

A Play Therapy Model Focusing on Parent Training: Child-Parent Relationship Therapy

Ebeveyn Eğitime Odaklanan Bir Oyun Terapisi Modeli: Çocuk-Ebeveyn İlişki Terapisi

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ABSTRACT

Child-Parent Relationship Therapy is an approach that combines play therapy and family therapy. It is based on the idea of teaching parents the skills of structuring, emphatic listening, imaginary play and limit-setting and enabling their children to become play therapists. The overall aim is to strengthen the child-parent relationship. It is a structured, 10-week, group format training for parents with children aged 3-10. After 3 week-parent training, special play sessions with their children for 7 weeks begin in parallel with the training sessions. These sessions teach parents to recognize their children's emotions, listen effectively, build self-esteem, and set boundaries therapeutically, while helping parents develop parenting skills. In this review, the history of Child-Parent Relationship Therapy, its aims, parent-child interaction and training dimensions, play room and toy selection, content of training sessions and research studies on its effectiveness are explained. Evaluating the model, it was seen that CPRT was an effective approach in reducing parental stress and behavioral problems of children, and improving parental acceptance and empathy levels.

Keywords: Child-Parent Relationship Therapy, filial therapy, play therapy, family therapy

ÖZ

Çocuk-Ebeveyn İlişki Terapisi oyun terapisi ve aile terapisini birleştiren bir yaklaşımdır. Ebeveynlere yapılandırma, empatik dinleme, çocuk merkezli hayali oyun ve sınır koyma becerilerinin öğretilip çocuklarının oyun terapisti olmalarını sağlama düşüncesini temel alır. Genel amacı çocuk-ebeveyn ilişkisini güçlendirmektir. 3-10 yaş arası çocuğu olan ebeveynler için yapılandırılmış, 10 haftalık, grup formatında bir eğitimidir. Ebeveynlere 3 hafta eğitim verildikten sonra eğitim oturumlarına paralel olarak çocuklarıyla 7 hafta sürecek özel oyun seansları başlar. Bu seanslar, ebeveynlere çocuklarının duygularını fark etmeyi, etkin dinlemeyi, öz saygı oluşturmaya ve terapötik olarak sınırlar koymayı öğretirken eğitime katılan ailelerin de ebeveynlik becerilerinin gelişmesini sağlar. Bu derlemede, Çocuk-Ebeveyn İlişki Terapisinin tarihçesi, amaçları, ebeveyn-çocuk iletişimi ve eğitim boyutları, oyun odası ve oyuncak seçimi, eğitim seanslarının içerikleri ve yaklaşımın etkililiği üzerine yapılan çalışmalar yer almaktadır. Model değerlendirildiğinde ebeveyn stresini ve çocukların davranış problemlerini azaltmada, ebeveyn kabulünü ve empati düzeylerini ise geliştirmede etkili bir yaklaşım olduğu görülmüştür.

Anahtar sözcükler: Çocuk-Ebeveyn İlişki Terapisi, filial terapi, oyun terapisi, aile terapisi

Introduction

Child-Parent Relationship Therapy (CPRT, Landreth and Bratton 2006) is an experimental-based counseling intervention that integrates play therapy with a family-focused approach (Cornet and Bratton 2014). CPRT is a 10-session application of the filial therapy model, which is an approach that includes parents in play therapy, and its effectiveness has been proven by many studies. Therefore, it is known as one of the treatment protocols in the field of child psychotherapy. It is based on the premise that a secure parent-child relationship is essential for children's well-being. For this reason, the relationship is accepted as a means of change (Landreth and Bratton 2006). CPRT is grounded in the filial therapy model developed by Dr. Bernard Guerney and Dr. Louise Guerney in 1964, in which child-centered play therapy principles and skills are taught to caregivers. Guerney's approach emphasizes the importance of the child-parent relationship and relies on parents' ability to learn the skills necessary to be therapeutic agents in their children's lives. Although the application methods and structuring of CPRT differ from Guerney's original model, its basic philosophy (group training format, skill teaching, etc.) is similar (Bratton et al. 2010). Landreth (1991) developed a more structured and intensive 10-

session filial therapy training format based on Guerney's premises, and named the program "10-Session Child-Parent Relationship Therapy" to distinguish the model from other filial therapy approaches (Landreth and Bratton 2006). The theoretical background of the approach is the same as the psychodynamic theory, behavioral approach, attachment theory, family systems theory, cognitive theory, humanistic approach and a theory of interpersonal relations (VanFleet 2014) on which filial therapy is based.

CPRT puts the idea that "Play is a child's language and toys are their words" (Landreth 2012) and makes play a natural tool to communicate with children. Parents are taught basic principles and skills such as active listening, reflecting feelings, recognizing children's emotions, giving feedback, limit setting, building children's self-esteem, and structuring weekly play sessions with their children using a special kit of selected toys. It includes a supportive group format that brings together didactic teaching and supervision experiences. The training model is designed for groups of 6 to 8 people, lasting an average of 2 hours over 10 weeks. The application protocol was prepared as a handbook by Bratton et al. (2006) in order to be a tool for practitioners and researchers in the intervention process and to ensure integrity between applications.

In the literature, there has been an increasing number of studies (Candan 2017, Koçkaya and Siyez 2017, Yanıt 2019, Murat and Tolan 2021) and resources (Özkaya 2015, Gençer and Aksoy 2016) examining the effectiveness of play therapy and the types of this approach on children in our country. Despite this, a few studies conducted with CPRT and the lack of resources related to the model draw attention. Therefore, in this study, it is aimed to collect information and examine the studies about CPRT, and fill the gap in the field. It is expected that this review will guide the practices of psychological counselors, psychologists and people working in the field with children and their parents.

Objectives

The overriding objective of this therapy, which includes the parent in the play therapy process, is to strengthen the child-parent relationship. The special play time that parents and children play together undoubtedly strengthens parent-child relationships. These private times are more effective when structured within a program (Johnson-Clark 1996). Hence, with CPRT, parents aim to create a non-judgmental and non-critical, understanding and accepting medium that improves the parent-child relationship beyond what they can achieve through play alone (Landreth and Bratton 2006). In line with these purposes, Bratton and Landreth (2019) stated the specific aims of CPRT for parents, children and family as follows:

Goals for Parents

- To increase their understanding, acceptance and sensitivity to their children, especially their emotional world.
- To learn the principles and skills of child-centered play therapy.
- To learn how to encourage their children to lead themselves, take responsibility, and develop self-confidence.
- To develop more realistic and indulgent perceptions and manners towards themselves and their children.
- To develop insights with their children.
- To enable parents to accept themselves and increase their confidence in their parenting abilities.
- To acquire more effective parenting skills with developmentally appropriate strategies.
- To relive the "joy" of being the parent of their child.

Goals for Children

- To deliver thoughts, needs and feelings to the parent through a play environment.
- To experience a greater sense of self-respect, self-esteem, confidence and competence by feeling accepted, understood and valued.
- To change negative perceptions of parents' feelings, attitudes and behaviors with increased confidence.
- To reduce or eliminate problematic behavior.

- To develop an internal locus of control (self-control), become more self-directed, take responsibility for actions and, as a result, select more appropriate ways to express needs and ensure that needs are met.
- To acquire effective problem solving skills.

Goals for Parent-Child Relationship

- To strengthen the parent-child relationship and for both parent and child, develop a sense of trust, security and closeness.
- To improve family communication and expression of love.
- To enhance the level of enjoyment between parent and child.
- To develop problem solving and coping skills.

Parent-Child Interaction Dimensions

Examining CPRT in terms of parent-child communication, it draws attention that it consists of many dimensions. These dimensions are as follows (Bratton and Landreth 2019):

1. **Parent-Child Relationship:** It is important to establish and strengthen the parent-child relationship by equipping parents with child-centered play therapy skills to facilitate the development of positive relationships.
2. **Play Based Communication:** "Play" is the most natural way of communication to convey the child's feelings, thoughts, needs, wishes, fantasies and experiences. Children feel comfortable in the play medium and can more easily direct their play experience/relationship to dimensions that are important to them. For this reason, it is more possible for the child to communicate through play rather than verbal communication.
3. **Symbolic Expression:** This therapy is a parent training model that enables children to express their feelings symbolically. It is taught that children's plays have meaning, how to relate to events, fears, etc. through toys specially selected for the model, and how to be sensitive to possible meanings in their children's plays, but parents are not expected to understand the symbolic meaning of the game. The important thing here is that the child has the opportunity to transfer potentially significant messages to the play.
4. **Child Leadership:** The child is the leader in 30-minute special playtime. The parent follows the child without interfering with the content of the game, the spend of time. Allowing the child to lead gives the child the opportunity to experience how to take responsibility.
5. **Acceptance Instead of Correction:** The behavior of the child is not corrected in CPRT. The focus is on developing skills that will be utilized during 30- minute playtime. Thanks to these skills, the parent accepts the child's decisions within the appropriate boundaries and limits during this period, does not interfere and even allows the child to make mistakes. The child is responsible for playtime and is accepted as he/she is. The child is allowed to decide what to play with, how long to play, how to play, etc. during the special playtime, and the parents accept these decisions.

Educational Dimensions

Evaluating CPRT in terms of education, it is found that it consists of many dimensions. According to Bratton and Landreth (2019), these dimensions are as follows:

1. **Group Process/Group Therapy:** The reactions of parents to their children in daily life, the problems they experience, their feelings, thoughts and needs about themselves and their family members should be handled in the training process. In this way, parents can be emotionally available to their children as expected of them in special play sessions. Addressing personal problems makes it easier for parents to internalize new skills and apply the new behaviors needed (VanFleet 2014). Therefore, the relationship between the group process and group therapy is vital to the successful outcome of therapy.
2. **Future Focused:** It is not possible for the children to fully reveal abilities until the parent accepts and believes them. This type of therapy is based on the idea that the child has the capacity for positive change and focuses on the child's potential rather than the problem.

3. **Based on Experience:** Experiential learning takes place when parent-child practice new therapeutic agent roles with their children during special playtimes. These special sessions are often times for parents to explore themselves and their children, and they feel even more empowered as they are able to successfully put the skills they have learned into practice.
4. **Building a Relationship Instead of Correcting a Problem:** The rationale of this approach, which is a kind of parent training, is that improving the child-parent relationship will positively affect the underlying causes of the problematic behavior and this will lead to positive changes in the problematic behavior. The child's personality and the parent's relationship with the child are always more important than the problem the child may have.
5. **Changing the Child's Perception:** The purpose of training is not to change the behavior of the child, but to change the perception of the parent and the parent-child relationship. Because behavior is viewed as a function of perception, a change in perception will lead to a change in behavior.
6. **Focusing on Parenting Efficacy Instead of Changing the Child:** Parents often resort to therapy when they need to find a way to control their children and they feel out of control, but CPRT focuses on changing the parent by increasing the parent's efficacy rather than changing the child. Parents who are confident in their ability to respond appropriately to their children feel more in control.
7. **Understanding the Relationship Instead of the Purpose of the Behavior:** Parents believe that if they find the cause of their child's behavior, they can find solutions, but this reinforces the need for control and results in ignoring the importance of the child's personality.
8. **Internal Locus of Control Instead of External Locus of Control:** CPRT considers that it is important to respond to children in ways that develop an internal locus of control. In order to achieve this, parents convey to the child by reflections that he/she is responsible for the decisions during the special playtime.
9. **Special Play Materials:** The playroom contains a specific set of play materials that have been proven to facilitate children's emotional expression. In special play sessions, play materials are needed by children to transfer their personal world to play.
10. **Practice of Skills Only in Special Play Sessions:** Parents want to implement what they have learned all day, but these expectations fail when situations such as forgetting the stages of the skills and feeling guilty when they forget. Therefore, this therapy is structured to encourage success by requiring parents to utilize skills only during designated 30-minute playtimes.
11. **Generalizing Skills:** Although parents should only utilize the skills during special playtimes, after enough practice, they begin to react in the same way at other times. This transfer takes place naturally and is an indication that the acquired skills turn into a natural response.
12. **Supervision:** The special playtimes video recordings of the parents with their children of focus are evaluated by the therapists, and supervision is given for the skills that the parents have successfully applied and the skills that need to be developed the next week.
13. **Applicable to a Wide Range of Parents:** It has been scientifically proven that CPRT is effective in a wide variety of parent groups and children's problematic behaviors.
14. **Trainer Qualifications:** CPRT therapists should have special training and supervision in play therapy. They should also have experience in group therapy. Therapists are expected to train parents to use the skills they have learned, while also enabling them to participate in group dynamics and facilitating the process.

Playroom and Toy Selection

While determining the area to be allocated as a playroom, Landreth and Bratton (2006) emphasized that care should be taken to ensure that the child's attention is the least distracted, there are the least amount of breakable items, the room is a place where it will not be a problem to disperse during the play, and the child will feel free. If the room to be prepared for the play sessions will be located in an institution, office or school, an area that does not sound from the outside should be preferred (Landreth 2012).

The toys that will take place in the 10-session training structured by Landreth and Bratton (2006) do not need to be bought new or expensive. Unused, discarded toys in the parents' home can be placed in the playroom. However, there are some important features that should be considered when choosing toys. One of them is that

the toys should be suitable for the culture in which the application will be carried out so that the child can reflect himself/herself or environment. In addition, small toys that will fit in a box and attract the attention of the child should be chosen. Another feature is that the toys are not mechanical and electronic, as they do not encourage the child's creativity. Because such toys are pre-programmed and do not have the feature of facilitating the building a relationship between the parent and child targeted in the sessions (Landreth 2012). VanFleet (2014), on the other hand, emphasized that there should be toys that will help the child express himself/herself and that will not lead during the play. Considering these criteria, in the application structured by Bratton et al. (2006), the toys listed in the following groups are included in the list of toys handout distributed to the parents in the second session.

1. Real-Life Toys: Small baby dolls, nursing bottle, bottle, doctor kit, toy phones, small dollhouse, doll family, play money, domestic and wild animals, car, truck, ambulance, kitchen dishes, furniture, puppets, dressing items.
2. Acting-Out Aggressive Release Toys: Dart set, rubber knife, piece of rope, aggressive animals, small toy soldiers, inflatable bop bag, mask, toy handcuffs.
3. Toys for Creative/Emotional Expression: Play dough, crayons, paper, scissors, tape, cardboard box, plastic/foam cup, plate, ring toss game, playing cards, soft ball, balloon, arts/craft materials, blocks, binoculars, small instruments, magic wand.

Child-Centered Play Skills

Filial therapy or CPRT practitioners teach parents four basic skills in sessions. These skills are as follows:

1. Structuring: Parents are taught how to structure play sessions so that children learn about general boundaries while creating a free environment for play. Thanks to this skill, children learn that their parents are the authority when they do not comply with the limits, even if they are free in the play sessions (VanFleet 2014). Within the scope of this skill, parents learn what to say when entering the playroom, what to do during the need for the toilet, and what to say when leaving the playroom. Via these structuring sentences, children perceive special playtimes in general and have the chance to experience new situations (Guerney and Ryan 2013).
2. Empathic Listening: With the role-play and acting techniques (VanFleet 2014) parents learn to convey their acceptance of the child's feelings, thoughts and behaviors to the child by reflecting in the training sessions (Guerney and Ryan 2013). While reflecting, they focus on the child's verbal and nonverbal expressions, facial expressions and movements.
3. Child-Centered Imaginary Play: In special playtimes, both the director and the actor are children. In training sessions, parents learn how to give the child full attention and interest, how to follow the child's direction, and how to act out a role when the child wants.
4. Limit Setting: This skill allows children to feel safe as it limits some unacceptable behaviors during the session. It is also an indication that the responsibilities of parents continue. While setting boundaries, by empathizing with their children (O'Sullivan and Ryan 2009) parents learn how to apply the 3 stages of the limit setting method, noticing the emotions that arise in the child in the absence of permission.

Content of Ten Sessions

CPRT practitioners implement 10 sessions structured by Bratton et al. (2006) in their parent training. The contents of these sessions are as follows:

Session 1

The first session starts with the parents introducing themselves. Since the training is in a group format, group members also get to know about each other. It is emphasized that it is important for parents to allocate time for training at the specified time in their busy life in order to strengthen their communication with their children. By drawing attention to their abilities, parents' strengths are revealed and thus communication is encouraged. The aims and benefits of training are mentioned. Stressed on the importance of having a positive outlook on events. To gain empathic listening skills, how to reflect content and feelings is explained, reinforced with role-play technique, and a video prepared by the practitioner containing this skill is watched. Feelings such as happy, mad, scared are studied, "Be with" attitudes ("I hear/see you", "I am here", "I care", "I understand") are

mentioned, and filling out the feelings response worksheet containing the facial shapes and noticing a physical feature of the children of focus are given as homework.

Session 2

The session starts with a homework check. The basic principles of special play sessions are explained and a toy list is provided. The features of the toys in the list and their functions in the playroom are expressed. In order to ensure the acquisition of child-centered imaginary play skills, parents are demonstrated how to give their children all their attention during the play. Afterwards, the empathic listening skill mentioned in the previous week is reminded and the role-play technique is applied to reinforce these two skills. In order to encourage the personal development of parents, information is given about "the oxygen mask" situation. To understand this analogy, parents are asked to imagine themselves and their children on an airplane. When an unexpected situation is encountered on the plane and the oxygen masks land, they are asked to whom they will put on the mask first. Parents who say that they will wear it to their children first are told that they should wear it themselves, in this way it will be more beneficial for their children. It is emphasized how important to do something for themselves, how much they will contribute to their family members. The session ends by asking them to provide the toys they will use in the 30-minute special play sessions and to determine the appropriate time and place.

Session 3

The session starts by asking the parents to inform about the playroom preparations and determining the place and time. Reflections of feelings, thoughts and needs are mentioned again. "Do's and Don'ts" for conducting play sessions are explained. In the context of gaining the structuring skill, information is given about prior to session, beginning the session, during the session and ending the session. Since the play sessions will start, parents will be asked to prepare "Special Playtime - Do Not Disturb!" sign with the child of focus and practice their first play session. Two volunteer parents are determined to watch their video recordings in the training area the next week and they are asked to bring the videos.

Session 4

The session begins with the parents sharing experience of the first play session. Communicating with other group members with similar experiences is ensured. Parents are praised for their efforts and members are encouraged to give feedback. Recorded videos are watched. Giving feedback, the focus is on the strengths of the parents. Then, the stages of setting limits are expressed. During the play sessions, it is emphasized which behaviors will be limited and what should be considered when setting limits. Parents are asked to share a situation that requires this skill and to apply the limit setting method, and it is reinforced with the role-play technique. They are given as homework to apply their newly learned skill in real life and take notes. In addition, they are asked to fill in the "Parent Play Session Notes" and to bring the video recordings from the two volunteer to watch in the next session.

Session 5-9

Each of these sessions starts with homework check and sharing experience about special playtimes, then continues with supervision of video recordings. The skill practices in the videos are evaluated and the skills to be developed are determined in the next session. In the 5th session, short and clear expressions are mentioned while explaining something to the children. The implied messages of typical parental responses to children's unacceptable behavior are discussed. The situations that parents may encounter in the playroom are shared, and with role-play techniques and the limit setting skill, practices are carried out on these situations. In the 6th session, the details of the choice-giving, providing choices as consequences are mentioned. Group interaction is provided by parents to share similar situations they encounter at home and to determine how to offer choices. Common problems in play sessions and how to respond are taught. In the 7th session, it is emphasized that parents should not help children what they can do on their own. Parents are asked to think about these situations and share in the group environment. Esteem building responses and positive character qualities are studied. In the 8th session, the difference between praise and encouragement, then the effects of praise on the child are discussed. What the encouraging statements and their importance are explained. In the 9th session, it is stated that it is critical to focus on the behaviors to be changed through the degree of importance and not to try to change everything at once, so the interactive sharing process is started. It is taught how to give choices as consequences for non-compliance. The generalization of the limit setting to outside the play session, the

structured doll play technique and how to use this technique are mentioned. All sessions end with homework on that week's topic and two volunteer parents are determined to watch their videos in the next session.

Session 10

In the last session, homework is checked, video recordings are watched and supervision is given. The important points of the training program are emphasized again and evaluated. Parents' thoughts when they first came to training are shared and the situations where the change takes place are determined. The session is ended by asking the parents to continue their special playtimes.

The basic 10-session group format is 6 to 8 parents. In cases where group work is not possible, the application can be carried out with a single parent or two parents. The implementation of single parent, the homework given at the end of the session involves the other parent and family members in the process. In this way, the whole family participates in the process. Ten parents in a group are not recommended due to the difficulty of parent interaction and supervision. In the content of the training program, two parents are given supervision every week. However, at the beginning of each session, all parents participating in the training are asked to share their session experiences. According to the "Parent Play Session Notes", the situations where they consider themselves as successful and the problems they encounter are discussed. In addition to the structured training program, parents' sharing, concerns and difficulties about themselves and their children are handled in a group setting. Solutions to concerns and new ways of responding to children often emerge through group interaction. (Landreth and Bratton 2006).

CPRT Researches

Both international and national studies support that the model is effective on parents and children (Bratton et al. 2005). CPRT has well-researched modality with over 40 studies investigating its effectiveness. 32 studies used a control group design with more than 1000 participants. Repeated findings consistently show the effectiveness of CPRT in reducing parental stress, children's behavioral problems, and improving parental acceptance and empathy levels in the parent-child relationship (Bratton et al. 2010). CPRT is an approach that attracts researchers in terms of its effectiveness on the child and parent, and its applicability in the short term. The findings of qualitative studies provide information about potential changes that occur in the family as a whole. In the interviews conducted with 20 married couples who took part in the CPRT training, it was concluded that the intra-familial communication skills of the participants improved, especially the parent-child communication and the communication between the spouses. In addition, parents stated that marital unity increased and their families valued training (Bavin-Hoffman et al. 1996). Wickstrom (2009) collected data from eight parents who participated in CPRT and found that the training contributed to four relational changes: improved parent-child relationships, improved marriage, sibling and family of origin relationships. In Lahti's (1992) study on three parents attending CPRT, it was seen that training contributed positively to marital relations. Accordingly, the study carried out by Solis et al. (2004) in which an African American parent's perceptions of the training process and its impact were examined, they concluded that positive changes occurred in the child and parent-child relationship.

Examining quantitative research in the literature, it is observed that CPRT is effective on parents in prison (Harris and Landreth 1997, Landreth and Lobaugh 1998), divorced families (Dillman Taylor et al. 2011), adoptive families (Holt 2011, Carnes-Holt and Bratton 2014, Opiola and Bratton 2018), single-parent families (Bratton and Landreth 1995, Öztekin 2021), low-income parents (Ceballos 2008, Sheely-Moore and Bratton 2010), multicultural parents (Chau and Landreth 1997, Jang 2000, Glover and Landreth 2000, Yuen et al. 2002, Lee and Landreth 2003, Grskovic and Goetze 2008, Villarreal 2008, Kidron and Landreth 2010) and parents of abused children (Costas and Landreth 1999, Tal et al. 2018). In addition, there are studies in the literature including children with pervasive developmental disorders (Beckloff 1997), children witnessed domestic violence (Smith 2000, Smith and Landreth 2003), deaf and hard of hearing children (Smith and Landreth 2004), children with learning difficulties (Kale and Landreth 1999), children with developmental problems (Öztekin and Gülbahçe 2019), children with attachment problems (Ray 1995, Hacker 2009) and children with chronic diseases (Glazer-Waldman et al. 1992, Tew et al. 2002). These studies clearly demonstrate that the model is an effective intervention program with children and their parents.

Conclusion

CPRT is both a preventive and therapeutic approach, with the focus on improving the child-parent relationship.

It is an effective method that can be utilized by people working in the field in their applications due to its advantages such as the wide range of child and parent populations, effective in a short period of time, to be structured, and based on play, not aimed at making the child talk like traditional methods. In addition, since parents are viewed as the therapeutic agent for the children, the purpose is to develop parenting skills and thus make parents their children's therapists in case of problems they may encounter in the future.

Since CPRT is a training program that can be applied with parents with 3- to 10-year-old children, and its effectiveness has been proven in many problems (pervasive developmental disorder, internalized and externalized behavior problems, adjustment problems, etc.) and in different cultures, even in multicultural communities (African-American, Hispanic, American, Chinese, Korean, Israeli, immigrant Chinese, immigrant Latin, etc.) (Bratton et al. 2010), it is considered to be suitable for the current demographic structure of our country. The effective results of the studies conducted in our country with this model also support this idea (Öztekin and Gülbağçe 2019, Öztekin 2021). The focus of CPRT on the family and the uniqueness of each individual makes it a preferred approach in cross-cultural applications (Bratton et al. 2010). In the literature, the studies of researchers who adapted CPRT to meet the needs of the group to be modified draw attention. When these studies are examined, it is concluded that the number of sessions is reduced, the duration of the play sessions are shortened, or the recordings are removed, but there is no statistically significant difference in the effectiveness of the adapted versions of the model compared to the original version (Ferrell 2003, Smith and Landreth 2003, Socarras et al. 2015).

Psychological counsellors, psychologists or people working in the field who want to apply CPRT can receive supervised online or face-to-face training on play therapy and filial therapy, both from foreign and our country. An effective therapist needs to be aware of his/her needs, prejudices and personal conflicts as well as being aware of his/her strengths. Personal needs and values are part of the therapist's personality and become part of the relationship with parents during therapy. Therefore, the training and supervision of practitioners should include a process of self-discovery that will enable them to understand themselves and thus minimize the potential impact of the therapist's needs (Landreth and Bratton 2006).

Although many studies have been carried out the model in other countries, it is noteworthy that the number of studies conducted in Türkiye is very rare. Therefore, in this paper, it is aimed to inform people who are interested in play therapy and filial therapy, and to be a step meeting the resource needs of the literature in our country. Considering the increasing interest in play therapy in Türkiye in recent years, it is expected that the study will shed light on future studies.

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