Parents as agents of change: what filial therapy has to offer

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Abstract

This study drawing on a relationship-enhancement family/play therapy known as Filial Therapy (FT) attempted (i) to examine the changes that mothers report in their children’s problem behaviors, (ii) to investigate the ways FT could affect parenting knowledge and skills, and (iii) to evaluate participants’ perceptions about the FT intervention. To this end, twenty-four mother-child dyads were assigned randomly to an experimental group (n=12) and a control group (n=12). Necessary quantitative data were gathered at pretest and posttest. Through observation and questionnaires, complementary qualitative data were also collected. In view of the results obtained, the current study concludes by the assertion that FT has potential to be utilized as a culturally responsive intervention.

Keywords: Filial therapy, play therapy, relationship-enhancement, parent-child relationship.

1. Introduction

What seems to be an issue of concern nowadays for parents, psychologists, and program administrators, among others, are (i) the increasing number of children exhibiting childhood problem behaviors or misbehaviors, and (ii) children beginning school without behavioral, emotional, social, and academic skills necessary to their psychological well-being and school success (Benham & Slotnick, 2006; Powell et al., 2006). From the psychotherapy perspective, choosing an appropriate therapeutic intervention has always been a challenging task for those professionals who work with children. Some psychologists, for instance, choose individual-based therapeutic approaches, while others appreciate systemic views. The fact is that addressing childhood problem behaviors requires different intervention repertoire in terms of conceptualization and intervention tool as well. According to Landreth (2002a), it is young children’s developmental issues which should be taken into account while addressing their problem behaviors rather than technique modifications.

With regard to the specific factors associated with the overall well-being of young children, the study of childhood problem behaviors has received a special focus among child and family psychologists and counselors (Aunola & Nurmi, 2005; Benham & Slotnick, 2006). From the developmental perspective, Thompson et al. (2006) note that whether or not young children (preschool-aged children in this case) challenge with various kinds of problem behaviors, they are developing individuals, i.e. they are acquiring new forms of self-awareness and self-
understanding. According to Thompson et al. (2006), since the preschool age is considered as a period in which children develop an understanding of emotion regulation, providing an emotionally secure and safe climate on the part of their parents could improve their psychological well-being. In fact, irrespective of the major developmental changes across all domains, preschoolers rely heavily on their significant adults. That is why parents have always been central in young children’s adaptive functioning from the point of social, behavioral, and emotional aspects (Benham & Slotnick, 2006).

Considering young children’s developmental issues, there are two dominant approaches that deal with childhood psychological well-being, i.e. family-based intervention programs with a focus on parent-training programs and child-based approaches that draw on ‘play’ as the main therapeutic tool. The related literature reveals a number of reasons for including parents as the most important and necessary components of effective child psychotherapy. These reasons point mainly to the significant role of (a) parents in healthy child development, (b) parents in parent-training interventions, (c) inappropriate family environment in escalating childhood problems into later, more serious ones, (d) marital conflicts in well-being of children, and (e) parental psychopathology in children’s healthy development (Aunola & Nurmi, 2005; Barlow et al., 2005; Caron et al., 2006; Cummings et al., 2000; Kobak & Esposito, 2002; Wenar & Kerig, 2000). As such, these factors have motivated child psychologists with different orientations to develop treatment models, programs, or strategies that incorporate children's significant adults in the therapeutic process.

Additionally, despite preschoolers’ development in some important capacities as compared with toddlers, they are still unable to communicate about their inner life verbally. Most of their communications occur through behavior that reflects their feelings and thoughts (Benham & Slotnick, 2006). This way of thinking is basically appreciated by those individual therapists (esp. play therapists) who emphasize the intrapsychic nature of children. Pioneers of the field, who are supportive of this issue, assert that in order to make emotional contact and to also meet children's psychological needs, play is the developmentally appropriate language of children through which they can naturally express their feelings, thoughts, experiences, and concerns by manipulating toys (Axline, 1947; Ginnott, 1961).

An integrated intervention which elaborately incorporates the above perspectives (i.e. parental involvement in the therapeutic process and using play as the children’s developmentally appropriate language) has come to be known as Filial Therapy. In order to gain more insight into the specific variables that can possibly enhance both child and family well-being, there was a need to know just how much of an impact on childhood problem behaviors could be made by Filial Therapy (FT) in a culturally new context where this therapeutic approach received little attention. To that end, the present study intended to examine the FT effectiveness with Iranian mother-child dyads.

2. Filial therapy literature review

FT is a relationship-enhancement treatment program by which parents are taught necessary skills to conduct child-centered play sessions with their own children, who experience different kinds of problem behaviors. Given the psycho-educational orientation of it, FT involves parent-child dyads and believes in parents’ ability to become therapeutic agents for their own children through play. FT encompasses four basic skills, i.e., (a) structuring (b) emphatic listening, (c) child-centered imaginary play, and (d) limit-setting. FT as a play-based approach has in the main capitalized on ‘child-centered play therapy’ (CCPT) – a kind of play therapy developed by Axlin (1947). Landreth (2002a) contends that: “…children are the best sources of information about themselves” (p. 59). Thus, the empathic and nonjudgmental play context provided by FT creates an environment in which children can express themselves openly. While children experience their parents’ nonjudgmental acceptance in the playroom and begin to play out troubling issues in their parents’ presence, they begin to accept that their parents really may be capable of the same behavior outside of the playroom (Landreth, 2002b).

For over forty years, FT has been extensively used with different populations, in different formats, and in various cultures because of its flexible, adjustable, and adaptable nature (Ginsberg, 2004; VanFleet, 2005). FT has proved to have a profound impact on a wide range of childhood problem behaviors (including both externalizing and internalizing problem behaviors) and diverse parent populations (e.g. single parents, court-referred maltreated parents). Additionally, in view of the underlying principles of FT, various studies have been conducted to examine the effectiveness of FT with culturally different populations such as Chinese families (Chau & Landreth, 1997), Korean families (Jang, 2000), Native Americans (Glover & Landreth, 2000), Jamaican families (Edwards et al., 2007), and Hispanic families (Villarreal, 2007).
However, the pertinent literature demonstrates that FT is under-researched in Asia (Alivandi & Khaidzir, 2008; Chau & Landreth, 1997; Jang, 2000). This issue, for instance, was the recurrent theme of the first National Congress of Art Therapy in Iran (NCAT). NCAT that was first held in 2006 accentuated the urgency that the field of child psychopathology should place a premium on the evidence-based and play-based approaches. Moreover, studying FT interventions in different formats with culturally different populations has been highly emphasized in the FT literature (Rennie & Landreth, 2000; VanFleet, 2005); therefore, this research attempted to (a) narrow the research hiatus between the currently used approaches in Iran and one of the well-researched approaches in the literature (filial therapy), and (b) examine the efficacy of the FT intervention with culturally diverse population.

3. Method

This study was mainly based on a pretest-posttest control group design. More specifically, one experimental group \((n=12)\) received the FT intervention while a control (no-treatment) group \((n=12)\) did not receive any treatment. The control group, however, was treated in a later study whose results were not included in this article. The present work was also informed by qualitative data obtained over the course of the study.

3.1. Participants and context

The current research was implemented in a kindergarten located in the province of East Azarbaijan-Iran. The kindergarten setting was selected as the research site because it was assumed that such a setting could be a suitable place to examine the feasibility of the FT intervention. It was also thought that in this way further evidence could be gathered for FT’s future clinical application.

In addition to one research assistant and the present researcher, the participants of the study comprised 24 mother-child dyads who volunteered to participate in the FT intervention program offered by the kindergarten. The kindergarten authorities were requested to advertise the intervention program by emphasizing the basic features of the program which centered around such themes as (a) children’s presenting problem behaviors, (b) mother-child relational problems, (c) and understanding children’s psychological needs.

Mothers who met the following criteria were selected for the intervention: (i) not to have attended in any parent training programs in the past six months, and (ii) not to be a single-parent. The first criterion was set because of the psychoeducational nature of the treatment (FT). It was assumed that participants’ background knowledge in the related field could possibly interfere with valid inferences about the intervention. The rationale for the second criterion was based on the assumption that the needs of single-parent families are not the same as two-parent families due to their social and emotional needs. According to Glazer and Kottman (1994), FT could be regarded as a means of resolving their children’s needs only when their own feelings of separation were sufficiently dealt with. Therefore, those mothers who met the predetermined criteria \((n=24)\) were randomly assigned to the FT experimental group \((n=12)\) and the no-treatment control group \((n=12)\).

The mothers’ average age was about 35 and the children’s average age was 4 ¼ years old at the time of data collection. With regard to the gender differences, 44.5% of the children were girls and 55.5% were boys in total.

3.2. Instruments

This study followed a three-fold procedure: (a) examining the intervention efficacy through a quantitative instrument, (b) probing into the changes occurred in the mother-child play relationships before and after the intervention, and (c) evaluating their perceptions regarding the intervention effectiveness. In order to evaluate children’s problem behaviors, Filial Problem Checklist (FPC) was utilized because of its frequent use in the determination of a baseline for children’s problem behaviors in the FT literature and its sensitivity to children’s behavioral variations (Guerney, 2003; VanFleet, et al., 2005). Filial Problem Checklist (Horner, 1974) is a self-report instrument that consists of 108 potentially problematic situations exhibiting by children. In this measure, parents are instructed to consider each situation and to rate by using the following instruction: a score of (1) indicates the presence of the problem with little concern for parents; a score of (2) shows the presence of the problem but of moderate concern for the parent, and a score of (3) indicates the presence of the problem which is of chief concern for the parent. Regarding the psychometric characteristics of the test, it should be noted that the test
demonstrated acceptable levels of validity (content validity) as evaluated by three panels of experts in the field and reliability (test-retest reliability, $r=0.93$) in the sample ($n=47$) almost similar to the intended population.

For the descriptive information, two different qualitative instruments were used: (a) pre/post play observation tool to illustrate mother-child relational issues, and (b) VanFleet’s Goals and Narrative Response Form (VGNRF) to evaluate mothers’ perceptions regarding the intervention efficacy. The former, which makes a baseline for comparing changes in the quality of parent-child relationships, consisted of 6 items based on a 4-point Likert-type scale. All the items focused on the changes which were likely to occur after the skill training procedures. During each observation, this tool addressed the quality of the parent-child play relationships and was rated from 0 (the absence of behavior) to 3 (presence of a specific activity in the medium and high levels). The latter, i.e. VGNRF, is composed of 17 yes/no questions that focus on FT skills and 5 narrative questions that target the mothers’ opinions and experiences of the intervention.

3.3. Data collection procedure

Once a two-day training workshop for the research assistant was completed, the first stage of the data collection began. In this stage, all the mothers were provided with the FPC instrument and were requested to complete them and bring them back on the intervention day. Prior to the initiation of the FT intervention, the mothers in the experimental group were pre-observed so that their mother-child interaction patterns could be recorded. In this phase, as the mother-child play was in progress, the researcher-developed observation sheet was completed by the researcher and research assistant. The whole observation time was about 15 minutes for each mother-child play observation. Immediately after the observation session, they were also asked to make a comparison between their own and their child’s playroom interactions in light of their everyday relationships. This question usually provided a good opportunity for more discussion regarding the parent-child relationships, child’s problem behaviors, and family issues. Once the participants in the experimental group received the FT treatment, the same observation sheet was completed by the observers at the post-observation stage for 15 minutes. At the end of the FT intervention, the mothers were requested to complete VanFleet’s Questionnaire in order to express their ideas about the intervention effectiveness. Finally, both the experimental and the control groups were provided with the same FPC instrument and were asked to bring them back completed the day after they received them.

3.4. Filial therapy intervention

The FT intervention program which was used in the current study was adapted from Caplin and Parnet’s 12-week FT model (2001). However, some modifications were applied in the present intervention schedule in order to adjust the program to the needs of the intervention. These modifications are as follows: (i) decreasing the 12-sesion model into a ten 2-hour session program and (ii) shortening the length of the program from 12-weeks into 5 weeks (with two sessions per week). The treatment procedure was conducted in the following order:
(a) clarifying the rationale of the FT intervention to the mothers;
(b) demonstrating play sessions by the therapist while mothers watching;
(c) training the parent in the four play session skills;
(d) conducting filial sessions under the direct supervision of the therapist; and
(e) implementing home-play sessions by the mothers.

4. Data analysis and results

Following the collection of FPC pre/post data, the analysis of pre/post observation was performed using a quantitative-based method (Flick, 2006). The observations were analyzed on the basis of frequencies that occurred for each item. To ensure the accuracy of the data, inter-observer reliability was calculated as simple percentage agreement and Cohen's kappa. The agreement percentage was found to be 92% for the pre-observation and 95% for the post-observation while Cohen’s kappa was calculated as 0.83 for the pre-observation and 0.85 for the post-observation. Furthermore, an analysis of variance (ANOVA) was also run to compare the FPC scores for the experimental and control group at pretest and posttest. To this end, the Statistical Package for Social Sciences (SPSS16.0) was utilized for the purpose of the quantitative data entry and analysis.
4.1 Filial problem checklist

Analysis of the pretest mean scores on the FPC test in both groups based on the ANOVA statistic showed the homogeneity of both groups $F(1,22)=.411, p=.528$. However, a statistically significant difference was found at the $p<.01$ level in the FPC posttest mean scores, $F(1,22)=76.337, p=.000$, suggesting the positive effects of the intervention conducted in the experimental group. In addition, to ascertain statistical conclusion validity and to also ensure the compatibility of statistical and practical conclusions of the study, it was considered necessary to provide a much more straightforward interpretation of the statistical conclusion. To this end, the effect size using eta squared was computed. For this study, the eta squared was calculated as $\eta^2 = .77$, suggesting a very large effect size based on the Cohen’s (1988) standards.

4.2 Pre/post play observation

Considering parent-child play interaction, the pre-observation scores indicated that the mothers lacked adequate and proper parenting and relationship-enhancement knowledge and skills. That is, they did not (a) devote adequate attention to their children’s play world, (b) allow their children to play in their own ways, (c) understand their children’s emotional and behavioral messages, (d) know how to enter their children’s imaginary play, and (e) use an appropriate way of behavior controlling technique. In contrast, all the participating mothers improved in the items examined at the post play observation. In fact, comparison of the pre/post observation suggested that FT not only could increase mothers’ overall attention scope to their children’s play but could improve their skills in building positive parent-child relationships. Based on their own explanations, they did not know how to understand their children or develop mutually understandable relationships because they had not been already taught. They believed that it was the first time that they heard of the importance of play and the significant role of mutual understanding in their mother-child relationships. Below, some of their answers to the question ‘Is your playroom mother-child relationships similar to your everyday play relationships?’ are presented. It is also pertinent to note that the related direct quotes from the respondents have been used for each of the following six observation items.

(Item 1): ‘The Degree of Mother’s Overall Attention Scope to Child’s Play’
- “I normally don’t play with him at home. I don’t have time for such sort of things. He mostly plays with himself. In fact, play is for children to be busy not for adults” (showing her developmentally inappropriate knowledge).

(Item 2): ‘The Degree of Mother’s Directing Child’s Play’
- “I am usually easygoing with him. In fact, this issue has caused a lot of conflicts with my husband (she herself confirmed her permissive parenting behaviors in her own words). He is so hardgoing type of person. All in all, I don’t pay attention to his play. I mean, I don’t know what he is usually up to. After all, he is a little kid and he has no idea what he is doing” (indicating her developmentally improper knowledge).

(Item 3): ‘The Degree of Mother’s Reflection of Child’s Behaviors’
- “I don’t know how to make a relationship with him. He sometimes become really out of control”.

(Item 4): ‘The Degree of Mother’s Reflection of Child’s Feelings’
- “Sometimes I feel we don’t speak in the same language”.

(Item 5): ‘The Degree of Mother’s Participation (Imaginary Play) in Child’s Play (when she is asked)’
- “I rarely play with him; he mostly plays with his friends. To tell the truth, I don’t have time to do such sort of things. By the way, he doesn’t accept the way I play with him”.

(Item 6): ‘The degree of Mother’s Necessary Control Behaviors (limit setting)’
- “As you just witnessed, he didn’t listen to me. I have tried many ways. For example, I hit him, threaten him, and blow up at him; but none of them work (showing her improper controlling behaviors). I am very surprised he is a very good boy in the kindergarten so much so that no one has ever told me anything about his misbehavior or disobedience. But at home, we have problem with him. He listens neither to me nor to his father. He is not a responsible boy at home. It seems to me that he needs someone to control his behaviors all day long”.

4.3 VanFleet’s goals & narrative response form
The third way of evaluation of FT in the present study was based on the direct information obtained from the participating mothers regarding the intervention efficacy. VanFleet’s Questionnaire consists of two sections, each of which is discussed below.

4.3.1. VanFleet’s goals.

Analyzing this portion indicated that approximately all of the participants agreed that FT had a positive effect on their children’s overall development, self-understanding, self-regulation, and self-expression behaviors. They also maintained that participating in this program increased their children's self-concept and self-esteem and improved their problem-solving and adjustment behaviors. Based on their reports, FT was effective in ameliorating their children's problem behaviors. In addition, they also supported the idea that their own understanding regarding their children’s development, needs, feelings, and thoughts had improved because of the treatment that they received. In fact, all 12 mothers (100%) who had received the intervention believed that FT intervention could not only help their children behave appropriately, but improve their parenting efficacy, as well. In sum, the evaluation of mothers’ responses to this questionnaire illustrated that FT intervention was effective in (a) increasing their understanding regarding their children’s development and their understanding of their children, (b) assisting them to recognize the importance of play as the child's developmentally appropriate language, (c) helping them develop new parenting and relationship skills, (d) decreasing their parenting inefficacy, (e) increasing their power as parents and increase their ability to conduct parenting tasks appropriately, (f) increasing their feelings of trust and warmth toward their children, (g) helping them develop a mutually understanding parental team, and (h) providing a safe climate for them to deal with their own issues as they related to their children and parenting.

4.3.2. VanFleet's narrative responses

In response to the question: ‘Would you recommend filial therapy to other parents? Why or Why not?’ all the participating mothers reported that the FT intervention program could help them see their children's world differently, the view which they had not had before. They also reported that FT created an opportunity for them to take parent-child relational issues more seriously. Additionally, six mothers (50%) also mentioned that FT intervention was effective in improving the healthy family climate since most of their marital problems were developed due to the relational issues or their child ren's problem behaviors. Five mothers (41%) had already recommended it to their friends, neighbours, and relatives. It is worth noting that four mothers (34%) also believed that this program should be offered to all families, not just for those who have problems with their children. Overall, analyzing the data indicated that all the mothers suggested FT intervention to other families since it (i) increased their parenting knowledge and skills, (ii) enhanced their relationship skills, and (iii) improved their familial positive climate.

Based on mothers’ responses to the second question, i.e. ‘What was the most important skill you learned in filial therapy? What part of the process was most helpful to you?’, the following results were obtained: emphatic listening skill (7 mothers or 59%), emphatic listening and imaginary play skills (3 mothers or 25%), limit-setting skill and structuring skills (2 mothers or 16%). The overall conclusion to be drawn was that 'empathic listening or reflective listening skill' was the most appreciated skill that mothers learned in the FT intervention. This group of mothers put a great emphasis on the notion that learning how to understand their children allowed them to have developmental expectations. Based on their responses, emphatic listening skill made them aware towards the importance of parent-child relational issues and play as the communication tool.

In response to the third question, i.e. ‘What could have made filial therapy more helpful to you?’ all the participants agreed on the fact that FT made them feel more competent in their every-day child-rearing practices and also helped them see their children’s world differently. All the mothers considered the FT intervention as the most effective parenting program and some of them also offered some suggestions. Except for eight mothers (67%) who believed that nothing could have made FT more helpful to them, two mothers (16%) suggested that if their spouses could have participated in the program, they had not spent much of their time convincing their husbands to cooperate with them in applying the FT skills at home. The remaining two mothers (16%) suggested that longer sessions could have provided them with much more time to discuss other parenting and relational issues.
Analyzing their responses to the forth question, i.e. ‘What problems or concerns do you have with filial therapy?’ showed that the majority of the participants (8 mothers or 67%) did not experience any problems during the intervention implementation. Among the remaining mothers, two mothers (16%) mentioned that their major concern in this program was that the program would not have been of any use to them. The other two mothers (16%) noted that their concern was that they would not be able to handle the duties that they were entrusted. Evaluating all responses showed that FT was a program which challenged mothers’ concerns positively and had the potential to shift their negative attitudes to more positive ones.

In answering to the last question, i.e. ‘Any other comments?’ no parents had any comments. Their responses to this question included their overall feelings to the FT intervention by stating such phrases as: ‘it was wonderful, it was great, it was very informative, thank you for allowing us to learn about FT’.

5. Discussion

This study provided information regarding the feasibility of filial therapy as a culturally responsive parent-training intervention with Iranian mothers. Given the findings of this research, FT had the potential to improve the children’s problem behaviors as perceived by their mothers. In fact, the outcomes of the present study are supportive of the previous FT studies on positive effects of the FT intervention in decreasing children’s problem behaviors (Bratton & Landreth, 1995; Costa & Landreth, 1999; Johnson-Clark, 1996; Smith, 2000). In addition, the overall results showed that (i) FT improved the mothers’ parenting and communication knowledge and skills and (ii) the decrease of children’s problem behaviors were associated with the increase of maternal understanding and acceptance (Costa & Landreth, 1999; Johnson-Clark, 1996). In fact, the findings demonstrate that experiencing nontargeting and nonjudgmental parent-child relationships through FT provide a unique opportunity for children to develop their own self-understanding, judgment, self-regulation, self-control, and self-direction.

Another possible explanation for the difference between the children’s pre/post FPC scores as rated by their mothers is attributable to mothers’ overestimation of their children’s problem behaviors. This is because inappropriate parent-child relationship and inadequate parenting knowledge and skills limit the parents’ ability to respond to their children’s psychological needs appropriately. This means that parents’ inadequate knowledge and skills makes them consider their children’s misbehaviors as a threat to their parenting competence, which in turn results in inappropriate forms of caregiving responsibilities (Benham & Slotnick, 2006). All this supports the idea that most of children are behavioural, emotional, and social problems arise, to some degree, from the lack of parenting knowledge and skills that are necessary to build appropriate parent-child relationship. With regard to mothers’ own explanations, FT had the potential to improve their maternal knowledge and skills and changed their developmentally unrealistic parent-child relationships through FT provide a unique opportunity for children to develop their own self-understanding, judgment, self-regulation, self-control, and self-direction.

The qualitative nature of this study provided the researchers to gain an in-depth understanding of the FT effectiveness through comparing the participants’ pre/post knowledge and skills. The results of the research also confirmed the skill-oriented and psychoeducational nature of FT in a sense that believing in parents’ abilities as children’s most significant adults could yield promising outcomes (Huang et al., 2005). According to Landreth (2002a, p. 365), “parenting is so much more than a biological happening”. In line with this thought, the results of this study revealed the fact that the mothers needed assistance to learn necessary parenting skills in order to foster positive parent-child relationships. This may suggest that most parents do not really know how to make constructive and positive relationships with their children. Thus, improving parents’ competence in parenting skills and helping them learn to see the world from the eyes of their children seems to be one of the best possible ways to make them believe in changes that they can effect. According to Guerney (2000), parents have abilities and essential sources to change if they are provided with the knowledge, practice, and emotional support.

6. Conclusion
The positive outcomes of this study give further credence to the universality of play as the children’s developmentally appropriate communication language and the importance of parental involvement in the therapeutic process. Given the emphasis placed by some psychological centres on the well-researched and evidence-based approaches in improving the mental health of children and their families, the results of this study verified the applicability of FT as an evidence-based intervention with Iranian families. This research also demonstrated that involving parents (mothers in this case) in the psychological procedure is both cultural and psychological issues. Findings of this study showed that the most important factor which seems to play a significant role in the successful application of FT with Iranian families is the cultural issues. As it is believed, seeking psychological help for children in most Asian cultures is often considered as a parenting inefficacy (Chau & Landreth, 1997; Yuen et al., 2002). According to Khodayarifard et al. (2007), Iranian culture fully endorses family cohesion and familial support; therefore, it is more likely that the family-based interventions yield more promising outcomes. Since family structure is considered as a very salient factor in its individual’s life and well-being, interventions that support family cohesion by involving family members can facilitate psychotherapy and be easily welcomed by Asian families (Khodayarifard et al., 2007; Yuen et al., 2002). In fact, Asian cultures, as stated by Yuen et al. (2002), acknowledge family honour and very much like to save face; therefore, offering psychological interventions in natural settings like kindergarten could encourage parents to participate in the intervention without self-blaming or defensive behaviors, and could also keep them active in the intervention and prevention programs due to the group support that they experience. Overall, considering the wide-ranging benefits of FT and the robustness of this approach, it is hoped that those who work with children or families in both clinical and non-clinical settings along with mental health policy makers can possibly consider inclusion of FT in their service delivery efforts as a prevention/intervention psycho-educational treatment option.

Even though this study seems to have made a number of contributions to the FT literature, the findings should be interpreted cautiously given the small sample size and natural difficulty of generalizing qualitative findings. In fact, generalizing the results to the clinical settings requires more research-based practices.

As it seems, play-based approaches are apparently eye-catching practices for some psychologists; however, there seems to be a huge contrast between what they think and what they do. This may be due to the lack of expertise, facilities, and the unavailability of qualified settings where the theoretical knowledge can be shifted into practice.

In sum, this study did not intend to consider the FT intervention as an ‘all or nothing’ approach but as an additional tool for psychologists to add to their therapeutic repertoire within a particular context that they are.

References


