapy process, this study aims to provide additional information social workers and therapists can use to support parents during play therapy so parents, in turn, might be more likely to support their child's therapy services.

Methods

Research Design

The purpose of this study was to gain a fuller understanding of the experiences of parents who have had a child use play therapy. Therefore, this was an exploratory, qualitative study. The qualitative design for this study was chosen because qualitative research looks to tell a story to help create understanding or meaning of a certain topic, and can use words or sentences to represent the data (Grinnell, Williams & Unrau, 2016. Pg 372). In comparison, quantitative studies use variables that can be measured, analyzed and statistical significance determined (Grinnell, Williams, & Unrau, 2016). Because this study aimed to explore the experiences of parents, it is would have been difficult to measure such experiences in a quantitative way. Therefore, it was believed by the researcher that qualitative research would best allow these stories, thoughts and feelings to be shared by each participant. As the literature review describes, much of the known information around parent involvement in the play therapy process is either outdated or does not include parent experiences in its findings. Parents have a vital role to play in the lives of a child, and are needed for play therapy to take place. Therefore, it is important to consider how those parents understand play therapy and what their own experiences, impressions, or thoughts are on play therapy having had a child go through the process. This qualitative study provided parents the opportunity to share their experiences and allowed for this exploratory framework.

Sampling. The participants for this study were gathered through a purposive sample. This involved looking for and recruiting parents who met select criteria for this study. To recruit participants for this study, the researcher reached out to personal and professional contacts who may have known of interested participants. An email and flyer was provided to these contacts to pass along to potential participants for this study (See Appendix B). Parents contacted the researcher via email, Facebook, or phone to express their interest in participation. Snowball sampling from participants already in the study was also used to help gain additional participants.

For the purpose of this study, the term parent was defined as any adult, related or unrelated to the child, who was caring for and responsible for that child at that time. The requirements to participate in this study was that the parent must be caring for a child who is currently in play therapy, or have cared for a child within the last year who was in play therapy during the time they were in their care. There were also no restrictions around the type of play therapy used for the child's therapy services. If the child had taken part in a form of play therapy, they met this criterion for the study. Participants also needed to be willing to share their experience in an audio recorded interview, live within the twin cities area, and be over the age of 18. Participants for this study could have been male or female and there were no requirements regarding the background of the child who used play therapy, their age, diagnosis, or why they needed services. However, those characteristics were recorded through initial questions during the interview and were used to help analyze the data.

Participants. The sample size for this study comprised of 5 biological parents of children ages 4-11. All participants were female. Four identified as white, and one identified as White/African American/Pacific Islander. The child's time using play therapy ranged anywhere

between 2-7 years, and all five participants reported still having their child in play therapy at the time of their interview. Four of the participants had experience with one child in play therapy, and one participant reported using play therapy for two of her children.

The approaches of play therapy parents experienced differed between participants. Two of the participants reported participating in play therapy with heavy parent involvement in therapy sessions. While neither of these two participants described it as such, this may have been a form of filial therapy due to the heavy parent involvement and education described by participants in their therapy sessions. However, this is unclear, as these participants were unsure of the exact title of their child's play therapy. Two participants reported more non-directive, or child-centered play therapy, and one reported her child to have used a form of group play therapy. Finally, parents reported different diagnoses for their child using play therapy such as Autism Spectrum Disorder (1), Anxiety Disorder (2) and Adjustment Disorder (2).

Protection of Human Subjects

Specific measures were taken to ensure the protection of the participants through this study. The researcher received approval of this study by the Institutional Review Board (IRB) before recruiting and performing any interviews for this study. The researcher sought out feedback from the research committee and chair on the sensitivity and ethical nature of the study and interview questions.

Participation in this study was completely voluntary. While the researcher went through personal and professional contacts to help find interested participants, these contacts were to only pass along the IRB pre-approved flyers or emails to possible participants. Because participants needed to contact the researcher directly, the researcher's original contacts were not given any

information around who responded or agreed to participate in the study. This assisted in the confidential and voluntary nature of this study.

The consent form was distributed to participants before the interview took place via email for the participant to read over. This consent form contained information regarding the focus and purpose of the study, the interview and research procedures, as well as the risks and benefits to participating in this study. It also described the measures taken for confidentiality, protection of participants, and the voluntary nature of the study (See Appendix A).

Information in the consent form was reviewed at the time of the interview and signed by the participants before the interview began. Any questions the participant had before beginning the interview were answered at that time as well. The participants were also informed of the recording process for the interview and that they could choose not to answer any questions or to end the interview early should they wish. All signed consent forms were stored in a locked file cabinet to maintain confidentiality and will be destroyed three years after the date signed.

Measures were taken to ensure the client's confidentiality for this study as well. Names of the parent, their child, therapist, agency, or any other identifiable information was eliminated in the write-up and presentation of this study. Parents' participation in this study remains confidential and unknown to the play therapists they are/were connected with unless the parent chose to inform the therapist themselves. This helps ensure the confidential nature of the study as well. In addition, the researcher and participant met in a neutral or private location of the participant's choosing to ensure confidentiality. All interviews were recorded, transcribed and stored on the secure online-based system, OneDrive. All contact information such as email, addresses, or phone number in which the client supplied for this study were also saved on a password protected computer and will be deleted after the completion of this study. All

transcriptions of the interviews were typed and stored on that same password protected computer. All printed transcripts were stored in a locked cabinet. All recordings and transcripts will be destroyed by May 20th, 2017.

Data Collection

Data was collected from individual parent interviews and recorded on the researcher's computer for transcribing. Data for the interview was collected using a semi-structured interview form. The questions were formed based on the literature review and designed to focus on the play therapy experience from the parent's point of view. The questions were thought to help create understanding and to help best answer the final research question (Appendix C). Demographic data about the clients age, gender, race, and relationship to the child was also collected to help give a fuller picture of the individual when analyzing the data (See Appendix D). These questions were reviewed by the researcher's committee and chair as well as the Institutional Review Board (IRB). Once approved, recruitment for participants and data collection began.

Data was collected through in-person interviews during the months of January and February 2017, at a location of the participant's choosing such as an office, private space in a coffee shop, the client's home, or a private space on the St. Kate's campus. Each interview lasted approximately 50 minutes. Interviews were then transcribed by the researcher to interpret the results. After the interview, an email was sent out to the participants, thanking them for their time and insight for the study (See Appendix B). Participants were informed that they may have a copy of the final research which would be emailed to them upon request, and were also invited to attend the presentation of the final research project.

Data Analysis

This study looked to answer the research question: What are the experiences of parents who have had a child use play therapy? This study was analyzed using a Grounded Theory approach. According to Creswell, (2007), Grounded Theory seeks to create theory “grounded in”, the data collected (p 63). With this approach, open coding was used, which is the process of determining large, or broad categories within the data, and then seeking to search for these categories until there is a “saturation” (p.160) of data, meaning no new information is found (Creswell, 2007). Due to the small number of participants for this study, full saturation was not reached. However, the use of open coding still proved beneficial to discover themes or common categories throughout the data. These larger themes identified were: The therapeutic relationship, changes throughout the therapy experience, outside influences on the therapy experience, and the role of culture.

Once open coding was complete, axial coding was used next. Axial coding is the process of finding connections within the categories, or providing an insight, into the categories found which can help explain the general theory formed. (Creswell, 2007). The axial coding process allowed for each of the themes to be broken down into these smaller codes or sub-themes which helped support the larger theme found throughout the data. Table 1 displays the breakdown of these themes and subthemes through the use open and axial coding of the data.

Table 1*Themes and Sub-themes of Data Through Open and Axial Coding*

<u>Therapeutic Relationship</u>	<u>Change Throughout the therapy experience</u>	<u>Outside influences on the therapy experience</u>	<u>Role of Culture</u>
○ Child/Therapist relationship	○ Perceptions of Play Therapy	○ Additional Therapy	○ Breaking the culture of Poverty and Domestic Violence
○ Parent/Therapist Relationship	○ Role of the Parent	○ Childcare/school	○ Use of Culture by the Therapist
	○ Parenting practices	○ Financial Services	
	○ Child behaviors	○ Social Stigmas	

The use of Grounded Theory was chosen due to the nature of the study. Because there is limited research on the experiences of parents themselves as it relates to play therapy, there is still much more to learn in the area. According to Creswell (2007), Grounded Theory is often used in qualitative studies in which the creation of the theory may help spur additional research. Because there is limited research on the topic of parent's experiences of play therapy, the use of a qualitative study rooted in Grounded Theory allows for the possibility of future research on the topic.

However, because research does exist focusing on consultation in play therapy, the researcher relied on the literature review and conceptual framework to provide a start list of ideas or sensitizing concepts regarding what parents might say based on the literature around consultation and the parent-therapist relationship in play therapy. These concepts gave the researcher a starting point for what categories or themes might emerge from the data. However, it was also known that new or unanticipated themes could potentially emerge from the data as well. Some of the themes considered during data analysis included: parent's view of their role in

their child's play therapy, the importance of cultural competency of the therapist in working with the parent, feelings of being overwhelmed or confused when referred for play therapy, and the importance of the parent-therapist relationship in creating parent feelings towards the therapy process experience itself. By using these themes as possible starting points, this allowed the researcher to consider them when coding and finding themes, or categories, within the interviews themselves. As is displayed in table 1, many of these themes were reflected in the data. However, additional themes and sub-themes which were not a part of the original start list of themes were discovered in the data as well and are a significant aspect to this study.

Findings

This research attempted to answer the question: what are the experiences of parents who have had a child in play therapy? The data collected from five parent participants was coded and analyzed by the researcher for themes and sub-themes within the data. Through this process, four major themes were discovered. The first theme was the Therapeutic Relationship which was then broken down into two sub-themes: child-therapist relationship and parent-therapist relationship. The second theme within the data was Changes Through the Therapy Process with four sub-themes: perceptions of play therapy, role of the parent, parenting practices, and child behaviors. The third theme found in the data was Outside Influences on the Therapy Experience. This theme had four sub-themes which emerged consisting of additional therapy, childcare/school, financial influences, and social supports and stigmas. The final theme which emerged from the data was the Role of Culture. For this theme two sub-themes emerged which were: breaking the culture of poverty and domestic violence and use of culture by the therapist.

The Therapeutic Relationship

Many of the stories and experiences described by parents around their child's play therapy focused on the relationship between the play therapist and their child or themselves. Therefore, this category can be broken down into two sub-themes: Child/Therapist Relationship and Parent/Therapist Relationship.

Child/therapist relationship. For all parents, the relationship between their child and the therapist was a positive and incredibly important one, but it was also one that took time to grow.

The first time he went in there he said, "I'm not going in there" but then over time he was more ok with it, and then he would start asking. Even now he will ask, "Am I going to see (the therapist) this week?" ... because he looks forward to that.

Another participant described a similar growth or change in the relationship between the child and their therapist.

So, at first, he sat on my lap and was shy, but I think now he'd just play with (the therapist). I mean he loves her. But initially, and I think with any child, that parent interaction would have to be there to build that level of comfort and rapport for the kiddo.

In addition to the growing relationship between the child and their therapist, participants also described the support the therapists gave to their child throughout their time in therapy and the ways this impacted their child. One participant described how her son feels he can always talk to his play therapist whenever he needs to. She said,

So, (he) knows that at any point he can walk into (the therapist's) office and talk to her. I mean, obviously if there's a kid in there then no, but he can go and say "I have a concern" or share whatever is happening.

Another participant described this therapist support for her child through the immense care or enjoyment the therapist has for working with children, and how this comes through in her work with their child.

You know how you can just know that somebody is a kid person? She's definitely a kid person. And she'll even tell you, "I love kids" and she's really silly. She's like, "the teenagers, yeah not so much, but I really connect with the little kids." And you can tell.

In these ways, participants show how their child grew to form a positive and important relationship with their therapist. Similarly, participants described a positive relationship experience between themselves and their child's play therapist as well.

Parent/therapist relationship. Because this study was open to participants from all play therapy styles, participants ranged in their level of involvement with the play therapy itself. This involvement ranged from very limited contact with their child's therapist and the therapy sessions, to a high level of involvement including the parents in many of the play therapy sessions themselves. However, regardless of involvement levels, all five of the participants described a positive and impactful relationship with their child's therapist. One participant who has limited contact with her child's therapist stated, "I guess they've (her feelings) gotten better, just because I know how much (my daughter) likes her. And she is very picky about people!"

Another participant who was more involved in the therapy process and attended play therapy sessions with her daughter, had a little more to say around the growth in the relationship and how it's emerged.

I really respect her, the play therapist, now. She's helped (my daughter) through emotional distress and helped her to get emotionally regulated...She's also just given me

a lot of parental support. Suggestions as to how to handle behavior or what to do when my daughter is getting dysregulated.

Similarly, another participant who did not attend play therapy sessions with her child, described a relationship between the therapist and herself that consisted of openness and honesty.

We've gotten to a point where she shares with me and I share with her, and it's just over time. I think just like with most relationships, over time if you're open and honest, that's what it's like. Cause we're all human.

Finally, two participants of this study described the ways in which their therapists connected with them by using self-disclosure and the impact this had on their relationship.

You know, in sharing that, honestly, it built rapport because I trusted her more. She knows what I mean when I say, "I want to pull my hair out or I want to scream!" ... So, to be able to relate with her like that. Culturally, she's had similar struggles. I think that is powerful and connecting.

Therefore, parent-therapist relationships had a major impact on the positive views and experiences participants had throughout their child's play therapy. In fact, one can continue to see the ways these positive relationships are expressed by participants as impactful of their experiences throughout the remaining themes of this paper.

Changes Throughout the Therapy Process

Many of the experiences of the participants in this study included a focus around changes that arose throughout the therapy process. These changes can be broken into four sub-themes: Perceptions of Play Therapy, Role of the Parent, Parenting Practices, and Child Behaviors.

Perceptions of play therapy. Many participants described changes to their own understanding of the play therapy process from when they first began. Participants had a wide

range of thoughts around play therapy which generally shifted after experiencing the therapy with their child. For one participant, the process of play therapy was much different than she expected. “I thought it was more... talking about stuff, but it’s really not. The therapist just plays, literally plays. I thought there would be more talking involved” Another participant described an additional perception that changed for her throughout the play therapy when she said, “I thought she’d just kind of watch him play and correct him, saying things like ‘no, you can’t hurt the baby’ or ‘no, you can’t talk back’ you know? I didn’t expect it to be as much helping him find coping mechanisms.”

In addition to this change, three of the five participants in this study described initial skepticism or doubt in the success of the therapy when first starting and described changes in how they understand it now.

I thought to myself, “you know, this is three hours out of my day with him, I only have so much time with him, we’re driving up here, and what are we really accomplishing?” ... So, I did start to question what was the purpose behind some of our appointments, like where are we going, what change has there been between this one and that one? But, when I look at the long term, there has. So, I think that for parents going into it – they should know it’s not just a month or two process.

This quote also supports the issue of participant frustration around the time it takes to see changes and describes a participant’s wish to have known more about the play therapy process before beginning.

Role of the Parent. Another notable change expressed by participants was their perceptions around their involvement or role as the parent in the therapy process. Regardless of the type of play therapy used and therefore the level of parental involvement in the actual

treatment room, participants expressed changes in the way they viewed the importance of themselves in the therapy process. Several participants described how they came to see themselves as the “connector” or “bridging the gap” between the therapy and the home, or between the child and the therapist. One participant stated that she was surprised by the level of involvement and role she played.

I thought I was the mom who would drop my kid off and leave and they could figure it out... I didn't see me as being more like the huge communicator, or connector. Because they don't know him. I didn't think of this going into it, but looking back on it, saying “ok I'm the one who set him up with this so obviously, they need information and they aren't going to get it just from the kids, cause they don't know what's going on” ... So, to be able to have the communication about what it looks like at school, what it looks like at home, and what it looks like when we're out and about in normal daily life.

Another participant described a similar, experience by stating “it's required that parents play an active role in the therapy and you're bridging strategies at home with strategies at school.” For this participant, it was taking things from both settings and being the bridge between the two.

Another participant who played an active role in the actual therapy session with her child stated, “I was really surprised by that, because I thought it would be more where I'm sitting in a waiting room and he's sitting in there playing with her, and it's not. It's all of us as a team doing it.”

However, it is important to note one participant described a very different experience of her role in the process. This participant had her child in play therapy through her daughter's preschool. Therefore, the participant did not see her child's therapist very often, limiting her involvement, which she described feeling bad about.

Sometimes I feel bad because I'm not as involved, but I don't know. She (the therapist) doesn't ask! So, I don't know what else to do. I think if I was bringing her to play therapy I'd be more involved, but (my daughter) is already there, it's during the school hours so it kind of takes me out of the picture a little bit.

Therefore, participants described experiences of change in their views regarding what their role in play therapy would be, as well as one experience of limited involvement throughout the process.

Parenting practices. All the participants in this study reported parenting changes, or new things they learned about parenting to differing degrees. "I'm also learning boundaries with her. She likes to sleep in my bed, and that's something else that we're working on in play therapy. (Her therapist) will give me a lot of suggestions." Another participant provided an example to how her parenting has changed during this process.

Before we started play therapy, if she was having a temper tantrum or a hard time, oftentimes I would just ignore it or maybe get angry with her. I would escalate and she would escalate, and it was a just a bad situation. And now, I'll help her identify her feelings and try to help her understand what she is going through.

Another, described her parenting shifts from play therapy to impact her own self confidence by saying, "I think it's given me self-confidence to be more decisive in my parenting because I have these skills that (the therapist) has given me." And so, participants described how they have gained different parenting skills, confidence, or understanding of their child's own behavior within their play therapy experience.

Child behaviors. All the participants in this study described improvements or changes in their child's behaviors since they have begun play therapy. These changes related to each child's

specific challenges in which the child was working to address. One participant, whose child has been diagnosed with autism, described her child to have many communication and social challenges. She described a scenario where her son willingly engaged in a conversation with a police officer in public.

(My son) walked up to the police officer and he said, “what’s on your shirt?” and the officer said, “well, that’s a walkie-talkie”. And (my son) says, “oh walkie-talkies are great. Where is your hat? You should be wearing a hat.” And so, this is what happens now outside the home. My son would never have engaged in a conversation with a police officer before. Would never have noticed another man in the world to talk to.

Other participants expressed similar findings regarding the changes they saw in their child. One participant described how her child can now regulate herself rather than reacting in big ways.

(My daughter) has had interactions with other teachers and they didn’t think she was the same kid. They’ve said things like, “wow she can regulate herself now!” So, if she doesn’t get her way, if I tell her no, she doesn’t throw her body on the floor with a temper tantrum and kick and hit.

Another parent described change in her son’s ability to regulate and manage emotions by saying, It’s the way he’s dealing with his emotions and they just seem more appropriate... It’s not the drama. He’s angry, yes, but he finds a way to deal with that anger without being physical.

And so, participants described changes in their children as a key aspect to the changes they experienced through the therapy process.

Outside Influences on the Therapy Experience

Another theme found in the participant data was the amount of outside services or influences which have impacted the participants and their child(ren) during their play therapy experience. Emerging from the parent's experiences came four significant types of outside influences or subthemes: Additional Therapy Services, Childcare/School Influences, Financial Supports, and Social Stigmas.

Additional Therapy Services. Two participants within this study described other therapy services in addition to the play therapy as having an important role in supporting their child. One participant whose child has autism and received a wide range of additional services such as day treatment, speech therapy, and occupational therapy, described the services and supports from each therapist and program as extremely important to her son's experience. "Every therapist we've been with has different skill sets... I'm talking about a bunch of different types of therapists that (my son) has had and the value in all of them." Another parent described how her child's day treatment worked in tandem with her play therapy to offer combined support. "I think that it (play therapy) was definitely the first step, and then getting her into the day treatment program helped immensely too... So, it was getting her into more support."

Childcare/school Influences. Another influence described by participants in this study were ways in which the school provided different avenues of support through their helpful teachers as well as their easy access to play therapy. However, it also created a source of stress and provided a negative influence for the parent experience as well. Therefore, childcare/school influences can be broken down to three categories: Caring and helpful teachers, Easy access to play therapy, and negative influences.

Caring and helpful teachers. For many parents, teachers within the school were a tremendous help and influence on the play therapy experience. One way teachers were described to be a part of the experience was by providing the referrals for parents to seek out play therapy in the first place. Two of the five parents were referred to play therapy from their child's teacher and one described the experience by saying,

It actually came as a recommendation from her teachers to start play therapy... they just suggested that she start therapy and one of the teachers had 20 years before had her child at the same center as I went to. So, they recommended that, and I just called them and made the appointment.

Participants also described the ways in which their child's school worked with them and their therapist to support their child as best they could. "I'm so appreciative that the school was willing to change stuff. I thought, 'oh my gosh they are rearranging all of this just for (my son)!" Another mother described her child's school teacher to be an integral part of her child's development during this time by being the teacher who made a breakthrough with her son's language. She described her to be "the teacher who cracked the code. She did a sign language lesson, and that's when (my son) started to talk. He signed first and then talked." And so, the involvement of teachers within the child's school or childcare had a clear influence for the participants within the play therapy experience.

Easy access to therapy. For two of the participants, the school was also the access point for the therapy which was offered in the school itself. One participant in this position described how simple it was to get her child into therapy because the services were right within the school. "So, I met with the therapist and she explained how it works and I thought, ok, let's give it a try. I don't have to bring her, she's already at the school. Perfect!"

In this way, a theme for participants was the easy access some parents had to play therapy right in their child's childcare/school.

Negative influence. However, it is important to point out that two of the five participants also reported negative experiences from the schools which coincided with any positive experiences they had as well. For both of these participants, the negative experience caused them to eventually withdraw their child from the school/childcare they were in. One participant described this experience when she said,

She (her daughter) would throw tantrums and throw her body on the floor and not comply with the teachers... it seemed like every time I walked past her classroom she would be in time out... we left that daycare center within two or three weeks afterwards cause the therapist recommended that she be removed from that setting because there was such bad dynamics between her and her teachers. They just didn't get along.

In this way, the childcare/school system was described by participants in both positive and negative ways regarding the influential role this system, and the teachers within it, played for parents and children around play therapy.

Financial services. Another common topic found in the data was the discussion of finances and the cost of therapy for children. Four of the five participants described the financial aspects of accessing therapy as well as the number of ways to help cover the very high cost of services. One parent described the amazing support she received from her child's therapy clinic to help her find the grants needed to cover the cost of a diagnostic assessment for her child.

I thought, "oh my goodness, how are we going to afford that?" We were able to apply for a grant because we had (the father's) insurance but they would not cover the initial assessment. And so, it was going to be out of pocket and there was just no way I could

afford that at the time. I was really appreciative that they (the therapy agency) were able to do that.

Another participant discussed the ways in which financial barriers exist for many families and how there are programs to help families afford the needed care.

There are barriers, so most places, like a school district, do payments like sliding scales.

Kind of like childcare. Where if you make certain amount, a certain amount is waived. Or if you have Medical Assistance or MinnesotaCare they work out a negotiation with your provider.

And so, a common theme for parents was the influence of financial services in allowing them to gain access to play therapy services. However, while there are many financial services available, it was also found these insurance programs only went so far. One mother whose child required numerous services due to his autism diagnosis described the importance of government programs such as TEFRA in supporting her family's ability to pay for her son's treatments.

However, the insurance, including TEFRA insurance had its limits regarding group play therapy.

Autism Day Treatment was fully funded by insurance and we never ran out of visits for that... But even TEFRA, and TEFRA covers everything, didn't cover (Play Therapy). It was that much more advanced, that it was almost like a preschool setting... but, yeah I'm not sure exactly why. It was like, I want to say it was \$250 a week or something. Which is a lot! And it was only three days a week, half a day.

The participant in this interview did not go on to explain how she and her family covered this cost for therapy, although it is clear this payment was made as her son did participate in the play therapy group. However, whether this payment was made independently by the participant

or through an additional financial support is unknown. Therefore, finances were a strong theme for participants in this study.

Social stigmas. The final sub-theme for influences on the play therapy experience were the impacts of social stigmas on participants as they sifted through the challenge of diagnosing, and then treating, their child to address their child's challenges. Stigmas or views of mental health influenced the fears or concerns many of the participants had of what labels, a diagnosis, or even accessing therapy could mean for them and their child. For one parent, she described the ways much of the stigma of therapy and mental health came from those closest to her. She stated, "His dad would say, 'you're going to put our kid in the loony bin next!' So very cynical. And my boyfriend has said, 'he doesn't need therapy, he needs consistency and parenting.'" Another participant recognized this influence of social stigma, by saying, "A lot of people think that going to see a therapist is a negative when it should be a positive, because I think we all have issues it just depends on what they are."

Several other participants described worries for how labels of a diagnosis would impact their child.

She was almost diagnosed with Oppositional Defiant Disorder which was pretty scary and would have changed a lot of things for her future... But, her therapist didn't give her that label, and instead gave her general anxiety disorder... It's knowing how people in the school system see that and then almost treat you differently with that label. So, I feel like anxiety disorder is a lot easier to swallow personally.

Another participant described how she sees the issue more as a societal, or social, issue that is influencing her son. "He'll always need to work on communication, and that's just

because who we are as a society, not how (my son) is. It's who *we* are." In this way, social supports as well as social stigmas were clearly influential upon participants.

Role of Culture

For several participants, culture had a large role to play in the therapy process. From breaking down issues of poverty and domestic violence, to impacting the way the therapist used participants' culture as a way to work with the family.

Breaking the culture of poverty and domestic violence. A common theme emerging from the participants of this study was a desire to end cycles of violence or poverty within their family or that of society. Participants often connected these desires to family culture or norms within their families that they wished to end.

You talk about culture, and it's a known statistic that domestic violence and low income struggle more and I think with them being able to handle emotions that's just one step to breaking the cycle of violence. Or the cycle of poverty. Or breaking something like that. Because it's just being able to voice their own options for themselves without it turning into something that's behavior driven. Where it's a negative consequence, or they hit a kid or they are going down the wrong path. It's giving them other options.

Another participant described the way in which she saw the culture of domestic violence being reduced through the use of play therapy for her child.

I don't know if it's culture, but even things about the role of domestic abuse and families and how you're trying to break that piece or break that cycle. Well not every family is there, but we were trying to break the cycle. That was something I could see as a cultural factor.

In addition, one participant described how her own upbringing and how her family culture impacted the way she parented as well as how play therapy influenced her views on these norms.

Well, I was raised by nannies. Both my parents were airline pilots so I had live-in-nannies, and I think that has affected me. I didn't have an example of parenting ... so when I think about culture, and that type of stuff, that was my example of parenting. Of family life.

For another participant, the lack of emotion expressed in her family growing up impacted her style of discipline and parenting in ways she eventually decided to change.

I grew up in a family that didn't express emotions, so it was hard for me to identify (my daughter's) emotions, and help her express them when I don't do that well with myself. Or if I have emotions, I usually just stuff them because I learned that you're just normal happy or maybe mad, and there's no in between. So, having that culture, whether or not I was aware of it - no it's definitely a part of my cultural upbringing. And then having to change that was hard.

In this way, parents describe a wide range of ways in which they see play therapy impacting the culture of their own family in positive ways, by breaking down cycles of cultural norms such as domestic violence or certain parenting practices.

Use of culture by the therapist. Another theme was the ways in which participants saw their child's therapist addressing or acknowledging the culture of the family within the therapy sessions. For one participant, she described this when her child played out the use of spanking in the play therapy session.

My daughter brought it up in her play. She would play with her dolls and say to them, “now I’m going to spank you guys!” And it brought us into the discussion about discipline... I think initially I maybe felt a little, I don’t know what the word is. I don’t want to say attacked, but very much on the spot about it. I felt defensive. But then I really looked and had time to think about it, and it does make sense. When the discipline is used, I mean it didn’t really resolve the problem. It just made things worse.

And so, this participant’s experience of her therapist’s use of culture within the therapy session was to address areas that her child brought up in her play, and to allow the mother the time to reflect and consider if, or how, she wanted to change these norms in her family.

Another participant described the way in which her therapist allowed numerous family members to be involved in her child’s therapy process and the importance that had for her and her child. She said, “I really like that (the therapist) allowed me to have my mom as a part of it, because it probably gave her a window into how I parent, watching my mom interact with me.” It was also shared by this participant that culture has the potential to be very important in therapy.

I think culture is very different depending on the individual person, so I would hope that, if I was Native American and that was a strong part of my history and my family that would also be strong part of how that therapy would have to go.

And so, culture was described by the participants to be something that was changed for the better as well as described the importance of having therapists who honor some of the important cultures within a family.

Discussion

The data gathered in this study allowed for a comprehensive answer to the research question: What are the experiences of parents who have had a child in play therapy? The themes discovered within the findings uncover the ways this research question was answered as well as support many findings within the literature that already exists. This discussion will consider how the findings relate to the literature around play therapy and how the data relates to the conceptual framework for this study. It will then consider the implications of these findings upon social practice, policy, and future research as well as identify limitations and strengths of the study.

Consistency with the Literature

The data presented in this study provided a better understanding to what parents are experiencing through their child's play therapy process. Overall, participants described a positive experience and viewed the therapy to create effective change in their child. Therefore, the data greatly supported the literature around the effectiveness and success of play therapy as a technique for working with children.

An important finding to this research was the importance of the relationship between the therapist and child, as well as the therapist and parent. This finding aligns with literature regarding the importance of building positive relationships between the parent and therapists to provide the most effective therapy (Holcomb-McCoy & Bryan, 2010; Post, Ceballos, & Penn, 2012; Athanasious, 2001). It also aligns with the importance of using consultation to build that positive relationship (Athanasiou, 2001). For most participants in this study, the relationship between the therapist and parent was described to be something that took time to grow, but once it had, it created changes not only in the child, but also in the parent. Therefore, this study

supports the importance of therapists working to build a positive and supportive relationship not only with the child, but also between them and the child's parents to create lasting change.

In addition to the relationship between the therapist and parent, there was an emphasis around the parental role in play therapy. This finding aligns with the literature regarding the importance of finding ways to involve parents in the therapy process through approaches such as filial therapy (Post et al., 2012), or by using effective and regular consultation to involve parents in the process outside of the therapy sessions (Athanasίου, 2001). Surprisingly, this study found regardless of the play therapy approach used, participants in this study generally reported feeling they were involved and had an important role to play in their child's play therapy. This provides support for the ways in which collaboration/consultation as well as filial therapy both have the potential to be beneficial ways of including the parent in the therapy process.

However, it is important to point out that one parent did not have this experience. This parent did not express feelings of being very involved in the play therapy process and did not see herself as holding much of a role in play therapy. This finding supports literature which describes draw backs to play therapy that do not include parents in the sessions themselves (VanFleet, 2011 & Foley, Higdon & White, 2009). It is also important to point out that this parent described the easy access for her child to receive play therapy through the school as a possible reason for her lack of involvement in the process. Also, important to point out, is that of the two parents whose children accessed play therapy in the schools, only one of them reported a feeling of limited involvement in the therapy process. Therefore, additional exploration into how school based vs. clinic based therapy impact the level of parent involvement would be beneficial to bring greater understanding to how school based play therapy impacts the parent experience in their child's play therapy.

Changes within therapy. Another important discussion point is the vast amount of changes reported by parents throughout the therapy process. Reports of changes and improvements in the behaviors of participants' children were one of these described changes. This finding supported the literature regarding the effectiveness of play therapy in addressing some of the behavioral or social challenges children who have a clinical diagnosis are facing (Bratton, et al., 2014; Gold, et al., 2014; Meany-Walen & Teeling, 2016; Perryman, et al., 2015; Ray, Blanco, Sullivan & Holliman, 2009; Salter, et al. 2016; Stulmaker & Ray, 2015).

Interestingly, all five parents from multiple approaches of play therapy described changes to their parenting or parenting strategies as well. These strategies were described by participants to have been learned through consultation or therapy sessions with their child's therapist. Literature around filial therapy as well as consultation in other forms of play therapy support these findings (Athanasίου, 2001; Foley, Higdon & White, 2009; VanFleet, 2011) through the ways in which parents have the ability to access the play therapist to help address challenges in the home. Interestingly, all five participants, regardless of their described level of parent involvement, described ways in which they used parenting strategies suggested by the play therapist. This suggests that play therapy was highly beneficial for participants not only in how it created changes within their child but also in the amount of parenting support it provided them.

Several parents also described changes to their understanding of what play therapy was or how it worked. Others described skepticism of the therapy's effectiveness during the process. While most parents described some amount of these perspectives upon their child initially entering into play therapy, they also described changes in their understanding of how play therapy works as well as their views around its effectiveness. Therefore, this finding may suggest a need for greater education to parents upon their child entering play therapy around what play

therapy is. It is also important to note at least one parent had skepticism of the therapy going beyond the initial sessions and even began to second-guess why they were making such an effort. This skepticism is highly important to consider as it could have affected whether the parent persisted through the therapy. Therefore, this finding suggests the importance of discussing the feelings of parents throughout the therapy process in efforts to ensure that parents are feeling positive about the therapy as well as to ensure reasonable expectations of how and when they may begin to see changes within their child.

Cultural Implications. Culture was also found in the data to be considered an important area of emphasis for participants of this study. These findings both supported the literature as well as brought another aspect to the discussion of culture as it impacts play therapy. One participant pointed out the importance of the cultural awareness of her therapist around how the therapist included her family in the therapy process. This participant also acknowledged the importance of therapists recognizing the cultural norms of families and responding in ways which support these family cultural norms. This finding allows for an understanding of some of the ways in which a parents' culture can be used within the consultation and collaboration process with the parents as well as with the child in therapy sessions.

Within the theme of culture, it is important to note the limited racial and cultural diversity of the sample size for this study. Of the five participants in this study, four of the five women identified as Caucasian, and only one identified as Multi-Racial: White/African American/Pacific Islander. This limited amount of racial or ethnic diversity among participants created difficulties in determining ways in which different cultural or ethnic groups may experience play therapy differently. Within the literature, there is support for the idea parental experiences in play therapy may differ depending upon one's racial, ethnic, or cultural

background (Chang, Ritter, & Hays, 2005). Therefore, a greater and more diverse population is needed to determine the significance of culture as it affects a parent's perception of cultural implications to play therapy.

Interestingly, participants in this study described another side to how they viewed culture to impact their experience, which was not considered in the initial literature review for this study. For three of these participants, the impact of culture on their experience of play therapy lay in their own attempts to break cultural norms participants did not want to continue such as domestic violence, poverty, or parenting practices the parents viewed as ineffective or negative. This is an interesting aspect to the data, as literature explored by the researcher did not describe ways in which play therapy might correlate with or impact changes in breaking down societal or cultural norms such as these. Therefore, this is an important finding to note as it provides additional areas to consider regarding further research. It also provides insight regarding some of the hopes of parents as they enter their child in play therapy, and the long-term outcomes they hope to achieve.

Conceptual Framework within the Data

Another important finding in this study was the impact of outside systems upon the parent and their child in play therapy. This finding is largely supported by the conceptual framework of this study, the ecological systems theory by Urie Bronfenbrenner. As described earlier, Systems theory is the belief that there are four levels of systems that impact an individual: The microsystem, the mesosystem, the exosystem, and the macrosystem. Each level contributes to the individual's development in a unique way (Onwuegbuzie, Collins, & Frels, 2013). Throughout the data of this study, participants commonly referred to numerous systems impacting their play therapy experience for the better or the worse. Many of these systems

influenced participants as they worked with their child and play therapist to create lasting change, and many of these systems played an important role upon the changes parents saw in their child and the overall experiences described. Therefore, this finding aligns with the conceptual framework of systems theory.

Participants' experience appeared to mirror this emphasis upon outside systems impacting the individual as all participants described a variety of systems such as school, additional therapies, social influences, and financial services to be impactful upon their play therapy experience. Interestingly, these influences impacted participant experiences in both positive and negative ways, and sometimes the same system affected them in both positive and negative ways at the same time. For example, participant descriptions around the referrals of their child's school teachers, support from teachers to make changes in the classroom for the child, and the easy access two parents had to play therapy in their child's school describe the positive impact this system has had on them. At the same time, parents also reported schools as a source of stress with schools or teachers not providing the best care or support for the children. Through these experiences, we can see the ways in which the school system, and the adults within it, can impact a parent's experience of play therapy for better or for worse. Therefore, further research considering the impact of the school in the play therapy experiences must be carried out. Also, participant experiences around teacher referrals for play therapy display the importance of having teachers trained in identifying mental health needs in their students to help children receive the services they need to succeed.

Socially, parents described positive supports of family members for them and their child in play therapy, while at the same time describing negative aspects through social stigmas from family, friends, or the larger society that impacted the parents and child.

Therefore, by recognizing how these systems affected the parent experience in both positive and negative ways, it provides an opportunity to consider best practices around how to best utilize some of the positive influences impacting play therapy experiences, and be sensitive or attempt to lessen some of the negative influences impacting the experience and the treatment process.

Implications for Social Work Practice

After examining the data in this study, there are many implications which will require the support of social workers, particularly those within the mental health field as well as those who work with children with mental health challenges.

The largest implication for social work, mental health, practice lies in the ways in which therapists continue to include parents in their play therapy practice. It is clear through this research the parent-therapist role is key to creating change, support, and a positive experience for the parent as they send their child to receive play therapy. It is therefore extremely important for play therapists to continually consider how they are including parents in the play therapy process and how to better involve them in the work with their child. Parents in this study all described an active role in their child's therapy to some degree, and the one parent who did not expressed a sense of guilt for her lack of participation. Therefore, play therapists must continue to explore ways to involve parents in play therapy as much as possible.

In addition, there is a need for both play therapists as social workers working with children, to consider how they can collaborate with the many systems families are also engaging with during the play therapy process. Social workers or child case managers need to reach out the child's play therapist, and therapists must reach out the known social workers or additional services involving the child in effort to collaborate and support one another and their mutual

clients by working together. This appears to be especially helpful in creating positive experiences for parents and changes in the child, and is therefore a major implication of this study.

Finally, this study provides implications for play therapists to consider the experiences of not only the child, but also the parent in the play therapy process. In doing so, play therapists must also continue to work with parents to educate and inform them around what play therapy is, what parents can expect in the therapy, and how the parent can be involved in the process. By doing these things, it may very well allow for parents to have, not only a more active role in the therapy process, but also a more solid understanding of their child's therapy and ways in which they can support the process more fully.

Implications for Policy

This study also presents implications for policy, particularly around the area of systems and outside influences upon the play therapy experience for parents and children. Participant descriptions of school-based play therapy and the way this provided easier access to the therapy creates a belief more policies and funding must be provided to give schools more support for providing mental health services to children and families.

In addition to this, policy implications include a need for continued financial supports for families to access play therapy, as one parent described how her insurance company did not cover her child's group play therapy. Also, it is important to note how as social stigmas around mental health decline, greater support for policies providing easier access to mental health services are likely to rise. Therefore, policy implications from this study suggest a need for greater education around mental health in children today. If more people can eliminate their own stigmas or bias of therapy, as well as recognize how therapy can greatly reduce mental health challenges in children (Ray, Blanco, Sullivan, & Holliman, 2009; Bratton et al., 2014), they may

begin to provide greater support for additional therapeutic services for children. As this support begins to grow, more policies will likely follow which support services such as play therapy.

Implications for Research

Implications for research have been a topic throughout the discussion section of this paper. One implication of this research is the need for additional research to focus upon the different approaches to play therapy as a possible influence on parental experiences. Because approaches to play therapy differ in many ways such as to how they include parents in the therapy process, the number of children in the session, or the perspective of the therapist themselves, it would be beneficial to the area of play therapy if the efficacy of different play therapy approaches were considered regarding the experience of the parent during the play therapy process.

Another implication for research, as mentioned above, is the need for greater exploration regarding school based vs. clinic based care and if these different ways of providing care have any impact upon the experiences of the parent-therapist relationship as well as the role the parent plays in their child's play therapy process.

Another implication to the research resulting from this study is to consider a more in depth examination to the role of culture in the play therapy process. As one by study by Chang, Ritter, & Hays (2005) suggests, culture has the potential to impact a parent's perception of play therapy. Therefore, by examining in greater depth the ways in which culture influences parental experiences of play therapy it would provide for a greater cultural understanding of play therapy and how therapists might be able to better work with all families.

Similarly, due to the finding regarding participant hopes to end cycles of domestic violence, poverty, or parenting practices which they viewed as negative, it is suggested for

research to consider a longitudinal study around the long-term effects of play therapy in ending these kinds of society or cultural norms that impact so many families today.

Limitations and Strengths

There were some important strengths and limitations to this study that must be considered. One limitation to this study was the small number of participants it had. One key feature of Grounded Theory is that it seeks to interview clients until there is no more new information, insights or themes to be found, or in other words, saturation of information is reached (Creswell, J.W., 2007). Because this study only had five participants, it did not allow for a full picture or saturation of the data collected. And so, it is important to note that regardless of the data found from this study, more will need to be done in future research around this topic to gain a fuller understanding of the experiences of parents in the play therapy process.

A second limitation of this study was that the researcher spoke only English and therefore, could only interview parents who also spoke English. This limited the experiences that could be shared by parents from different cultures or backgrounds from the researcher and limited the breadth of data collected.

Finally, another limitation to this study was that the researcher could not triangulate the data received. The study relied on the views and experiences of the parents and not those of the children, therapists, or researcher observation. Even though it would have been difficult to gain qualitative data from young children due to their under-developed cognitive abilities for insightful and reflective thoughts, it would have been beneficial to have some understanding to the child's view as well the view of the therapists to add depth of this study, and could be a potential topic for future researchers to consider.

While the limitations to this study must be considered, there were strengths of this study important to consider as well. One strength is the way it looked at the perspective of play therapy from a different lens than has been previously considered. Parents play a key role in a child's life, but there have been few studies looking at how the parents understand and see the play therapy process for them and their child. For that reason, this study's major strength was how it examined play therapy from a different angle. In this way, parents were also able to tell their story, experiences and thoughts on the therapy process, which was another strength to this study. In addition to this new lens, this study also opened the door to consider the need for additional research involving parents in the areas of play therapy that would not have otherwise been found.

Another strength to this study was the qualitative nature of it. By using qualitative, instead of quantitative data, parents were better able to share their experience and had the opportunity to provide the researcher with more meaningful and substantial data to code and interpret.

While further studies must be made to further include parent perspectives on the play therapy process for their children, this study provided the base for further research to come, and provides a solid understanding to some of experiences parents who have had a child in play therapy have had.

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Appendix A

CONSENT FORM UNIVERSITY OF ST. THOMAS GRSW682 RESEARCH PROJECT

[Parent's Experiences of Having a Child Use Play Therapy]

I am conducting a study about the experiences of parents who have had a child use play therapy. I invite you to participate in this research. You were selected as a possible participant because you are a parent and/or caregiver of a child who has used or is using play therapy while in your care, lives in the Twin Cities area, and has expressed willingness to meet to answer research questions regarding your experience of this. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Kaitlin Bach, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Mary Nienow, MSW, Doctoral Candidate.

Background Information:

The purpose of this study is to explore the ways in which parents understand and view play therapy for their child by looking into the experiences of parents during the play therapy process. Current research has focused on the ways in which consultation and collaboration between the play therapist and parent may be beneficial to the outcomes of the therapy, but little has been studied concerning the understanding and experiences of the parents themselves of this process. Therefore, this study will look into your thoughts, and experiences in the play therapy process and will ask questions to help answer the research question: What are the experiences of parents who have had a child in play therapy?

Procedures:

If you agree to be in this study, I will ask you to do the following things: Meet with me for 45-60 minutes for an audio recorded interview. The full interview will be transcribed and used to discover findings. Findings from the interview will then be presented in my 682 Research Paper as well as shared at the St. Kate/St. Thomas student symposium day. I may also submit these findings to academic journals for publication.

Risks and Benefits of Being in the Study:

There are some risks to taking part in this study. Due to the nature of play therapy being used for challenges ranging in seriousness, there is risk that some questions in the interview may bring up negative experiences or thoughts regarding yourself, your child and/or other adults in that child's life. There is also a risk that it could be painful to think back on why your child needed therapy to begin with. However, the study places more focus on the parents and therapy experience than the reasons for therapy, causing these risks to be minimal. A 24-Hour crisis hotline number for Minnesota is provided here should you need to talk to anyone after the interview to minimize this risk (612) 379-6363.

There is no personal benefit to your participation, however, you will be contributing to the knowledge base of play therapy research, and build upon an area of play therapy that has not been well studied yet. It will also be a chance to share your feelings regarding your experience with the play therapy process that has not yet been told and have your experience shared with others.

Confidentiality:

The records of this study will be kept confidential. I will keep identifying information in a password protected computer file. I will keep the audio recording and transcription of the interview on a password protected my computer. Your interview will be transcribed for analysis, but your identity, as well as your child's and anyone else discussed in the interview will remain confidential. I will delete any identifying information from the transcript. Findings from the transcript will be presented in my research paper and to others in my symposium presentation without any identifying information. The audiotape and identification information will be destroyed by May 20th, 2017. This consent form will be destroyed three years after your signature.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. Because of the confidential nature of the study, your child's play therapist will not know if you chose to participate in the study, unless you chose to tell them. Your choice to participate in this study will also bear no impact on your standing or relationship with your child's play therapist and/or the agency they are affiliated with. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, I will still need to use the data I collected thus far for my class project.

Contacts and Questions

My name is Kaitlin Bach. You may ask any questions you have now. If you have questions later, you may contact me at 952-221-2514 or bach2235@stthomas.edu. You may also contact my instructor, Mary Nienow at 651-295-3774 or Nien3538@umn.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B

Recruitment Materials

Parent Letter

Dear Parents

Do you have a child in your care that has or is currently using play therapy? Would you be interested in sharing a bit about this experience? I am a Master's Student for Clinical Social Work at the University of St. Thomas/St. Kate's and am working on completing my research project for my program. My research question is: What are the experiences of parents who have had a child use play therapy? I am looking to interview 8-10 adults who are 18 years or older and who are caring for a child that has used or is using play therapy. You do not need to be a parent of the child to take part in the study, but need to have been caring for that child while they were in therapy.

To take part in the interview, I would need to meet with you for a one hour recorded interview that will ask questions about your experience relating to your child's play therapy. Your decision to participate is completely voluntary and it not impact your relationship or standing with your child's therapist and/or agency either way.

I would be so excited to meet you and to listen to your experience of your child's play therapy process. If you are interested, please contact me by phone or email at 952-221-2514 or bach2235@stthomas.edu.

I look forward to hearing from you soon!

Kaitlin Bach
Clinical Social Work Graduate Student

Letter to Personal/Professional Contacts

Dear _____,

I hope you are doing well! I wanted to reach out to you, because as you may know, I am currently in my final semester of my graduate degree in clinical social work. Part of my graduation requirement is to conduct a research study on a topic of my choosing. I have decided to complete a qualitative study focusing on the experiences of parents/caregivers who have had or currently have a child in play therapy. I am currently in the process of recruiting parents/caregivers for my study and would love your help! Because I do not want to appear coercive, I have chosen not to directly recruit participants myself, but am wondering if you know of anyone who might be interested in participating in this study? Adults do not need to be the child's biological parent, but must be caring for the child while they were, or are, in play therapy. There is no requirement for the diagnosis of the child for the caregiver to participate. The child may also have already completed their work in play therapy or currently be receiving treatment.

I would greatly appreciate your help in informing any parents/caregivers whom you know of that fit these criteria, and think might be willing and/or interested in the opportunity to participate. The time commitment for them is very small. I would only meet with them once for about one hour for a recorded interview. As my consent form and attachments state, all information regarding the parent/caregiver and their child will be kept confidential.

If you are willing to help me in my efforts to find interested parents/caregivers, attached is a flyer that can be handed out to those who fit the criteria. I've also attached a brief description you can read to the parents/caregivers to help them understand the nature of the study and what it entails.

If a parents/caregiver is interested, they may contact me via email or by phone to learn

more about the study and schedule a time to meet. If you have any questions regarding this study, please feel free to contact me. I would be happy to answer your questions. Thank you so much for your support of my graduate research project!

Kaitlin Bach
Clinical Social Work Graduate Student
Phone: 952-221-2514
Email: bach2235@stthomas.edu

Phone Call to Personal/Professional Contacts (Script Outline)

Hi _____.

This is Kaitlin Bach. As you probably already know, I am finishing up my Graduate degree in clinical social work this spring. I am currently in the process of completing my senior research project and was wondering if you might be willing or interested in helping me complete it...

Contact's Response.

My project focuses on the experiences of parents or caregivers who have had their child use play therapy. I'm looking for 8-10 parents/caregivers who would be willing to meet with me for about an hour to answer some questions about this topic. So, I'm wondering if you might know some families/parents with children in, or have been in, play therapy that might be interested in participating? Contact's Response...

I would really appreciate the help! Can I send you a letter of what you can read to potential participating parents/caregivers to help explain the study, as well as a flyer and email that could be sent to potential participants as well? Do you have any questions for me? (Answer any questions they have)

Great, my contact information is 952-221-2514 and bach2235@stthomas.edu

Flyer for Parents/Caregivers

Do you have a Child in your Care that has Used or is using Play Therapy?
Are you interested in sharing your experience of having a child in play therapy?

I am currently seeking parents and/or caregivers of children who are currently using or have used play therapy while in your care to interview for my graduate research project! My project is looking at the experiences of parents or caregivers who have had or currently have a child use play therapy. I want to learn about your thoughts and feelings about play therapy and what this experience has been like for you as the parent/caregiver of the child.

To be a part of this study, you must...

- Be a parent and/or primary caregiver of a child that has used or is using play therapy while in your care.
- Be at least 18 years of age
- Live in the twin cities area
- Be willing to meet with me for a one-hour interview to share your experience of your child's play therapy

If you are interested or have questions, please feel free to email me or give me a call. I would be happy to talk with you more about the study!

Thank you so much for your help in my research project! I look forward to talking with you!

Kaitlin Bach
Graduate Student in Social Work
Phone: 952-221-2514
Email: bach2235@stthomas.edu

Facebook/Open Forum Post**Facebook**

Hey everyone! I am currently completing my graduate research project for clinical social work and am looking for parents and/or caregivers in the twin cities area who have had a child in play therapy either now or in the past that might be interested in sharing about their experience of having a child in play therapy. If you know of anyone who fits this description, and might be interested, feel free to respond to me in a message and I will send you additional information for you to pass along to that person. I need 8-10 participants, so share this post with friends!

Open Forum

Hi there! My name is Kaitlin Bach and I am currently completing my graduate research project for clinical social work at the University of St. Thomas/St. Kate's University. I am looking for parents and/or caregivers in the twin cities area who have had a child in play therapy either now or in the past that might be interested in sharing about their experience of having a child in play therapy. If you know of anyone who fits this description, and might be interested, feel free to respond to me in a message and I will send you additional information for you to pass along to that individual. I need 8-10 participants, so feel free to share this post with friends!

Thank You Letter for Participants

Dear (Participant Name)

Thank you so much for taking the time to meet with me and for taking part in my research study. I am so appreciative of your help and for your thoughtful and insightful answers to the questions asked. If you have any questions now that the interview is complete, please feel free to call or email me with them. I will be happy to answer them. Also, if you are interested in seeing a final copy of the completed research paper, please let me know. I would love to share it with you. You are also invited to attend my presentation of my research findings in May should you wish to attend. Please let me know if you would like more information regarding the date and time of this presentation.

Thank you again for taking the time to be a part of this study. I enjoyed meeting you and hearing about your experience with your son/daughter's play therapy.

Thank you and take care!

Kaitlin Bach

Appendix C

Research Questions

- Tell me a little about your child?
 - What led to your child requiring play therapy?
- Tell me some of the thoughts or feelings you had when you first heard about play therapy?
 - How was Play Therapy first described to you?
 - Referral Process? How was this done? What did it look like for you and your child?
- What was your understanding of what your role would be and what was your actual role in the play therapy process?
 - What did you know about play therapy before your child began? How did this change as they continued their therapy?
- What was your role in your child's play therapy experience?
 - How has this changed since your child started play therapy?
- Tell me about the play therapy process with your child and their therapist.
 - What were some of your first impressions?
 - How have those impressions changed?
- What was/is your relationship with your child's therapist like?
 - How often did/do you connect with the therapist?
 - What were/are those interactions like?
- Tell me more about your relationship with your child.
 - How has your relationship changed through the play therapy process?

- Much of my research has talked about the role of culture in the process of play therapy...
how do you see culture impacting your experience of your child's play therapy?
 - How did the therapist help relate and connect with your own culture in the process of play therapy?
- What difference did you see in your child's behavior at home, school, or in public as a result of play therapy?
- What was the termination process of play therapy like for you? (if applicable)
- What else do you think it would be important for me to know about your experiences while your child was/is in Play Therapy?

Appendix D

Demographic Information Collected

Question	Parent Responses
Participant's Age	Ranged between 30 and 42 years
Participant's Identified Gender	Female (5)
Participant's Identified Race/Ethnicity	White (4), White/African American/Pacific Islander (1)
Participant's Relation to the Child	Biological Mother (5)
Age of Child while in Play Therapy	Ranged between 4 and 11 years old
Diagnosis of the Child	Autism (1), Anxiety (2), Adjustment Disorder (2).