Spring 5-22-2021

The Value of Parental Involvement in Play Therapy with Children Exposed to Trauma: A Literature Review

Kellie DiFederico
Lesley University, kblanch4@lesley.edu

The Value of Parental Involvement in Play Therapy with Children Exposed to Trauma:

A Literature Review

Capstone Thesis

Lesley University

May 5, 2021

Kellie DiFederico

Art Therapy

Thesis Instructor: Sarah Hamil, Ph.D., LCSW, RPT-S, ATR-BC

Abstract

This literature review explores current research focusing on parent, caregiver or guardian involvement in therapy for children exposed to trauma. This research differentiates parent as a safe space, or systemic work with family dynamics, from parent as an important role within the healing process. Current methods inspired from the attachment approach to therapy including trauma focused-cognitive behavioral therapy (TF-CBT), filial therapy, child parent psychotherapy (CPP), parent child dyadic art therapy, child parent relationship therapy (CPRT), and child centered play therapy (CCPT) are explored, helping to gain a better understand of both clinical and parental perspectives of parental involvement in therapy. These methods focus on the use of play therapy, represented as the most beneficial way for children to communicate their experiences and needs. This research is able to help clinicians by identifying benefits and challenges of using different methods in play therapy as well as considering developmental and cultural factors that may influence parental views of play, psychotherapy, and personal involvement. This research also provides a space for parents to reflect on and gain an understanding of their own perspectives of treatment for their child exposed to trauma, and how this interferes with their relationship with their child as well as their own personal trauma history.

Key words: Play therapy, Trauma, Attachment, Child-centered, Parent child dyad, Child development, Cultural perspectives

The Value of Parent Involvement in Art and Play Therapy with Children Exposed to Trauma

Introduction

Clinicians have begun to explore and implement developmentally appropriate theories and treatments for young children with posttraumatic stress symptoms. Current research defines trauma as an emotionally painful event that overwhelms a person's ability to cope. This event or the culmination of many of these events can have significant negative impacts on physical and mental health (Parker, Hergenrather, Smelser, & Kelly, 2020). When children experience trauma, development may become stuck across multiple processes, including cognitive, psychosocial, moral, and relational development (Vicario, Tucker, Smith-Adcock, & Hudgins-Mitchell, 2013). With this, play therapy has been understood to be developmentally appropriate and beneficial in communicating and processing emotions and behaviors in which the trauma presents itself.

Parker, Hergenrather, Smelser, and Kelly (2020) identify play therapy as a mental health intervention for children that uses play and toys to meet the developmental needs of children. The environment of the play therapy space is described as a nonjudgmental environment where children can process their experiences using symbols to communicate their ideas and emotions (Parker, Hergenrather, Smelser, & Kelly, 2020). Play therapy itself allows for the symbolic expression of inner conflict. Therefore, through the use of play, children can narrate the traumatic event by using their imagination to modify the story. This results in enabling children to communicate, process and heal from their traumatic experiences (Parker, Hergenrather, Smelser, & Kelly, 2020). Children who experience trauma often engage in new relationships with the expectation they will be unsafe and, therefore, in order for children to begin to trust beyond their trauma, parents should respond accordingly to their child's defensive or closed off behaviors (Parker, Hergenrather, Smelser, & Kelly, 2020).

Play therapy is a structured theoretically based approach to therapy that builds on the normal communicative and learning process of childhood. The play therapy approach establishes an interpersonal process using relationship enhancement, roleplaying, communication, mastery, and other related skills (Woollett, Bandeirab, & Hatchera, 2020). Given the specific developmental needs of young children to reestablish feelings of trust and safety in relationships after exposure to trauma, play therapy offers a developmentally appropriate approach to helping children reconnect to others (Vicario, Tucker, Smith Adcock, & Hudgins-Mitchell, 2013). Consequently, play therapy methods aim to prevent or resolve psychosocial difficulties in children and reinforces optimal growth and development (Woollett, Bandeirab, & Hatchera, 2020). Traditional talk-therapy engages a variety of cognitive and verbal strategies that can be beyond the attention span and the cognitive and verbal skills of young children. Instead, play therapy models address this limitation of traditional therapy and are shown to be generally effective with a range of behavioral and emotional issues (Daley, Miller, Bean, & Oka, 2018).

The attachment theory is explored within the following literature, guiding the methods used with a focus on the strong and persistent emotional bond between the child and the attachment figure taking on the parental role for the child during the healing process (Ritblatt, & Longstreth, 2019). A few theories and approaches guided by the attachment theory that have been implemented in recent work with children who have been exposed to trauma include, trauma focused-cognitive behavioral therapy (TF-CBT) with art and play therapy methods (Woollett, Bandeirab, & Hatchera, 2020), filial therapy (Daley, Miller, Bean, & Oka, 2018) child parent psychotherapy (CPP) (Bergeron, 2016), parent child dyadic therapy (Lavey-Khan & Reddick, 2020) child parent relationship therapy (CPRT) (Tal, Tal, & Green, 2018) and child centered play therapy (Parker, Hergenrather, Smelser, & Kelly, 2020). This literature review will

go on to analyze current research supporting the use of these trauma therapy interventions, understanding the expressive arts therapy modality with a focus on play. In understanding the theories used for treatment with this specific population, this literature review will identify the importance of the role that parents play within the healing process for their child. For this research, the parent will be defined as anyone taking on a parental role, including caregiver or guardian.

Parental recognition of traumatic stress symptoms in children who have witnessed domestic violence, crimes, abuse, or neglect encourages parents to bring the child witnesses of traumatic events in for counseling services (Vicario, Tucker, Smith-Adcock, & Hudgins-Mitchell, 2013). Parents who bring their child into therapy with positive expectations of treatment has predicted improvement for psychotherapy outcomes for their children by potentially helping to increase parental engagement in treatment and reducing early discharge from child psychotherapy services (Garibaldi, Abel, Snow, & Schleider, 2020). Hill (2006) reports a consistent and measurable positive effect on children's recovery given parental support, suggesting that parental support may be a more important factor in a child's recovery than any factor associated with the circumstances of a trauma. Constructive relationships with parents not only provide children with access to their basic needs but also inform life beliefs that guide their behavior, impact areas of development, and help them learn about their world (Hill, 2006).

This literature review explores the current research of the child parent dyad within the therapeutic relationship using play therapy methods that are influenced by the attachment theory and identifying both the challenges and benefits of parental involvement in play therapy within the healing process for children who have been exposed to trauma. This literature review aims to provide support to clinicians in their professional work, and to the parents seeking treatment for

their children. It is with hope that this literature review will help parents to recognize the importance of parental involvement, identify the healing process of trauma for both the child and parent in direct relation to the strengthened relationship between this dyad. This literature review should also encourage clinicians to continue integrating these theories within play therapy sessions, keeping in mind developmental needs and differing cultural perspectives, while also, continuing to develop recommendations and encouraging participation from parents with children who have been exposed to trauma.

Literature Review

Previous research does recognize benefits of including parents in therapy sessions for their children who have been exposed to trauma. However, previous research lacks a focus on understanding the parent's specific role within the healing process for the child and often times, for the parent as well. Instead, research was found to frequently focus on solely the need for creating safety within the therapeutic space or understanding the family system. Hill (2006) identifies that in the early stages of therapy, clinicians had observed that children were hesitant to leave their parent in the waiting room while they were to go off to the playroom with a clinician who the child viewed as a stranger. In response to this, clinicians began to involve parents in the introductory play sessions. This began the understanding of the importance of attachment relationships in helping children to feel secure in the playroom, particularly in the context of recovery from trauma (Hill, 2006). The importance of the attachment theory is described by Ritblatt and Longstreth (2019) reporting that children want to connect with others and learn, but many children have not yet developed the emotional security necessary for being receptive to new learning experiences. With this, it is the therapist's role to help children feel safe by building positive therapeutic rapport. Children who have insecure attachment histories are at particular

risk for a multitude of poor outcomes, including not performing well in school and social and emotional maladjustment. Through play, it is possible to create new, more positive relational experiences for young children, benefiting all aspects of their well-being (Ritblatt & Longstreth, 2019).

Previous research, completed by Daley, Miller, Bean, and Oka (2018) identified using a combination of family play techniques with the child and parent including genograms with figurines, art activities, sand trays, puppet shows, and mutual storytelling. These techniques allow the therapist to observe family structural dynamics during sessions, bringing in a strong systemic conceptualization of the family patterns that help form and maintain the child's symptomatic behaviors (Daley, Miller, Bean, & Oka, 2018). Focusing on the child parent dyad within the therapeutic relationship, Woollett, Bandeirab, and Hatchera (2020) report a correlation between the children's desire for safety and being heard as well as a need for deeper connection to their parent, sharing their artwork and engaging the parent, increasing the child's sense of being heard and strengthening the relationship with their caregiver (Woollett, Bandeirab, & Hatchera, 2020). This correlation emphasizes the need for the therapist to guide both the child and parent through the healing process, recognizing the involvement as being more than simply providing safety to the child or understanding the family dynamics.

In 2017, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported more than two thirds of children endorsed at least one traumatic experience before the age of 16, with 54% of families impacted by a type of disaster (Parker, Hergenrather, Smelser, & Kelly, 2020). It is possible for trauma to impact both the child and caregiver individually, as well as within their relationship (Bergeron, 2016). With this, the attachment theory is an approach that can be used to support the beneficial value of parent involvement within play therapy sessions

through an array of interventions. As previously stated, children seek safety from their caregivers when feeling threatened. If the caregiver is also experiencing similar threat and cannot provide this safety, this could continue to hinder the child's development and relationships (Bergeron, 2016). Trauma-focused cognitive behavioral therapy and child-parent psychotherapy allow both the child and caregiver to focus on their trauma history while focusing on attachment and the dyadic relationship. By modeling and genuinely engaging in warm, caring interactions, parents can help their young children learn to construct healthy patterns for current and future relationships (Ritblatt & Longstreth, 2019). These positive interactions are especially critical for children who have challenging behaviors in response to trauma. While children who express challenging behaviors can leave parents and clinicians unsatisfied, it is important to remember that these unwanted behaviors stem from the child's processing of traumatic experiences (Ritblatt & Longstreth, 2019).

Trauma-focused cognitive behavioral therapy (TF-CBT) is evidence based and found to be effective in treating posttraumatic stress in school aged children. It can be integrated into child parent therapy sessions working through trauma by focusing on parenting skills, relaxation skills, affect regulation and expression, creating a trauma narrative and enhancing safety (Bergeron, 2016). When deciding which method is most beneficial, especially when working with children, it is important to consider developmentally appropriate factors such as memory, emotion regulation, and language development. Both Bergeron (2016) and Woollett, Bandeirab, and Hatchera (2020) identify studies that suggest the importance of understanding the developmental challenges of verbalization for children under 5 years old when planning to use TF-CBT as well as recognizing how symptoms of trauma manifest at different developmental ages.

Woollett, Bandeirab, and Hatchera (2020) used mixed methods to explore effects of TF-CBT as a verbal therapy method and with art and play therapy as non-verbal therapy method. This study was set in New York City and Johannesburg to compare efficacy between high and low-middle income backgrounds. The participants of this study were school aged children and their mothers from a domestic violence shelter in each city. Children were screened for depression and post-traumatic stress disorder (PTSD). The Children participated in a weekly group session lasting 1−2 hours over a 12-week period and their mothers received three group sessions (Woollett, Bandeirab, & Hatchera, 2020).

The structure of TF-CBT was used by Woollett, Bandeirab, and Hatchera (2020) in combination with art and play therapy allowing for an intervention alternating between structured and client-led expression. The TF-CBT acronym of PRACTICE guides the work: "Psychoeducation and Parenting skills; Relaxation skills; Affective regulation skills; Cognitive coping skills; Trauma narrative and cognitive processing of the Trauma" (Woollett, Bandeirab, & Hatchera, 2020). Components of the intervention included creating a safe space as well as using a range of visual art materials managed according to the needs of the individual participants. Play therapy toys included a variety of options that provide symbolic meaning as well as being conscious of those that had the potential to trigger memories of personal trauma in harmful ways. Psychoeducation was conducted through books and stories were read, having participants then create response drawings highlighting their most frightening parts. Individual trauma narratives were also drawn, after they were enacted initially through play. Drawings were then discussed and processed within the group (Woollett, Bandeirab, & Hatchera, 2020).

Woollett, Bandeirab, and Hatchera (2020) reports that the children had limited emotional vocabularies and found it challenging to recognize other individual's emotions. With this, time

was spent in sessions learning feelings and identifying their own and others' feelings as well as recognizing feeling states within their own bodies. The group was led in a mindfulness-based practice, including progressive muscle relaxation, guided imagery and yoga. Diagnostic drawings such as 'Person in the Rain,' 'House-Tree-Person' and self-portraits were used to identify and discuss coping resources and gave insight into how children perceived themselves and others. Drawing a detailed 'Safe Place' fostered actively discussing and creating safety plans. Termination included participants writing what they learned and liked best about each other as a gift upon leaving (Woollett, Bandeirab, & Hatchera, 2020).

Three groups were facilitated for the mothers during the course of the children's intervention. These groups focused on helping mothers understand how trauma shows up and impacts child development, how their own trauma reactions can be triggering to their children, communicating the intervention whilst giving mothers the same tools utilized in the children's group to assist in parenting, recognizing strengths in their children, and helping mothers appreciate the value and need of playing with their children. Mothers identified with characters from books used for psychoeducation, just as their children did. Mothers' own childhood trauma was frequently revealed and required containment and processing in these groups (Woollett, Bandeirab, & Hatchera, 2020).

Woollett, Bandeirab, and Hatchera (2020) report quantitative data included 21 pre-and post-intervention child self-reports and 16 mother's reports of child depressive and PTSD symptoms. Qualitative in-depth interviews were conducted with 11 children and 8 mothers who completed the intervention. Results report that at baseline, children showed high rates of symptoms of probable depression and probable PTSD. By the end, depressive symptoms significantly reduced. There was a non-significant trend towards PTSD improvement, although,

the children revealed that the art helped them express difficult emotions and experiences with their mothers and multiple children felt it assisted in managing challenging behaviors (Woollett, Bandeirab, & Hatchera, 2020).

Vicario, Tucker, Smith-Adcock, and Hudgins-Mitchell (2013) support that similar to creating expressive art, play therapy allows children to work through complex, often disturbing, memories and experiences using developmentally appropriate materials. In play therapy, children are not asked to express their thoughts and feelings verbally; rather, using the toys to communicate what they need to express. With children who have been exposed to trauma, play therapy builds the foundation of a safe, trusting relationship. (Vicario, Tucker, Smith-Adcock, & Hudgins-Mitchell, 2013). Play therapy allows children to have a choice about their actions and words, when, often, they have not had choices in most prior relationships, particularly with adults. Children experiencing relational violence need to have a safe place where they can disclose the violence and trauma they are living with at home. Play therapy may allow children to experience a relationship that provides them with a sense of mutuality and wholeness, perhaps for the first time. The support provided through this therapeutic connection can also foster the growth of courage, which is necessary in trauma-focused play therapy. Relationships organize children's lives, their life beliefs and their development in all areas. relationship building considers the need for the therapist to incorporate an understanding of relational and cultural issues that intersect with the world of the child in the context of trauma (Vicario, Tucker, Smith-Adcock, & Hudgins-Mitchell, 2013).

When thinking about the benefits of using non-verbal versus verbal methods, understanding the child's development and ways of communicating is an important factor, especially when working to discuss and process trauma. Bergeron (2016) describes that children

under five years of age who have experienced traumatic events and who often had difficulties within their child–parent relationship, attachment systems, behaviors, and other mental health issues can benefit from child-parent psychotherapy (CPP). Bergeron (2016) goes on to describe CPP is an intervention based on the dyadic relationship between the child and caregiver. The foundation of CPP is based on multiple theories such as attachment, psychoanalysis, trauma, behavioral, and developmental theories. The overarching goal of CPP is improving the psychological well-being of children through their attachment relationship between a child and caregiver, therefore, the parent–child relationship will improve when caregivers and their children are essentially attuned to each other (Bergeron, 2016). CPP interventions aim to reduce trauma symptoms by normalizing the traumatic response as well as placing the traumatic experience into perspective. With this, the therapist's role is essentially to guide and highlight the pathways between a child and parent's subjective experiences while promoting a sense of safety and normalization (Bergeron, 2016). CPP interventions include the support of development through unstructured developmental guidance, play, language, and physical contact, as well as modeling and providing emotional support, translating feelings and behaviors, and offering more concrete immediate support to the parent when needed (Bergeron, 2016).

Bergeron (2016) identifies a randomized control trial that supports the efficacy of CPP with young children who were exposed to either domestic violence, maltreatment or who, as toddlers, had depressed mothers. Participants of this study were ethnically diverse with 75 preschool age boys and girls and their mothers. Participants were referred because of concern about the child's behavior or about the mother's parenting after the child witnessed domestic violence. They were randomly assigned to receive CPP or, as the comparison group, to receive case management and treatment in the community. Measures included parent surveys such as the

Children's Exposure to Community Violence, Life Stressor Checklist-Revised, and the Child Behavioral Checklist (CBCL). Therapists also administered caregiver interviews to determine traumatic stress disorder criteria. Over the course of 50 weeks, the CPP group had weekly 60-minute child–parent sessions with the therapist. CPP participants showed a decrease in behavioral problems and PTSD symptoms, and mothers had a reduction in avoidant symptoms. In a 6-month follow-up of this study the CPP group still had significant reductions in behavioral problems (Bergeron, 2016).

In gaining an understanding of current research involving trauma healing for both child and parent through play, it is necessary to take a step back and reflect on research history, identifying the original thoughts about the function of play. Desmarais (2006) recognizes historical ideas about emphasizing play as the externalization of basic needs, play as a benefit for anxiety, and adaptive and defensive functions in play. More recent research began looking at a relational approach to play as a process reflecting on social environments (Desmarais, 2006). While looking at play as non-verbal communication, it is understood that children rely on parent's abilities to comprehend and react to their feelings being expressed. The child's expressions are received and shared by an adult who surrounds them with their empathy, attention, acknowledgement, and validation (Desmarais, 2006). This current research on play therapy acknowledges the adult responses and ability to symbolize, making play adaptive and creative (Desmarais, 2006). It is important for therapists to understand the parental view on play and their role in its intervention while working with parents and children in processing trauma through play. Desmarais (2006) recognizes sources of parental difficulties including intolerance of developmentally inappropriate expectations, and disapproval of particular types of play, resulting in a tendency to be intrusive, controlling, overstimulating, frustrating or even belittling.

Desmarais (2006) describes a study used for a parenting program for those adopting children. The program was based on therapist-led parent discussion, structured to cover topics such as play, praise and limit setting. Parents engaged in 3 group sessions and were then sent assignments that fostered new ways for them to relate to their children. These sessions encouraging a child-led approach in which parents were receptive rather than directive participants. The group sessions provided a non-stigmatizing forum in which parents can share their difficulties and hidden feelings such as rage, shame or failure. The transcripts from the group sessions provided rich qualitative reports of feelings and experiences, aiming to investigate the ways in which parents thought about play, coped with its difficulties, and were able to develop a more playful relationship with their children (Desmarais, 2006).

In this study, Desmarais (2006) analyzed data representing a total of 12 families, parenting 31 children altogether, 22 who were adopted and within the age range of three to nine years old. Recruitment was predominantly via an adoption service newsletter. Sessions were facilitated by experienced adoption social workers. Data was transcribed from recordings of the two separate courses which included three two-hour sessions, totaling 12 hours of trainer-facilitated group discussion about play. The first two sessions closed with specific tasks given to practice in the week to come. At the end of session one, parents were asked to set aside 10 minutes a day for child-led play and at the end of session two, parents were asked to use descriptive commentary, maintaining a non-evaluative, non-directive description of their children's play during this time. In each session, parents gave feedback about the previous week and discussed their experiences related to the task (Desmarais, 2006).

Results of this study expressed four dominant themes that were analyzed from the content. Theme one identified play as a virtue, describing positive but mostly theoretical ideas that emerged at the beginning of each course. When parents talked about their own experiences of playing with their

children they admitted to a sense of failure or bewilderment. Parents expressed either great resistance to playing, or a strong need to exercise control so that play would function 'usefully' as a means of socialization and education. These strategies are described in Theme Two identified as play as frustration. Theme Three identifies play as education, exercising child-led play and descriptive commentary given as homework initially eliciting existing parental attitudes of control and resistance. The results report the beginnings of a process of change as parents produced rapid and substantial shifts in perceptions about play that emerged in sessions two and three. Theme Four identifies play as repair describing the new thinking that emerged when parents relinquished avoidance and control occasionally through the regular practice of child-led play and descriptive commentary (Desmarais, 2006).

As current literature reflects upon parental views of play, parental views of psychotherapy are also being addressed. Understanding these views separately can help to break down specific resistances that parents may express when participating in play therapy sessions. Garibaldi, Abel, Snow, and Schleider (2020) present their study, exploring the beliefs of 143 parents about psychotherapy in reference to their own personal past experiences, failures and views on future psychotherapy involvement for either themselves or their children. All measures were completed through mTurk identified as an online method of collecting survey data. All participating parents were drawn from a subset of parents that were recruited for a previous larger study conducted via mTurk and had at least one child between seven and seventeen years of age (Garibaldi, Abel, Snow, & Schleider, 2020).

Garibaldi, Abel, Snow, and Schleider (2020) tested whether beliefs about failure of treatment connected links between parents own past psychotherapy experiences and their expectation for future engagement. Parents reported on their beliefs about failure being either debilitating or enhancing. This was assessed through the Failure Beliefs Scale, a 6-item parent

report questionnaire in which parents are asked to respond to each item on a scale from 1 (strongly disagree) to 6 (strongly agree). Parents then completed a 6-item measure to assess for hypothetical treatment expectancies and preferences for themselves and their children. Four items on this scale asked parents about expectations and preferences for hypothetical mental health treatment for themselves and their offspring. The Strengths and difficulties questionnaire (SDQ) was used to assess children's behavioral, emotional, and peer difficulties, per parent report. The SDQ is composed of five scales (Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problems, and Prosocial Behavior) and each scale contains five items rated on a 3-point scale. Hierarchical linear regression models were used to examine results associations between perceived effectiveness of past psychotherapy and (1) parents' expected psychotherapy effectiveness and (2) parents' treatment preferences for pursuing vs. not pursuing mental health treatment, and to evaluate whether beliefs about failure moderated these associations (Garibaldi, Abel, Snow, & Schleider, 2020).

With these results, Garibaldi, Abel, Snow, and Schleider (2020) report that parents perceiving their own past psychotherapy as ineffective held significantly lower expectancies that psychotherapy would benefit their offspring and were more likely to decline hypothetical treatment for offspring. These relations were significantly stronger among parents holding "failure-is-debilitating" beliefs, versus those with "failure-is enhancing" beliefs. Parents' reporting negative past therapy experiences had lower expectancies for their own future therapy regardless of failure beliefs (Garibaldi, Abel, Snow, & Schleider, 2020). Understanding parents' past experiences with psychotherapy is a beneficial factor that clinicians should keep in mind while working with parents that may express resistance to bringing their child in to receive services in treating trauma.

Not only can a parent's perception of mental health treatment can determine their willingness to bring their child in for services, but it can also interfere with their willingness to engage with the process as well. Research has found that when parents feel involved in the therapeutic process, their satisfaction of therapy increases, and they report fewer behavioral problems in their children (Casey, Moss, & Wicks, 2021). Parent child interaction groups are a unique way of working with children and parents within the framework of attachment. Focusing on both development and relationship factors, the group process should follow stages including shared attention, structured activities, providing two-way communication, and identifying shared meanings, and emotional thinking (Proulx, 2002). These emotional developmental stages assist therapists in observing child parent relationships, while creating a safe and age-appropriate setting that encourages parents to follow the child's lead and not teach or intrude during play (Proulx, 2002).

Proulx (2002) explores parents and children participating in inventing stories together as well as processing shared meanings of objects in the scenarios together. This study took place at the Montreal children's hospital in Canada and involved six child parent dyads with children 18-24 months learning to use representations to comprehend their world. The parents partnered in their child's therapy for 8-10 weekly sessions for one and one-half hours each as the child engaged in gesture communication through non-verbal play. The therapist guided the child's emotional growth, bringing the parent to the child's exploratory level with developmentally explorative materials. This process was intended to strengthen communication by recreating early interaction through symbolic self-representation in joint play or art making (Proulx, 2002).

In reflecting on parental involvement in their child's play therapy, it is also beneficial to gain an idea of parental involvement in their child's education. Green, Walker, Hoover

Dempsey, and Sandler (2007) examined role structure, personal self-efficacy for involvement, general invitations from the school, specific invitations from the teacher and child, self-perceived skills and knowledge, and self-perceived time and energy in order to predict parent's self-reported involvement in education-related activities based at home and at school. The influence of the child's age on parent's involvement was also examined, with specific attention to the model's ability to predict levels and types of involvement among parents of elementary and middle school students (Green, Walker, Hoover Dempsey, & Sandler, 2007).

Participants for this study included 853 parents of first-through sixth-grade children enrolled in a socioeconomically and ethnically diverse metropolitan public school system in the mid-southern United States. Parents were recruited at two time points at different schools and labeled Sample 1 and Sample 2. Questionnaire packets were sent home with, and returned by children from participating schools (Green, Walker, Hoover Dempsey, & Sandler, 2007). All model measures used a 6-point Likert response scale. Measures of predictor constructs used an agree/disagree response scale, whereas the measure of parental involvement practices used a response scale of never to daily. This study examined the relative contributions of three major psychological constructs including parent's motivational beliefs, perceptions of invitations to involvement from others, and perceived life context (Green, Walker, Hoover Dempsey, & Sandler, 2007).

Green, Walker, Hoover Dempsey, and Sandler (2007) suggest with these findings offer a useful framework for understanding what prompts parent's home-based and school-based involvement examining intrapersonal and interpersonal factors. Specifically, parent's home-based involvement was predicted by perceptions of child invitations, self-efficacy beliefs, and self-perceived time and energy for involvement. These same constructs, along with perceptions

of specific teacher invitations, predicted parent's school-based involvement (Green, Walker, Hoover Dempsey, & Sandler, 2007). It is interesting to note that self-efficacy beliefs are a strong positive predictor of home-based involvement but a small negative predictor of school-based involvement, identifying that parents who are strongly motivated to be involved but do not feel effective in their involvement efforts are likely to reach out to the school for assistance (Green, Walker, Hoover Dempsey, & Sandler, 2007). As expected, involvement decreased as child age increased. Interestingly, motivations for elementary and middle school parent's involvement at home and school differed. For elementary school parents, home-based involvement was predicted by perceptions of invitations from children, motivational beliefs and perceived time and energy for involvement, respectively. This same order of constructs predicted the home-based involvement of middle school parents with the exception of role activity beliefs. These findings may also indicate that parents' role beliefs about home-based involvement change as children assert greater independence (Green, Walker, Hoover Dempsey, & Sandler, 2007). This possibility is supported by the fact that the majority of variance in middle school parents' home-based involvement was accounted for by perceptions of child invitations. For both groups of parents, school-based involvement was predicted most notably by invitations from teachers (Green, Walker, Hoover Dempsey, & Sandler, 2007).

In the therapeutic setting, the findings of Green, Walker, Hoover Dempsey, and Sandler (2007) can support that therapists should encourage parent involvement in their young children's mental health treatment because of the benefits of the dynamic involved while also considering that there are also cultural and individual factors that should be explored in understanding the challenges that parents may face in attending sessions with their children. As therapists continue to work with parents in providing a better understanding of their child's emotions in relation to their behavioral concerns, it is important that the therapist continue to focus on building a positive

therapeutic rapport, focusing on the child-parent dyadic relationship as well as offer interventions through a child developmental lens.

Drawing or playing out events may be less terrifying for children who have been exposed to trauma. It also creates a safer space rather than being expected to verbalize their feelings and experiences. With this, it is important that clinicians working with this population are able to use appropriate theories in treatment as well as providing support to family members and encouraging their involvement (Lavey-Khan & Reddick, 2020). The following study supports the idea of strengthening parent and child relationships as a focus for successful play therapy for trauma healing by exploring parent-child dyadic art therapy. Lavey-Khan & Reddick (2020) describe a group they created called "Painting together" emphasizing the focus on the parent-child relationship in common with parent-child psychotherapy approaches, where the relationship is the focus of the therapeutic intervention. The Painting Together Group took place in a nursery setting and was facilitated by a child and adolescent mental health service (CAMHS) clinical psychologist and the nursery's art therapist. The children were aged between 18 months and three years of age. There was a total of 33 sessions with each session lasting one hour and fifteen minutes. The group had a slow-open format, where families joined and left the group throughout the duration of the group rather than everyone starting and finishing at the same time. Seven different families attended the group over the 10-month period. Participants were to meet the CAMHS service criteria which included parent reporting a mild to moderate mental health problem such as low mood or anxiety, and a concern about their 1 to 5-year-old child, in order to be able to attend. Families were recruited through health visitors, family support and outreach workers, the nursery, and CAMHS. Of the attendees, the parents were all female, aged between 21–46 (Lavey-Khan & Reddick, 2020).

The basic structure of the group included 55 minutes of child-led art making. This included painting, drawing and mark making, sticking, cutting, clay and mixed media. Following the art making there was 10-minute tidying and getting cleaned up, and the final 10 min reflecting on the artwork with the mothers and children. Throughout the group, the facilitators provided a voice for the children supported mothers to reflect on and manage difficulties that arose and facilitated discussions in the group about common parenting challenges. Providing a voice for the children involved putting words around the children's activities and communications so that parents could better understand what their children were doing and feeling. This helps parents' cue into their child, promotes parental curiosity in their child and represents the child as a person with desires, thoughts, feelings and motivations. The facilitators' emphasized positive moments of attunement enjoyment and progress (Lavey-Khan & Reddick, 2020).

Individual reviews with mothers were conducted each half term. All families attending the group completed a set of routine outcome measures including Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder Assessment- 7 (GAD-7), Parenting Stress Index Short Form 4 (PSI), and self-rated parent, child, or relationship goals that were chosen by each parent. The majority of mothers showed improvement on the mental health measures. Scores started low and remained below the clinical cut off for anxiety and depression at the end of their group attendance. The dyadic art therapy group provides a realistic but containing setting for parent, child, and the dyad to safely explore and undertake developmental tasks. It also shows clear benefits for the emotional and social wellbeing of the participants and showed wide ranging changes in the participant's varied and important goals (Lavey-Khan & Reddick, 2020).

As research continues to express the importance of encouraging parent involvement in children's treatment for trauma healing, child parent relationship therapy (CPRT) is another method in which various studies support the effectiveness in achieving positive changes among both child and the parents as well. Tal, Tal, and Green (2018) research a sample of volunteers who were recruited to participate in experimental groups at centers that provide assistance to children who are victims of sexual assault. Parents who met identifying criteria volunteered to participate in this study, committing themselves to attend 30-minute parent-child play sessions in accordance with the instructions of the group facilitators. The final sample consisted of 51 parents of children aged three to ten years old who had been referred to the centers for treatment of victims of child sexual abuse and/or by welfare offices (Tal, Tal, & Green, 2018).

The participating parents filled out three questionnaires, in which they were asked about the topics of parenting stress, child problem behaviors, and secondary trauma. The parenting stress inventory (PSI) consists of 101 items that form composite scores for the child and parent stress domains, including 90 response options ranging from 0 (strongly disagree) to 5 (strongly agree), and 11 more multiple choice items. In addition, there were 19 items that assess specific life stressors. The child stress domain measures parental stress relating to children's behavior, moods, and personalities. High scores on this domain indicate that parents believe they have more difficulty fulfilling their parental role due to the characteristics of their child. The parent domain measures stress relating to the parents' perceptions of their parenting skills and parenting style. High scores on this domain indicate that the parent's functioning is a significant stressor in the parent-child relationship. The Compassion Fatigue Self-Test (CFST) is a 40-item measure used to assess secondary trauma. Responses are based on a 5-point Likert scale ranging from 1 (rarely) to 5 (very often). The Child Behavior Checklist (CBCL) is a widely used parent rating

scale that measures a variety of emotional and behavior problems in children. In this questionnaire, the parents are asked to rate their child's behavior on a 3-point scale ranging from 0 (not true) to 2 (very true or often true). The CBCL contains 100 items in the version for young children (aged 1.5– 4), and 114 items in the version for older children (aged 6–18). Items were categorized into two primary factors: internalizing behavior, and externalizing behavior (Tal, Tal, & Green, 2018).

The findings of these three-stage assessment suggest that in the aftermath of sexual assault, children and their parents may benefit from participation in CPRT. The findings clearly demonstrate that the objectives of CPRT were achieved, as reflected in decreased parental stress, parental secondary trauma, and child behavior problems. More specifically, the findings indicate that after the treatment phase there was a significant decline in parental stress scores relating to the child's behavior, and in scores relating to parenting skills and functioning, as well as in scores relating to secondary trauma symptoms (Tal, Tal, & Green, 2018). This research continues to support that parents play an important role in the coping process of children in the aftermath of trauma, in this case, sexual abuse. These findings also identify that the parents are also experiencing severe emotional distress that makes it difficult for them to be available and to meet the needs of their children. This suggest that engaging in CPRT interventions with parents of sexual abused children have positive outcomes for both the child and their parents as well (Tal, Tal, & Green, 2018). If the parents are experiencing high amounts of stress due to their child's exposure to trauma, it is possible that this could be another barrier when encouraging parents to be involved in their child's treatment services.

Loader, Brouwers, and Burke (2019) study this possible barrier to parental treatment adherence as parental stress, identified as the psychological distress that arises from a

discrepancy between the demands of parenting and perceived resources to meet these demands (Loader, Brouwers, & Burke, 2019). This study supports research identifying children's challenging behavior to be one of the most consistent predictors of parental stress, therefore implying a potential barrier to adhere to attending child psychotherapy sessions. With this, the therapist should understand perceived treatment burden for parents. This may be an important consideration when examining parental stress and reflecting on treatment as an effective tool to reduce challenging behaviors without leading to an imbalance of demands and resources (Loader, Brouwers, & Burke, 2019).

Through this study, Loader, Brouwers, and Burke (2019) expected that increased reported levels of parental stress and child challenging behaviors will be associated with lower adherence to psychotherapy. Participants for this study included parents of children with diagnoses of autism spectrum disorder, attention deficit hyperactivity disorder or intellectual disability who engaged in at least one hour of professionally delivered intervention per month. A total of 77 parent-child dyads were invited to participate via the social media platform Facebook. A total of 55 parents returned completed questionnaires. Demographics of participants report mostly Australian, and female with the most frequently reported child diagnosis as ASD. A convenience sample was utilized by contacting the administrators of several Facebook pages, including those of South Australian schools, South Australian and national child intervention service providers, support groups for parents of children with NDDs, and community career support and advocacy services (Loader, Brouwers, & Burke, 2019).

A survey was used to gather information on child's diagnosis and age, parent age and country of residence, and therapy types. Adherence to therapeutic practice and homework was assessed using a five-question survey using a 5-point Likert scale named the Child Therapy

Adherence Scale (CTAS). Participants were asked to read statements and rate how often this statement applied. Responses ranged in score from 1 (never) to 5 (always), with higher scores indicating higher levels of adherence to therapeutic practice and homework. Parental stress was assessed utilizing the Parental Stress Scale (PSS). This scale is sensitive to stress related to parenting responsibilities independent from stress due to other sources. An 18-item scale, participants indicated their perceived stress on a 5-point Likert scale to statements. Higher scores indicated higher levels of parental stress, with possible scores ranging from 18 to 90. The scale has been shown to have sound psychometric qualities, including reliability. Child challenging behavior was measured using version two of the Child's Challenging Behavior Scale (CCBS). This is a nine-item scale in which participants responded on 4-point Likert scales to statements. Possible scores for this scale range from 9 to 36. Higher scores indicated greater severity of challenging behavior. A significant negative relationship was found between parental stress and adherence. This effect is considered large and suggests a strong trend for increases in parental stress to be similarly associated with decrease in therapy adherence. A significant negative relationship was also found between annual household income and therapy adherence (Loader, Brouwers, & Burke, 2019).

In thinking about household income and family economic status, Green, Walker, Hoover-Dempsey, and Sandler (2007) identify other cultural concerns that should be taken into consideration when encouraging parent participation in their child's play therapy sessions. This includes parental beliefs around the use of play therapy in reference to their perception of their children's mental health issues, perceived efficacy, as well as factors such as their personal skills, knowledge, time, and energy to physically attend sessions (Green, Walker, Hoover-Dempsey, & Sandler, 2007).

Brumfield and Christensen (2011) reflect on cultural perspectives for parent involvement in their children's play therapy sessions, engaging in a qualitative study using phenomenological methodology asking the question "What are African American parents' perceptions of play therapy?" (Brumfield & Christensen, 2011) Researchers used purposeful sampling to select potential participants. Criteria for participation in this study included being an African American parent/guardian/caregiver with an elementary school age child. Participation in the study was completely voluntary. Eight African American parents who had elementary school-age children ages 4–12 years old participated in this study. Five of the parents had previous experience with their children in counseling, but only two of these parents' children had specifically engaged in play therapy (Brumfield & Christensen, 2011).

Face to face interviews were conducted lasting between 60 and 90 minutes. Interviews were audiotaped and transcribed for the purposes of data analysis. Interviews began with the researcher reviewing information provided in a brochure, "Why Play Therapy?" distributed by the Association for Play Therapy, Inc. as a means to standardize the definition of play therapy. Interview questions were broad and open-ended, and interviews were semi structured thus allowing participants to explore their perceptions of play in general, counseling, and play therapy. The following interview questions were asked (a) What are your thoughts about counseling? (b) What are your thoughts about play (value, purpose, etc.)? (c), Based on your experiences and what you read in the brochure how would you describe play therapy? and (d) What are your thoughts about the use of play when counseling children? (Brumfield & Christensen, 2011). Participants' responses to questions were analyzed and yielded several themes directly related to African American parents' perceptions of play therapy.

Brumfield and Christensen (2011) reported themes from participants' narratives revealing that parents enjoyed playtime as children. Many not only continued to encourage play for their own children, they made valiant attempts to incorporate play into their adult lives as well. Parents identified play as an activity that is not only essential to developmental learning, but as something that is changes with growth and development and lasts throughout the life span. Several participants noted the value of play for expression in children. Recreation, relaxation, stress-relief, and energy expenditure made up the other clustered theme. Specific factors that facilitated or encouraged African American parents to pursue counseling pertained to how reliable the referral source was as well as the perceived support parents experience from their family, community, and society in general. Contrarily, factors that impede or hinder parents from pursuing counseling included negative past experiences in counseling, fears of being judged as a failing parent worries about the counselor's ability to maintain confidentiality negative or inaccurate media portrayals of counseling and those who seek counseling, and lastly, cultural perceptions of counseling (Brumfield & Christensen, 2011).

Overall, participants in this study reported favorable views of play, counseling, and play therapy. However, the majority of parents interviewed assumed that other African Americans would not be as accepting of counseling in general (Brumfield & Christensen, 2011). This research supports that clinicians should explore previous counseling experiences with parents and explain the practice of play therapy to address possible misconceptions, helping parents understand the use of play in counseling. Before a play therapist begins work with the child, they should take time to explain what is done, offer a tour of the playroom if possible, and utilize resources (Brumfield and Christensen, 2011).

Past research has identified the positive effect that child centered play therapy CCPT has on addressing children's behavior problems, increasing self-acceptance, and parental/teacher acceptance as well as empathy toward the child. Lee and Ray (2020) conducted a Q-methodology study to gain a better understanding of parents' needs and expectations in child-centered play therapy (CCPT). This study allows current researchers to gain an understanding of values in which parents hold higher standards for when engaging with their child in play therapy. This study took place on a university campus in a metropolitan area in the Southwest United States. The clinic offered counseling and assessment services on an income-based sliding scale for children adults and families. Participants were selected across a variety of demographic characteristics representing a balanced and unbiased group of those who were currently participating in CCPT at the clinic. Parents completed a 40-item Q-sort, during which they sorted items on a continuum of least important to most important. A Q set represents a set of statements or values for participants to rank order. These statements included services and processes considered by CCPT scholars and child therapy practitioners as being important to working with parents. Data were collected from 19 parents of children receiving CCPT services in a community-based counseling clinic (Lee & Ray, 2020).

Eighteen parents reported similar beliefs regarding the processes they consider most and least important to their experience in working with child-centered play therapists. In general, parents' beliefs aligned with CCPT philosophy, particularly in regard to respecting children's natural pace of development and healing (Lee & Ray, 2020). Furthermore, parents shared preferences for play therapists who demonstrate expert knowledge and training and who understand the individual needs of their children. Child-centered play therapy (CCPT) has

proven to be a culturally sensitive counseling intervention that is effective for a wide variety of children's problems, particularly for clinicians new to play therapy (Lee & Ray, 2020).

Child-centered play therapists typically incorporate parents into play therapy by utilizing recommendations found in scholarly sources along with their own clinical judgment. According to child-centered theory, parent involvement is not necessary for play therapy to be effective. Child-centered play therapists believe children are inherently capable of positive growth within a therapeutic environment, with or without a parent's participation in the process. However, most CCPT scholar's parents can play an important role in CCPT and can often be helpful in further facilitating a child's growth and development. Furthermore, CCPT scholars have stressed the importance of play therapists developing positive working relationships with parents whenever possible, and many have provided extensive guidelines for integrating parents into the process of CCPT (Lee & Ray, 2020).

Lee and Ray (2020) utilized three successive stages to develop a Q set that consisted of behaviors that parents may expect from play therapists. A post Q-sort questionnaire was used to collect parents' reactions to completing the Q-sort. Parents were asked to describe the items they placed as "most important" and "least important" and explain what the items meant to them. Parents were also asked questions regarding their satisfaction with the play therapy services their families had received at the clinic (Lee & Ray, 2020).

Lee and Ray (2020) report findings describing the group of parents as those who tend to value the process of play therapists and have an understanding of the unique background and needs of their children. participants valued play therapists' expert knowledge about children and play therapy training and supervision. Additionally, they valued the process of play therapists helping them understand how the specific behaviors their children exhibit in the playroom can

lead to improved behavior and functioning outside of play therapy. These parents placed lesser importance on play therapists using advanced technology in their practice and being parents themselves (Lee & Ray, 2020).

Given the rankings of all the items related to the quality of relationships between parents and play therapists, it seems parents tended to more highly value the aspects of the relationships that directly impacted their children. Developing a trusting working alliance with a parent should be placed above all other goals in facilitating a parent's involvement in CCPT (Lee & Ray, 2020). Results of this study suggest a successful working alliance could perhaps be best established by play therapists who are able to demonstrate and utilize their expertise and knowledge of child development in a way that demonstrates an empathic understanding of a parent's concerns and the child's individual needs (Lee & Ray, 2020). In respecting cultural values and identity, therapists can focus on building rapport with the client and family in order to begin making progress in treatment towards healing from trauma.

Casey, Moss, and Wicks (2021) identify that the child centered play therapy approach acknowledges cultural considerations and accommodates cultural adaptations by utilizing the child's natural language of play. It is recommended that with play being the child's primary form of communication in the playroom, the play environment should be adapted to ensure the therapy supports the child's cultural identity. This includes, religion, cultural values, family dynamics, and coping strategies while also focusing on rapport building with the family throughout the therapy process (Casey, Moss, & Wicks, 2021).

Casey, Moss, and Wicks (2021) applied Constructivist Grounded Theory (CGT) to guide the collection and interpretation of data. CGT is an interpretive methodology that acknowledges that both researchers and participants. This methodology was utilized to explore the challenges

and benefits that therapists experience while they apply CCPT with Muslim families in Australia (Casey, Moss, & Wicks, 2021). Purposeful sampling was applied to recruit participants for this research, inviting participants through mental health professionals. The semi-structured interviews were conducted using phone or video conferencing software depending on the preference of the therapist. The initial questions in the interview gathered information around therapist's experiences, challenges, and benefits of CCPT. Interviews lasted between 30 and 90 minutes. To minimize researcher bias, the audio of interviews was recorded and transcribed (Casey, Moss, & Wicks, 2021).

Questions for the subsequent interviews were focused around demonstrating cultural respect in play therapy with Muslim or culturally diverse families. The qualitative data management software, NVivo, was utilized during the initial stages of data analysis. The priority during this time was to identify action words, and potential topics of further exploration. As data collection and analysis proceeded, the principal researcher wrote memos to characterize, explore, and clarify initial concepts and themes, uncover key topics of further enquiry, and apply the technique called constant comparison to gain a more comprehensive insight (Casey, Moss, & Wicks, 2021). Participant expressed that if the therapists conceptualize relationship issues through the lens of negative stereotypes, they may be less inclined to communicate insights on how the client can improve relationships (Casey, Moss, & Wicks, 2021).

This study explored the experiences of play therapists who have worked with Muslim clients in Western nations. The data collection and analysis uncovered the core theme of respect from the data. These communities reported some shared features of respect, such as avoiding stereotypes, interacting politely, and communicating honestly. It is interesting though to reflect on different cultural definition of respect. Casey, Moss, and Wicks (2021) identify examples

noting African American perception of respect as trusting the perspective of patients, Latino Americans perception of respect as concern about their condition, and European Americans perception of respect as granting autonomy (Casey, Moss, & Wicks, 2021). Considering these cultural factors allows clinicians to understand different perspectives that parents may have when it comes to their involvement in their child's play therapy session.

Hill (2006) reports that parents may often express not knowing what to say during play therapy sessions and also identifies that the idea of play as a medium for children's self-expression and communication can be new to some parents. Woollett, Bandeirab, and Hatchera (2020) describe mothers feeling overwhelmed but still interested in the imagery of their children's artwork in order to gain insight into their emotional experience. These findings support that maternal attunement to children's emotion, in this case, expression in art and play, is linked to better treatment outcomes for children exposed to trauma. (Woollett, Bandeirab, & Hatchera, 2020). When a mother is aware of her child's difficult feelings, it helps moderate the relationship between her own mental health symptoms and children's internalizing and externalizing difficulties (Woollett, Bandeirab, & Hatchera, 2020).

Daley, Miller, Bean, and Oka (2018) discuss the filial therapy approach as a family play therapy model that coaches parents and caregivers to learn the basic principles of child-centered play therapy. Previous research shows significance in treatment outcomes when children interact with parents, rather than the therapist during these sessions (Daley, Miller, Bean, & Oka, 2018). Filial therapy is identified as integrating psychoanalytic, developmental, behavioral and attachment theories in order to help in the child's healing process (Daley, Miller, Bean, & Oka, 2018). Within this approach, therapists guide the parent in training to set aside their own emotions in order to provide a secure attachment for the child, learning to structure, listen

empathically, and participate in child-centered imaginary play, as well as set limits and follow along with non-directed play. This allows the child to be able to process their emotional reactions to their experiences (Daley, Miller, Bean, & Oka, 2018).

Filial therapy differs from traditional systemic family therapy as it focuses on the child-parent dyad communicating through play rather than conceptualization of family patterns that create and maintain child symptomatic behavior. Filial therapy also separates the parent's emotional processes from the here-and-now of the interaction, instead, the parent is required to maintain a grounded emotional state to provide a therapeutic presence for the child (Daley, Miller, Bean, & Oka, 2018). Parents are instructed to have the child lead the play and only participate in play as specified by the child. This structure may prevent the opportunity to fully address problematic parent-child dynamics, as the parent's reactions are redirected by the therapist in order to create a safe space for the child (Daley, Miller, Bean, & Oka, 2018).

Daley, Miller, Bean, and Oka (2018) identify a case study involving a nine year old Caucasian male. His parents sought treatment for behavioral problems exhibited at home and school. He reportedly became physically aggressive with family members and friends especially when frustrated. His behavior problems and nonconformance to rules at school had led his parents to try homeschooling which also became a concern for his social adjustment with same-aged peers. The parents also had difficulty establishing and maintaining clear and consistent boundaries for his behavior, and all became emotionally reactive during power struggles. The parents were in their forties, and they were middle class income. The father was often away on business trips, and the mother was a homemaker. In the family was also three older sisters ages 15, 17, and 18 years old.

Daley, Miller, Bean, and Oka (2018) continue to explain this client's first play session, where two prominent dynamics emerged. First was an alliance or triangle between Dad and client against Mom. Second, the parent's authority was inconsistent, and they often felt powerless to

effectively redirect the client. The therapist observes initial family sessions with minimal intervention, observing for family structural dynamics. The therapist pays attention to ways in which the child invites or does not invite adult participation in the play. The therapist observes instances when the parents shift from a child-focused orientation by following the child's lead, to a parent-oriented reaction involving disciplining, lecturing or distracting. The therapist explores the step-by-step process of interaction and escalation during these moments, paying attention to themes and symbols the child introduces during play (Daley, Miller, Bean, & Oka, 2018). Through this case study, it was reported that the use of play therapy became an equalizer for this family. When all members were playing together, cognitively and verbally they were all at the same level, allowing for problematic structural dynamics to emerge. Continuing to use play therapy language, the therapist was able to comment on these dynamics in a way that allowed the client to feel heard and acknowledged, which translated to him being able to articulate his feelings toward his parents, rather than expressing his frustrations through negative behavior (Daley, Miller, Bean, & Oka, 2018).

Discussion

Through this review of current literature, it is understood that the implementation of parent or caregiver involvement within their child's play therapy setting is beneficial to both the parent and child when processing traumatic experiences. Parent involvement in child psychotherapy not only begins the healing process for the child, but the parent's own healing process as well (Bergeron, 2016). Play therapy interventions with parent involvement work to build the dyadic relationship through attachment skills, benefiting the child's relational development as well as the parental understanding (Hill, 2006; Lavey-Khan, & Reddick, 2020; Proulx, 2020; Tal, Tal, & Green, 2018; Vicario, Tucker, Smith-Adcock, & Hudgins-Mitchell, 2013). Current literature emphasized the benefits of parental involvement in learning these skills through the process of healing from trauma as the child increases improvement on a number of

domains focusing on their mental health and development, as well as improvement on parent domains such as parental stress, parental empathy, and parental acceptance (Parker, Hergenrather, Smelser, & Kelly, 2020).

It is also significant to acknowledge the clinical importance of gaining an understanding of cultural differences that should be considered when working with families (Loader, Brouwers, & Burke, 2019; Garibaldi, Abel, Snow, Schleider, 2020; Casey, Moss, & Wicks, 2021; Brumfield & Christensen, 2011). Casey, Moss, and Wicks (2021) identify limitations within current research including concerns around these cultural aspects, as the therapist cannot readily identify how the cultural identity of the child may shape their preferences and attitudes toward different play activities. Furthermore, the therapist cannot be certain how the culture of children affects their responses to instructions and guidance from adults. These authors also identify the importance of understanding that stereotypes could bias the assessments of behavior as well (Casey, Moss, & Wicks, 2021).

Recommendations to clinicians working with young children who have been exposed to trauma is to first asses the developmental level of the child's communication. Play is often more beneficial for children ages five and under while working in the dyadic relationship (Bergeron, 2016; Woollett, Bandeirab, & Hatchera, 2020). In facilitating engagement with parent and child, a better understanding for the child's experiences and needs is understood and can then be processed through play (Daley, Miller, Bean, & Oka, 2018; Lee & Ray, 2020; Parker, Hergenrather, Smelser, & Kelly, 2020; Ritblatt, & Longstreth, 2019). Garibaldi, Abel, Snow, and Schleider (2020) emphasized the importance of clinicians taking the time to explain the role of play therapy in the child's healing process to parents, understanding resistance to engagement and educating about the process and benefits for both on a healing and attachment level.

Clinicians should be aware of cultural stigma around play and therapy when engaging parents in play therapy sessions. The importance of therapists being trained to work with a variety of mental and emotional states including both the child's and parents own psychological development is identified, understanding both life experiences and the relationship of the dyad. In reviewing multiple methods clinicians can use while working with children and parents around trauma, this literature review encourages the importance of therapists in receiving supervision, allowing a better understanding of the dyad's interpersonal relationships and continuing to seek knowledge and experience with this population. Clinical considerations include keeping stages of art development in mind when creating interventions, as well as having an intellectual perspective on materials, directives, processing of art and play, as well as understanding body language of each member of the dyad (Proulx, 2002).

Recommendations for parents who choose to engage their child in psychotherapy include being aware of their role within play as a recipient of the child's communication. Engaging in non-verbal therapies such as play with their child may be intimidating for some parents. It is encouraged that parents remain receptive to gaining psychoeducation in order to understand the overcoming of boundaries in their language, allowing them to intervene in an accessible and safe way for their child to process and communicate their own experiences (Woollett, Bandeirab, & Hatchera, 2020). Gaining psychoeducation in understanding how their own history impacts their perspectives about therapy, the healing process and what that means for the child's future development is also beneficial for parents in understanding their influence in the child's psychotherapy. Parents should feel encouraged to reach out to therapists, expressing interest in their child's psychotherapy, and plan to have an engaging role within this healing process. This review of literature draws attention to focusing on the parent and child as a dyad rather than

involving parent as a figure of safety or focusing on entire systemic family dynamics. Children and mothers require mental health interventions that improve both the individual and dyads functioning and can help diminish the negative course of potential intergenerational transmission that is likely at the surface of not being engaged in treatment (Woollett, Bandeirab, & Hatchera, 2020). With this, future research should continue exploring benefits for parents involved in the play therapy process with their child focusing on the role of the parental engagement. More understanding of the healing process for the parent is necessary as current research focuses on the attachment perspective of the relationship and the parent gaining a better understanding of communicating with their child rather than understanding the parental perspective of their engagement.

References

Bergeron, M. Y. (2016). Factors that support the use of child-parent psychotherapy as an intervention for child-parent dyads exposed to pediatric medical traumatic stress. *Clinical Social Work Journal, 45.* 77-87. DOI 10.1007/s10615-016-0585-2

Brumfield, K.A., & Christensen, T.M. (2011). Discovering African American parents perceptions of play therapy: A phenomenological approach. *International Journal of Play Therapy, 20*(4). 208-223. DOI: 10.1037/a0025748

Casey, S., Moss, S., & Wicks, J. (2021). Therapists' experiences of play therapy with Muslim families in western countries: The importance of cultural respect. *International Journal of Play Therapy*. http://dx.doi.org/10.1037/pla0000142

Daley, L. P., Miller, R. B., Bean, R. A., Oka, M. (2018). Family system play Therapy: An integrative approach. *American Journal of Family Therapy, 46*(5). 421-436. DOI https://doi.org/10.1080/01926187.2019.1570386

Desmarais, S. (2006). A space to float with someone: Recovering play as a field of repair in work with parents of late-adopted children. *Journal of Child Psychotherapy, 32*(3). 349-364. DOI: 10.1080/00754170600996879

Garibaldi, P. M., Abel, M. R., Snow,R. L. & Schleider, J. L. (2020). Does failure help or harm? Linking parents' treatment histories, views of failure, and expectancies for child psychotherapy. Child & Youth Care Forum 49(1). 151-169. https://doi.org/10.1007/s10566-019-09523-7

Green, C. L., Walker, J. M., Hoover-Dempsey, K. V., & Sandler, H. M. (2007). Parents' motivations for involvement in children's education: An empirical test of a theoretical

model of parental involvement. *Journal of Educational Psychology, 99*(3), 532–544. https://doi.org/10.1037/0022-0663.99.3.532

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

Lavey-Khan, S. & Reddick, D. (2020). Painting together: A parent-child dyadic art therapy group. *The Arts in Psychotherapy 70*. https://doi.org/10.1016/j.aip.2020.101687

Lee. K. R., & Ray. D. C. (2020). Child centered play therapy parent services: A Q-methodological investigation. *International Journal of Play Therapy, 29*(3). 131-143. https://doi.org/10.1037/pla0000120

Loader, S. J., Brouwers, N., & Burke, L. M. (2019). Neurodevelopmental therapy adherence in A Australian parent-child dyads: The impact of parental stress. *The Educational and Developmental Psychologist 36*. 22–26. doi:10.1017/edp.2019.2

Parker, M. M., Hergenrather, K., Smelser, Q., & Kelly, C. T. (2020). Exploring child-centered play therapy and trauma: A systematic review of literature. *International Journal of Play Therapy*. http://dx.doi.org/10.1037/pla0000136

Proulx, L. (2002). Strengthening ties, parent-child-dyad: Group art therapy with toddlers and their parents. *American journal of art therapy 40*. 238-258. DOI: N/A

Ritblatt, S. N., & Longstreth, S. (2019). Understanding young children's play. *National Association for the Education of Young Children, 74*(2). 78-85. https://www.jstor.org/stable/10.2307/26808916

Tal, R. Tal, K. & Green, O. (2018). Child-parent relationship therapy with extra-familial abused children. *Journal of Child Sexual Abuse, 27*(4). 386-402. https://doi.org/10.1080/10538712.2018.1451420

Vicario, M., Tucker, C., Smith-Adcock, S., & Hudgins-Mitchell, C. (2013). Relational-cultural play therapy: Reestablishing healthy connections with children exposed to trauma in relationships. *International Journal of Play Therapy, 22*(2). 103-117. DOI: 10.1037/a0032313

Woollett, N., Bandeirab, M., & Hatchera, A. (2020). Trauma-informed art and play therapy: Pilot study outcomes for children and mothers in domestic violence shelters in the United States and South Africa. *Child Abuse & Neglect 107*. https://doi.org/10.1016/j.chiabu.2020.104564

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Kellie DiFederico

Type of Project: Thesis

Title: The Value of Parental Involvement in Play Therapy with Children Exposed to Trauma: A Literature Review

Date of Graduation: May 22, 2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Sarah Hamil, Ph.D., LCSW, RPT-S, ATR-BC