

Parents' and Children's Experiences in Family Play Therapy

By

Catherine L. McMonigle

Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University

in partial fulfillment of the requirements for the degree of

Masters of Science

in

Human Development

Eric McCollum
Committee Chair

Eliana Gil
Committee Member

Angela Huebner
Committee Member

April 30, 2008

Falls Church, Virginia

Keywords: play therapy, family play therapy, perceptions, experiences, parents, children

Copyright 2008, Catherine L. McMonigle

Parents' and Children's Experiences in Family Play Therapy

By

Catherine L. McMonigle

(ABSTRACT)

Family Play Therapy is a creative therapeutic approach to engage children in therapy in the context of their family system. While the young field of family play therapy offers both the benefits of family therapy and play therapy, research concerning its efficacy is largely unavailable. The purpose of this qualitative study was to understand the experience of family play therapy in context of child sexual abuse treatment, from the perspective of child clients and their parents. A secondary purpose of this descriptive study was to provide contextual data to inform future quantitative research on family play therapy. In separate, semi-structured and open-ended interviews, eight children and their non-offending parents described their therapy experience of the family puppet interview intervention, in which they created and acted out a story with puppets. Participants' descriptions of their experience revealed five broad themes: (1) the perceived benefits of play (what participants liked), (2) parents feelings about play as a medium, (3) parent's perceived role in the session, (4) children's thoughts about family participation in therapy, and (5) suggestions for improvement. A discussion of the findings' relevance to previous literature, clinical practice and future research, as well as the limitations of this study is provided.

Acknowledgements

Above all, I would like to thank God for blessing me with incredible opportunities for growth and with people who support and believe in me. First, I would like to thank my committee for their investment in my success and for their thoughtful input. Specifically, I am grateful to my committee chair, Eric McCollum, for his guidance and patience throughout this process. His support in allowing me to follow my own research interests has meant a great deal to me. I am also grateful to Angela Huebner, whose enthusiasm for research gave me confidence to embrace this long process, and her belief in my abilities encouraged me in moments of doubt along the way. And finally, I would like to thank Eliana Gil, for opening my eyes to power of play. Her warm and loving presence and tireless work with children and their families continues to inspire me as a researcher and a therapist. Her collaboration and belief in my ideas were instrumental in this process.

Additionally, this study would not have been possible without the generosity of my participants. I am deeply grateful for their willingness to share their experiences and their openness to family play therapy. I would also like to thank the agency from which I recruited participants for this study for embracing this project. It was a privilege to work with such generous and skilled clinicians.

Finally, I would like to thank my family. First, to my husband Patrick, who knew I could complete this project, even before I did. He has walked with me every step of the way to help me accomplish my dreams, including my first week of graduate school when he attended my classes in my place when I was injured. I am grateful for his unwavering support and love. And to my parents, who have always stood behind me and made me

feel that there was nothing I could not achieve. I cannot express adequately in words the depth of my gratitude for their unbelievable sacrifice to give me the gift of an education. Lastly, I appreciate the support of my husband's family, whose generosity and encouragement have been influential in this long journey.

Table of Contents

Abstract.....	ii
Acknowledgments.....	iii
Table of Contents.....	v
Chapter1: Introduction.....	1
Problem and its Setting.....	1
Significance.....	5
Rationale.....	13
Theoretical Framework.....	14
Family Systems Theory.....	14
Phenomenology.....	15
Purpose of the Study.....	16
Chapter 2: Literature Review.....	17
Play Therapy Efficacy: Meta-analyses.....	18
Play Therapy Efficacy: Individual Studies.....	19
Participants Experiences in Play Therapy.....	22
Play Therapy for the Treatment of Child Sexual Abuse/Incest.....	23
Chapter 3: Methods.....	27
Design of the Study.....	27
Study Participants.....	27
Procedures.....	28
Analyses.....	32
Chapter 4: Results.....	34

Demographics.....	34
Parents' Experience of the Family Play Session.....	41
Perceived Benefits of Play.....	41
Parents' Feelings about Play as a Medium.....	48
Parents' Perceived Role in the Session.....	59
Suggestions for Improvement.....	66
Children's Experience of the Family Play Session.....	71
General Descriptions of their Experience.....	71
What Children Liked.....	72
Thoughts about Family Participation.....	76
Chapter 5: Discussion.....	80
Summary of Findings and their Relevance to Research.....	80
Observations.....	86
Relevance to Clinical Practice.....	89
Limitations.....	93
Implications of Future Research.....	95
Personal Reflections.....	96
References.....	97
Appendix A: Sample Interview Questions (Child).....	107
Appendix B: Sample Interview Questions (Parent).....	108
Appendix C: IRB Approval Letter.....	109
Appendix D: Consent Forms.....	111
Appendix E: Waiver of Confidentiality.....	119

CHAPTER 1: INTRODUCTION

The Problem and its Setting

The field of family therapy distinguishes itself from other individually oriented models by its view of people and problems in terms of their relational influence and impact. People are viewed in the context of the larger family system of which they are a part. Despite the emphasis on the larger family system in the treatment of psychological problems, the field is criticized for its adult-focused approach and tendency to exclude children from the therapeutic context. By contrast, play therapy offers a creative approach to engaging children in the therapeutic process, through the use of children's natural language of play. Although, play therapy is a viable alternative for children in need of psychological services, its exclusion of children's family context is a notable shortcoming. In response to these shortcomings, some clinicians have proposed family play therapy as a modality that engages the entire family system in a developmentally sensitive manner. This qualitative study seeks the perspective of children and their families to shed light on the experience of family play therapy which is absent in the literature. Secondly, participants' reflections will provide a basis for future empirical exploration of family play therapy. The following section will review the history of play therapy and discuss the emergence of family play therapy as a separate therapeutic entity.

History of Play Therapy

Presently, play therapy has become an increasingly popular treatment modality. However, although the field of play therapy has experienced a recent surge in empirical support and growth in the number of registered play therapists, the notion of using play in the psychological treatment of children is not new. Historically prominent figures in the

field of psychology have long endorsed the therapeutic properties of play. Freud's case of "Little Hans" was the first published account of the therapeutic use of play with a child (Freud 1909 as cited in Landreth, 2002, p. 28). This case, along with the work of Hermine Hug-Hellmuth (1921) laid the groundwork for the development of psychoanalytic play therapy founded ten years later by Melanie Klein and Anna Freud. Klein and Anna Freud both believed play to be the channel that best facilitated free expression among children and emphasized the importance of uncovering the past and promoting ego strength. However, they differed in their belief about the function and significance of play in therapy. Klein believed the primary function of play in therapy was to provide a window into the child's unconscious. Therefore, Klein relied heavily on interpretation of the symbolic meaning of children's play. On the other hand, Freud believed that play's primary function was to facilitate a therapeutic alliance with the child. She further emphasized that play provided access to the child's inner experience and that not all play was symbolic.

Following Klein and Freud's (1932) contribution, the field of play therapy experienced further shifts in theoretical approaches. Release play therapy (Levy, 1938) veered in the opposite direction of its psychoanalytic predecessor. Levy saw no need for interpretation of play; rather the therapeutic potential was inherent in the play experience itself. The reenactment of stressful events through play provided a release of pain or tension necessary for healing. An even further shift from the psychoanalytic perspective was the contribution of Jesse Taft (1933) and Frederick Allen's (1934) relationship play therapy. This approach attended primarily to the here and now experience, with little

emphasis on the past. The model assumed the therapeutic quality of therapy resided in the emotional experience of the therapeutic relationship.

Virginia Axline's (1947) development of non-directive play therapy was perhaps the most significant contribution in propelling play therapy into mainstream practice. Axline, a student of Carl Rogers, adapted the principles of his non-directive therapy model (1947), later known as client-centered therapy (1951), to her work with children, which came to be called non-directive play therapy. Later proponents of non-directive play therapy (now known as child-centered play therapy), Sweeney and Landreth (2003), characterize this approach by "... The unwavering belief in the child's capacity towards growth and self-direction..." (p. 80). Landreth (2002), explains, "In this view, no attempt is made to control a child, to have the child be a certain way, or to reach a conclusion the therapist has decided is important (p. 89)...Therefore, the play therapist's objective is to relate to the child in ways that will release the child's inner directional, constructive, forward-moving, creative, and self-healing power (p.60)."

Another major development in the field of play therapy was the formation of the Association for Play Therapy (APT) in 1982 by Charles Schaefer and Kevin O'Connor. APT membership has grown from 450 in 1988 to 4,440 members in 2002 (Landreth, 2002). To accommodate the growing field and widespread use of play therapy, the APT leadership created a formal definition of play therapy that continues to serve the field today. Play therapy is defined as, "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Association for Play Therapy, 1999).

The Emergence of Family Play Therapy

Since its inception, the field of play therapy has experienced a proliferation of theoretical models that govern its practice such as, psychoanalytic (Klein 1932), child-centered (Axline, 1947; Landreth, 1991), Gestalt (Oaklander, 1978), filial (Guerney & Guerney, 1987), developmental (Brody, 1993), cognitive-behavioral (Knell, 1993), Adlerian (Kottman, 1995), and Jungian (Allan, 1997). One of the newest approaches, family play therapy, grew out of the effort to merge family systems theory and play therapy. This movement draws from the early work of two influential figures in the field of family therapy, Virginia Satir and Carl Whitaker. Satir, a member of the “Palo Alto group” and pioneer in the field of family therapy, creatively described in *Peoplemaking* (1972) playful and expressive therapeutic techniques, such as the “Family Sculpture”. This technique calls for family members to physically sculpt their various emotional stances taken in the family. This expressive process of family sculpting de-emphasizes the child as the problem and creates a literal and symbolic picture of the larger family problem. As Gil (1994) points out, Satir’s work invited the field of family therapy to explore other ways of working with families that are playful and inclusive of all family members.

Similarly, Carl Whitaker, known for his “playful provocations” (Gil, 1994, p. 20), used paradox and humor to generate change in families. A decade later Whitaker stirred interest with his 1981 paper, “Play Therapy: A Paradigm for Work with Families” (Keith & Whitaker, 1981), funded by the National Institute of Mental Health. The authors identified situations in therapy that were well-suited for play, as well as various potential uses of play. Whitaker stated that his work as a child psychiatrist awakened him, “...to

the rich texture of nonverbal language and the endless excitement of artistic symbolism as they are constantly reenacted by children” (Keith & Whitaker, 1981, p.244).

Additionally, he called for the inclusion of children in family therapy, “...Families need the presence of children in therapy to stay alive. We find again and again that families change less and more slowly when children are not part of the therapy process” (Keith & Whitaker, 1981, p. 244).

The notion of including young family members in family therapy and utilizing play techniques has remained largely theoretical for some time. Although, Satir and Whitaker paved the way for the emergence of family play therapy as a treatment modality, the publications of, *Play in Family Therapy* (Gil, 1994) and *Family Play Therapy* (Schaefer & Carey, 1994) were instrumental in establishing family play therapy as a separate entity. These groundbreaking books highlight family therapists' tendency to exclude children from meaningful participation and play therapists' tendency to overlook the larger family context of which the child is a part. More recently, systemically minded clinicians, specializing in work with children, such as Eliana Gil, Charles Schaefer, Kevin O'Connor, Ellen Wachtel, Lois Carey, and Catherine Sori have spearheaded the integration of the two models (Swift, 2001).

Significance

The integration of play and family therapy is an exciting prospect with vast therapeutic potential; however the lack of empirical inquiry into the efficacy of this approach is a serious concern. This section will discuss the need for family play therapy research, as well as its potential application to the systemic treatment of incest.

Play and Family Therapy Efficacy

Play therapy is shown to be effective in the psychological treatment of a variety of populations, such as Chinese earthquake survivors (Shen, 2002), witnesses of domestic violence (Kot, Landreth, & Giordano, 1998; Tyndall-Lind, Landreth, & Giordano, 2001), learning disabled preadolescents (Packman & Bratton, 2003), at-risk students (Post, 1999), and Hispanic children (Garza & Bratton, 2005). Similarly, a meta-analytic review of 101 family therapy studies, Shadish, Ragsdale, Glaser, and Montgomery (1995) found family therapy to be, “better than outcome research in most other areas of psychotherapy, and it demonstrates moderate and often clinically significant effects” (Shadish et al. 1995, as cited in Swift, 2001). Because family play therapy is grounded in two empirically supported models, it seems that melding two efficacious approaches has the potential to produce an equally effective model. Furthermore, given the shortcomings of family therapy and play therapy when practiced independent of each other, family play therapy has the potential to create a more comprehensive and inclusive approach to the treatment of children and their families.

Currently, the field of family play therapy is relatively young and therefore research concerning its delivery and efficacy is extremely limited. In the age of evidenced-based practice, despite the therapeutic potential of family play therapy, its lack of empirical support will continue to inhibit its acceptance among the scientific community. Due to this paucity of research, many questions still remain: For which issues and populations is family play therapy most effective? What are barriers to effectively engaging parents in family play therapy? What elements of family play therapy do parents and children find helpful? How can therapists gain more comfort incorporating children into family therapy? In light of these unanswered questions, this

preliminary and descriptive study, aimed at understanding the therapeutic process of family play therapy, is proposed. In this study, the specific experience of family play therapy, as described by family members, will be examined as it relates to the systemic treatment of incest.

The Systemic Treatment Approaches to Incest

Although the focus of the study is family play therapy, it is helpful to briefly examine the systemic treatment of incest to provide a context of the population explored in this study. Historically, incest has been treated from an individually oriented perspective, with a focus on individual symptomology. Presently, cognitive behavioral therapy (CBT) is the most empirically supported method of treatment for sexually abused children (Cohen & Mannarino, 1996; Deblinger & Helfin, 1996; Friedrich, 2002; Kendall-Tackett, et al., 1993; Ramchanandi & Jones, 2003; Rassmussen, 2001). Specifically, CBT has been successful in relieving symptoms of depression (Cohen & Mannarino, 1998a; Deblinger & Helfin, 1996; Deblinger, Lipmann, & Steer, 1996), reducing sexualized and other problem behaviors (Cohen & Mannarino, 1996) in sexually abused children, and improving PTSD symptoms and anxiety (King, Tonge, Mullen, 2000). In spite of the evidence, there may be other methods that might serve this population or subsets of the population equally well or perhaps more effectively that do not lend themselves as readily to empirical study. As Ramchanandi and Jones (2003) point out, "...the evidence at present is not strong enough to preclude using or recommending other treatment approaches, either where specific factors suggest alternative approaches, or where CBT has failed or is unavailable" (p. 488).

Given the complex interplay of factors that create a family environment in which incest occurs, it is logical that the path to healing would also address the dynamics and family patterns, in addition to individual symptomology. Family systems theory provides a framework to conceptualize such problems in terms of their relational impact and etiology. Although the systemic treatment of incest has been the source of controversy since the 1970's (Gil, 2006), recent research has demonstrated the importance of including the non-offending parent in children's treatment. For example, Deblinger, Lippman, and Steer (1996) found that involvement of a supportive parent in children's treatment was associated with significant improvements in children's behavior problems such as depression and acting out. Similarly, researchers have proposed systemically oriented treatment approaches to incest (Barrett, Sykes, & Byrnes, 1986; Gil, 1996/2006; Sheinberg & Fraenkel, 2001; Trepper & Barrett, 1989). Each approach has several common aims: (1) to create a positive context for change; (2) to challenge dysfunctional patterns and promote alternative ways of relating; (3) to solidify positive changes and address future problems.

The treatment of incest is challenging and complex, and therefore requires a multi-faceted approach and coordination with larger systems, (Gil, 2006). Gil, a noted expert in the field of child sexual abuse treatment, highlights the challenges specific to working with families who experience incest, as well as the relevance of a systemically oriented treatment model:

I think that after this [incest] occurs there has to be a restoration of roles in the family, so that people have to be taught new ways of interacting with each other. They have to be taught boundaries, physical and emotional boundaries. They

have to be taught to really make explicit and identify what each of their roles in the family is going to be...how they are going to communicate with each other, how they are going to handle stress, how they are going to decrease anxiety, and how they are going to prevent this from happening again (E.M. Gil, personal communication, March 28, 2006).

Gil further notes that families impacted by incest in general, tend to be vulnerable and plagued with many stressors, thus strengthening the case for systemic intervention. As Bailey (2000) states, “Traumatic events do not just happen to individuals, they also happen to families (p.xvi)...When therapists involve families in children’s therapy, they help the child access the greatest source of healing that the child has: the child’s family (p. xvii)”.

The Clinical Application of Family Play Therapy to the Systemic Treatment of Incest

In addition to the systemic issues highlighted by Gil and others, family play therapy may be helpful in the systemic treatment of incest in the areas of abreaction, family communication, emotion regulation, emotional distress, and family dynamics and organization.

Abreaction. Inherent in the experience of abuse is a sense of powerlessness. Sexually abused children are often left with feelings of helplessness and a lack of control (Gil, 1991; Hill, 2003). Similarly, intrusions on families by social services and legal systems often produce perceptions of a loss of control and increasing feelings of helplessness associated with an inability to prevent the abuse and protect the child. Play therapy is grounded in the concept of abreaction, described as, “The strong inner drive of all human beings to recreate our experiences in order to assimilate them” (O’Connor &

Schaefer, 1994). Play therapy facilitates this need and provides families with the opportunities to confront trauma and experience mastery. Erickson (1950) believed that, “[Through reenactment] Children can adopt roles that were not part of their experience, transform passivity into activity, and, thus master difficult life situations” (p. 36). This “as if or nonliteral quality” of play, described in the literature provides children and their parents the safety to confront trauma and psychologically work through painful events (Schaefer, 1993, p. 1). Lastly, the use of play provides openings to resolution of inner conflicts that children may not be able to accomplish verbally (Gil, 1991).

Family communication. Families that experience incest commonly exhibit poor communication patterns, characterized by secrecy, inconsistent and unclear messages, and a lack of discussion of feelings (Monahan, 1997; Trepper, Niedner, Mika, & Barrett, 1996). Due to the secrecy and shame that is associated with incest, children and their families may struggle to express themselves in therapy. Therefore, “Metaphors allow children to express themselves within play, a developmentally less intimidating prospect than verbally facing their parents” (Miller, 1994, p. 15). Including parents in play therapy sessions facilitates a new experience of communication about shameful or distressing events in a developmentally sensitive and safe way. Irwin (1983) states, play therapy, “...seems to help children express the inexpressible, to make visible that which is indefinable, elusive, a way of projecting the inner world of feeling” (p.157). A family play exercise such as the family puppet interview (Irwin & Malloy, 1994) may facilitate safe communication between family members. This task, adapted by Gil (1994), requires family members to use hand puppets to create and act out an organized story in character for the therapist. Based on the issues presented in the story, the therapist may intervene

and ask family members to speak directly to each other in character, preserving the safety afforded by the use of metaphors.

PTSD symptoms and emotional regulation. Sexually abused children, their siblings, and the non-offending parents frequently suffer from symptoms related to post traumatic stress (Deblinger & Helfin, 1996; Kendall-Tackett, et al., 1993) and exhibit trouble regulating their emotions (Gil, 1991; O'Connor & Schaeffer, 1994). Schaefer states, "...Positive feelings accompany play. These pleasurable feelings are derived from the play activity itself and are a result of the play (p.1)." Play therapy provides many exercises that are intrinsically pleasurable (Gil, 1991), such as sand play, painting, clay work, and drawing. For children who suffer from intense anxiety, hyper-arousal, and acting out behaviors, these types of exercises can be calming and provide an appropriate release for some of their emotions and can be helpful as adjuncts to more traditional modalities such as talk therapy. Furthermore, children may benefit from the opportunity to express difficult feelings such as anger, sadness, and guilt and confront traumatic memories through exercises that externalize trauma.

Emotional distress. Families impacted by incest may experience significant emotional distress from court proceedings, potential prison sentences, separation of family members, and the involvement of child protective services, social workers, and the foster care system. Thus, family play therapy may provide them with opportunities to enjoy each other, rebuild a sense of cohesion, and engender hope. Therapists may incorporate activities such as the family aquarium (Gil & Sobol, 2000) in which families create an underwater environment using construction paper, scissors, glue, glitter, and other art materials. This task requires consensus, communication and provides an

enjoyable experience for families. Lastly, the opportunity to create a finished product promotes a sense of mastery and fosters feelings of hope among family members (Gil & Sobol, 2000).

Family dynamics and organization. Family play therapy offers a window into the family relational patterns and organization that families may not otherwise be able to communicate. The family sand tray is powerful tool in assessing family dynamics and relationships within the system by observing as they organize around the task of “creating a world” in the sand using miniatures (small objects that represent anything found in the world (e.g., people, animals, plant life, tools, furniture, etc.) (Gil, 1994). Carey (1994) illustrates the assessment potential of the sand tray:

Limits are both physically and symbolically set. This can provide a containment where boundaries are a problem...Family alliances can be observed by the therapist through choices made, such as who chooses to work with whom, which miniatures are selected and by whom, and so forth...Unconscious contents are rapidly revealed to the therapist as well as the family and make it possible to discuss some of the patterns as they emerge (p.207).

Similarly, the family genogram was originally described by McGoldrick and Gerson in 1985 as, “...A visual and graphic assessment tool that allows clinicians to map the family structure and to obtain demographic information along with patterns of functioning, family relationships and roles, critical life events, and traumas” (Gil, 2003, p. 50). Gil adapted the traditional genogram to a “play genogram” by asking family members “choose a miniature that best shows your thoughts or feelings about everyone in the family including yourself” (Gil, 2003, 51). Family members are then engaged in

conversation with each other about their miniature selection. The content of this task will reveal family members' perceptions of each other and of their roles. The process of this task will uncover family dynamics and the hierarchical structure by observing, for example, who speaks for whom and family members' reactions to each other's selections. These depictions are often rich with metaphors that mirror the family's life and may aid in the assessment and treatment process.

Rationale

While some literature has examined play therapy effectiveness, it is written almost entirely from the viewpoint of therapists. Other fields have begun asking children about their opinions and experiences of issues that affect them. For example, Trzcinski (2002), examined children's perceptions of poverty and welfare reform. This study highlighted the often overlooked fact that policy created by adults heavily affects society's children. Similarly, some researchers have turned to children to shed light on a variety of issues such as education and learning (Smith, Duncan, & Marshall, 2005), parent-child relationships (Cullingford, 1997), and the inclusion of children in family therapy (Stith, Rosen, McCollum, Coleman, & Herman, 1996). However, it seems that the field of play therapy research has overlooked the participants' perspective, a vital and untapped resource, in its efforts to understand this therapeutic process. This section explains the rationale for using qualitative methodology to capture the participants' experiences of family play therapy.

Qualitative Research in Play Therapy

Presently, only two studies have examined children's experiences in play therapy. Axline (1950) was the first to interview children about their experiences in play therapy.

More recently, Carroll (2002) followed with a similar purpose: to learn from children about how they experienced play therapy. Additionally, several researchers have examined parents' experiences in filial play therapy (a parent training model) (e.g., Bavin-Hoffman, Jennings, & Landreth, 1996; Foley, Higdon, & White, 2006). However, presently there is no study that examines participants' experience of family play therapy and therefore, little is known about its effectiveness or factors that contribute to its efficacy. Therefore, qualitative interviews will seek to understand the therapeutic process of family play therapy from the perspective of child and parent participants. The information gleamed from the interviews will allow therapists to tailor their family play interventions to participants' needs. Additionally, the interviews will provide a base of understanding of the therapeutic process of family play therapy (e.g., what factors promote change and have meaning to participants) to guide much needed future efficacy studies. Lastly, as Carroll (2002) and Axline (1950) illustrated, the use of qualitative interviews revealed a richness of information that could not be obtained through other quantitative methods. Therefore this study will follow in the same vein, attempting to enter the participants' world through individual interviews.

Theoretical Framework

The two theoretical models that guide the purpose and design of the study are family systems theory and phenomenology.

Family Systems Theory

A central premise of family systems theory is the notion that the whole is greater than the sum of its parts. That is, family members of a system are interconnected and interdependent and therefore, each member can not be understood in isolation. In

essence, to understand the family member, they must be examined in terms of their relationship to each other to form the whole (Nichols & Schwartz, 1998). By definition, incest occurs in the context of a family system, therefore family systems theory provides a framework to conceptualize and address its relational impact and etiology. Thus, this study seeks to examine family play therapy, a model that engages *both* the non-offending parent and the child victim. Family play therapy acknowledges the impact of events, in this case incest, on the individual family members and on the functioning of the entire family system. Lastly, because parts are mutually influencing, changes in one part generates change in the entire system. Therefore, this study will examine the experiences of both the adult and child in each interview.

Phenomenology

Ironically, the “phenomenon of phenomenology itself has different meanings to different people” (Dahl & Boss, 2005, p. 63). At a fundamental level, however, phenomenological approaches seek to answer the central question: what is the meaning or essence of a lived experience. This study is influenced by three basic assumptions of phenomenology: (1) knowledge is socially constructed and therefore relative. Family play therapy provides an opportunity for families to construct their own reality through symbolic expression. Furthermore, this study seeks to understand the experience of family play therapy from the perspective of those who actually experience it; (2) different people experience and assign different meaning to the same phenomena. This study seeks the perspective of both the child and adult family members of their family play therapy experience; (3) knowledge is achieved through art and science. Family play therapy does not readily lend itself to rigorous empirical study; however it provides

openings to rich thematic material revealed through symbolic play. Dahlberg, Drew, and Nystrom (2001) describe the open stance of the phenomenological researcher, “Openness is the mark of a true willingness to listen, see, and understand. It involves respect, and certain humility toward the phenomenon, as well as sensitivity and flexibility. The aim is to allow the phenomenon to present itself to us instead of us imposing preconceived ideas on it. This openness needs to be maintained throughout the entire research process, not just at the start (p. 97)”.

Purpose of the Study

The purpose of this descriptive study is to increase researchers' and clinicians' understanding of the therapeutic process of family play therapy by speaking with children and their non-offending parents/guardians directly about their experiences. It is the researcher's hope that the knowledge gained from this study will allow clinicians to tailor their approach to the needs and desires expressed by participants. Additionally, participants' reflections will provide contextual data to inform future quantitative inquiry.

CHAPTER 2: LITERATURE REVIEW

Children's play is widely accepted to be a medium for communication (Axline, 1947; Gil, 1994; Landreth, 2001; Miller, 1994; Schaefer, 1993). The premise for play therapy is guided by a belief that, "All children's behavior is informative and purposeful" (Gil, 1994, p. 6). Play has been used in the psychological treatment of children since the early 1900's. Axline (1949) was the first to study the impact of play therapy on children and while her study does not meet the standards of empirical research of today, she is credited with setting in motion sixty years of subsequent play therapy research (Ray, 2006). In the 1970's the field experienced a marked growth in publications, followed by a decline until 1990. In 2000, Bratton and Ray reported over 100 case studies that demonstrate effectiveness of play therapy with a wide range of populations. While they make the case for play therapy's vast therapeutic potential these findings are not generalizable.

Despite the surge in scientific research from 1990 to the present, play therapy research continues to be plagued by methodological flaws. Ray (2006) points out that the field has made improvements by applying randomization, comparison groups, and credible data analysis/reporting. However, small sample sizes (Ray, Bratton, Rhine, & Jones, 2001), lack of description of play therapy procedures (Ray & Bratton, 2000), and a lack of manualized treatment protocols (Bratton et al., 2005) make it difficult to replicate studies and generalize results (Ray, 2006). Therefore, meta-analytic studies have overcome some of these flaws such as small sample sizes by combining results from individual studies to produce an overall treatment effect.

Play Therapy Efficacy: Meta-analyses

LeBlanc & Ritchie (2001) conducted a meta-analysis of 42 unpublished and published studies to assess the efficacy of play therapy and to identify characteristics of play therapy that contribute to positive treatment outcomes. Specifically, they analyzed studies that included a control or comparison group and were conducted between 1950-1996. Researchers found play therapy had a moderate positive effect on treatment outcomes, reporting an effect size of 0.66. Researchers point out that this effect size is similar to that of other treatment modalities for children and adults. Importantly, they found treatment duration and parental involvement in therapy produced the greatest effect on outcomes.

Similarly, Bratton, Ray, Rhine, and Jones (2005) expanded on the work of LeBlanc and Ritchie (2001) with their meta-analysis of 93 treatment outcome studies from 1953-2000. Researchers had similar objectives as LeBlanc and Ritchie to evaluate the overall efficacy of play therapy and determine factors that relate to efficacy. This meta-analysis produced a treatment effect of 0.80 and more specifically, they found the largest positive effect for humanistic approaches to play therapy. Their results support LeBlanc and Ritchie's (2001) findings that play therapy delivered by parents (as in filial therapy) produces the largest effects, as well as increased efficacy for a duration of up to thirty-five sessions. Furthermore, they found play therapy to be equally effective for children of varying ages, gender, and presenting problem.

An important limitation of this analysis is that play therapy studies frequently compare play therapy to a no-treatment control group. Therefore, researchers can only assert that play therapy is more beneficial than no treatment at all. Secondly, this

analysis evaluated a significantly greater number of studies that employed a humanistic approach ($N = 73$) compared to only twelve non-humanistic studies. This discrepancy is likely to have influenced the finding that humanistic approaches are associated with greater positive effects.

Play Therapy Efficacy: Individual Studies

Garza and Bratton (2005) compared the effects of play therapy on twenty-nine Hispanic children with behavior problems. Over fifteen weeks, participants received either a thirty-minute child-centered play therapy intervention or a manualized small group intervention once a week. Researchers employed a pre-post design and specifically examined the interventions' impact on externalizing and internalizing behavior. Parent report, measured by the Behavior Assessment System for Children (BASC), demonstrates the child-centered play therapy group produced a large treatment effect and statistically significant decreases in externalizing behavior and moderate effect on internalizing behaviors. There was no statistically significant difference between groups on teacher reports of the BASC.

A strength of this study is its comparison of play therapy to another treatment modality rather than a no treatment control group, however the failure to control for treatment format introduces a major confound by comparing an individual treatment to group treatment. While this study produced promising results for play therapy's utility with Hispanic children on the culturally important concept of good behavior, the small sample size limits generalizability of the findings.

Similarly, Shen (2002) studied the impact of play therapy on thirty Chinese children living in Taiwan after a 7.3 earthquake hit in 1999. Researchers randomly

assigned participants eight to twelve years old and identified as high risk for maladjustment to an experimental group or a no-treatment control group. The experimental group received ten-40 minute child-centered group play therapy sessions over a period of four weeks. Participants in the experimental group demonstrated a significant decrease in anxiety and a large positive treatment effect. Additionally, Shen found the suicide risk among the experimental group significantly lower than among the no-treatment control group. It is important to note that the suicide risk is determined by one item, not a subscale. Additionally, the accuracy of parental perception of their child's adjustment is questionable given that a different parent may have completed the questionnaires at posttest than at pretest. Interestingly, in Eastern cultures play is not a culturally valued activity yet, this study demonstrates its efficacy with Chinese children. Furthermore, the results point to the potential of a Western technique, play therapy to be successfully integrated in the treatment of trauma from natural disasters for children of Eastern cultures.

Kot, Landreth, and Giordano (1998) investigated the effectiveness of child-centered play therapy for child witnesses of domestic violence. Specifically, they examined efficacy in terms of self-concept, internalizing behaviors, externalizing behaviors, overall problem behaviors, and play behavior. Researchers recruited forty child residents of the domestic violence shelter between the ages of four and ten. Twenty-two children completed the study, while 18 left the shelter before the study was finished. Researchers assigned eleven children to the treatment condition, in which they received twelve -45 minute sessions of individual child-centered play therapy for two weeks. The other eleven children were assigned to the no-treatment control group and all

children were evaluated pre and posttest on a variety of behavioral measures. Parent report and clinical observation indicate the experimental group showed a significant increase in self-concept, significantly fewer external and total behavior problems, as well as a significant increase in positive play behavior when compared to the no-treatment control group. In fact, children from the control group demonstrated an increase in behavior problems. As with most play therapy research, this study's small sample size limits generalizability; however, it demonstrates the applicability of play therapy to a specific population in a naturalistic setting.

In a study on the effects of play therapy with at-risk children (as determined by poverty, academic achievement, and a transitional home life), Post (1999) assigned seventy-seven predominantly African American at-risk youth, ages ten to twelve-, to a child-centered play therapy condition, in which they received a range of 1-24 play therapy sessions, with an average of four sessions. Meanwhile, 91 at-risk children were assigned to the no-treatment control group. Post implemented pre and posttest measures of self-esteem, intellectual achievement, and anxiety. While results revealed no significant difference between groups on level of anxiety, participants from the play therapy condition maintained pretest levels of self-esteem and locus of control. Conversely, the control group demonstrated a statistically significant drop in self-esteem and locus of control from pre to posttest. This study lends support to the use of play therapy as a preventative measure for at-risk children.

Overall, researchers have demonstrated a positive treatment effect for play therapy when compared to comparison and no treatment groups in the realm of self-concept, anxious behaviors, externalizing and internalizing problem behaviors, and social

adjustment (Ray, 2006). Moreover, play therapy research is able to demonstrate effectiveness in the psychological treatment of very young children. Another major strength of play therapy research is its ability to demonstrate efficacy in real world settings, namely school environments (Ray, 2006). Weisz and Weiss (1993) conducted a meta-analysis of treatment outcome research with children stated, “What we lack thus far is convincing evidence that the large positive effects of psychotherapy, demonstrated in controlled psychotherapy research...are being replicated in the clinic and community settings where most real-life interventions actually occur (p. 88). Furthermore, researchers have established play as a universal language among children of varying ethnic and cultural backgrounds (Bratton & Garza, 2005; Post, 1999; Ray, 200; Shen, 2002).

Participants Experiences in Play Therapy

Axline (1950) was the first researcher to examine the therapeutic process of play therapy in the literature. In this retrospective, qualitative study, she investigated factors that produced change in therapy from the perspective of child participants. Axline interviewed twenty-two past play therapy participants, identified as “successful cases” and found: (1) Identification of the problem was not necessary to produce solutions or improvement (2) Children valued getting to choose their activity (3) Children develop self-awareness during the process of play (4) The relationship to the therapist was a significant factor in healing. Axline’s research is considered flawed on many levels by today’s standard; however, this study contributes greatly to clinicians’ understanding of the therapeutic process of play therapy.

Years later, Carroll (2002) also recognized “the silence of children’s voices in play therapy research” and conducted a qualitative study to examine children’s experiences in play therapy (p.198). Specifically, she examined eighteen individuals’ (who participated in play therapy as children (ten abused, eight non-abused)) expectations of play therapy, experiences of the therapeutic relationship, therapeutic processes (i.e., free play, talking), and separations at the end of each session and the end of treatment. Carroll found: (1) 16 of the 18 participants reflected on the warmth of the therapeutic relationship and recalled vivid details of their therapist (physical appearance, etc.); (2) they reflected that they were not adequately informed of the play therapy process prior to therapy; (3) they stated that talking in therapy was easier and more comfortable if they brought up a topic rather than receive direct questions from the therapist; (4) the participants stated the significance of endings in therapy and the importance of being included in the decision to end therapy. Carroll noted that children’s understanding of their experiences in play therapy developed as their capacity for more complex thought increases. This is further evidence to support the value in adjusting therapy to accommodate children’s developmental abilities.

Play Therapy for the Treatment of Child Sexual Abuse/Incest

Hetzel-Riggin, Brausch, and Montgomery (2007) conducted a meta-analysis to examine the effect of group and individual treatment modalities on child sexual abuse. Furthermore, they investigated the impact of independent factors of each treatment modality on problems commonly associated with child sexual abuse (e.g, psychological distress) and factors related to treatment efficacy. Hetzel-Riggin et al. analyzed 28 child sexual abuse treatment outcome studies conducted between 1975 and 2004. Researchers

found: (1) the psychological treatment of sexual abuse is associated with better outcomes than no treatment; (2) play therapy had the largest effect on impaired social functioning (and it also had a large effect on psychological distress); (3) cognitive behavioral therapy (abuse specific) and supportive (group or individual) is most effective for behavior problems; (4) cognitive behavioral, family, and individual therapy produced the greatest effect for psychological distress; (5) cognitive behavioral group therapy (abuse specific) is most effective for low self-concept. The authors conclude that the treatment effectiveness and secondary problems associated with sexual abuse vary greatly and therefore, warrants a client-specific treatment approach tailored to fit the unique needs of this population. This meta-analysis was challenged by small sample sizes of original studies and inadequate descriptions of treatment protocols. Another significant limitation of this analysis is that the effectiveness of cognitive behavioral, individual, family, group therapy was based on many studies; however, play therapy efficacy was based on a total of 4 studies. Thus, data regarding play therapy efficacy must be put in context of this small sample. Furthermore, this highlights the absence of play therapy for sexual abuse in the treatment outcome literature.

Researchers have begun writing about the use of play therapy in the treatment of sexually abused children (Johnson, 1997; Jones, 2002; White & Allers, 1994); however treatment outcome studies are limited. Perez's (1988) study, published in *Dissertations Abstracts International*, compared the outcomes for individual play therapy with group play therapy and a no-treatment control group with 55 sexually abused children, ages four to nine. Results indicate that both individual and group play therapy produced significantly greater self-concept and internalized locus of control. Similar to other

research (e.g., Tyndall-Lind et al., 2001), the study also found no significant difference in outcome between individual and group play therapy modalities.

Inclusion of non-offending family members in the treatment of child sexual abuse. The association between support from non-offending parents and positive treatment outcomes for sexually abused children is well established (Celano, Hazard, Webb, & McCall, 1996; Cohen & Mannarino, 1996; Deblinger & Helfin, 1996). Hill (2006) examined two case studies of non-offending mothers and their sexually abused child to explore a rationale for including parents in the treatment of child sexual abuse. In his review, he found that including parents in treatment gives parents confidence and sense of control, which helps combat feelings of guilt and failure commonly associated with child sexual abuse (Fraenkel et al. 1998). Importantly, the inclusion of parents provides a safe place to communicate about the abuse and counteracts the patterns of secrecy associated with sexual abuse (Trepper, Niedner, Mika, & Barrett, 1996). Hill cautions that the inclusion of non-offending parents in treatment should consider children's need for privacy. Also, he warns that parents may be too distressed to meaningfully contribute to therapy, while others may be resistant to participating. Lastly, Hill asserts that the research on the treatment of child sexual abuse lacks an exploration of parents and children's experiences in therapy.

Similarly, Tyndall-Lind, Landreth, and Giordano (2001) followed up the work of Kot et al., (1998) with a study examining the effectiveness of including siblings in the treatment of child witnesses of family violence in reducing internalizing and externalizing behavior problems. Tyndall-Lind and colleagues assigned ten sibling pairs, ages four to nine, to two weeks of daily, intensive group play therapy. Researchers

compared the experimental group to a sample of 11 children who received individual play therapy in Kot's et al. (1995) earlier study and the control group of 11 children who received no treatment in the same study. Results indicate the experimental group demonstrated a statistically significant reduction in internalizing, externalizing, and total problem behaviors compared to the no-treatment control group. Furthermore, they showed a significant improvement on self-concept, whereas the no-treatment control group showed a decrease in self-concept. Interestingly, the results indicate no significant difference in outcomes between sibling group play therapy and individual play therapy. Researchers highlight that, although no statistical differences were observed between sibling group play therapy and individual play therapy, sibling group play therapy may provide clinically significant benefits. They assert that the new family dynamics cultivated in sibling group therapy will likely be more easily transferred to their family environment. Also, the therapeutic experience also creates an environment of honest communication about family violence, a topic usually shrouded in secrecy. Therefore, the opportunity to experience this new type of communication among family members is an added benefit to sibling group therapy. Additionally, researchers note that the "pre-existing relationship" between siblings affords participants to foster more rapid therapeutic change (Tyndall-Lind et al., 2001, p. 75). Finally, the decreased level of self-concept evidenced by the no-treatment control group highlights the utility of play therapy as a preventative measure for children exposed to family violence.

CHAPTER 3: METHODS

Design of the Study

This study examined sexually abused children and their non-offending parents' experiences in a family play therapy session through qualitative, semi-structured interviews. By understanding these experiences, clinicians and researchers will better understand the therapeutic process of family play therapy, which will inform clinical practice and future research.

Study Participants

After receiving approval from Virginia Tech's Institutional Review Board, five to seven sexually abused children, ages seven through twelve and their non-offending parents were recruited from mental health agencies in Northern Virginia. Children were referred to these agencies by Child Protective Services, The Sexual Assault Nurse Examiner program (a forensic evaluation program), and local schools for sexual abuse treatment services. The criteria for inclusion of child participants in the study were (1) a substantiated case of child sexual abuse in the family for which they have received a combination of individual and family play therapy, (2) the age of child, and (3) the presence of a non-offending parent or guardian living with and caring for child. Past research demonstrates that children under seven lack the capacity for operational thought (Carroll, 2005; Cleveland & Landreth, 1997). Due to their limited cognitive ability to respond to interview questions, this study recruited children ages seven through twelve. The term non-offending parent or guardian included grandparents, foster parents, or extended family members living with and caring for the child at the time of the study.

All participants had some level of exposure to play therapy prior to participating in the study.

Procedures

Therapists trained in play therapy at a community agency identified potential participants for the study based on the inclusion criteria. Once a family was identified, the therapist asked the non-offending parent or guardian and child if they were interested in participating in a research study on their experience of a sixty-minute family play therapy session, and an interview about their experience in the session. If the non-offending parent and child stated their interest in participating in the research study, the therapist asked them to sign a waiver of confidentiality (See Appendix E), permitting the therapist to provide me with the participants' contact information. After the participants signed the waiver, I contacted the participants by phone to offer more information about the study and to schedule a time for the therapy session and subsequent research interview. At this point, I explained to the potential participants the purpose of the study, which was to interview non-offending parents and their children after they participated in a family play therapy session to learn what participants thought about their family play therapy experience. Next, I explained the benefits of participating in the study, which included: participation in a therapy session designed to promote safe communication using hand puppets; the opportunity to engage in a playful activity with their child for an hour; the opportunity to teach researchers and clinicians what is helpful or not helpful about family play sessions so that family play therapy can be designed to reflect participants' needs and desires rather than therapists' assumptions. Lastly, a specific benefit for sexually abused children in this study relates to the inherent powerlessness of

the abuse experience. Helping children and their families gain a sense of mastery and regain feelings of control is an essential element in any sexual abuse treatment program. Therefore, interviewing children and their non-offending parent/guardian placed them in the role of teacher or expert, which further solidified the message of empowerment.

Next, I explained the potential risks of participating in the study, which included: (1) the possibility that the content of the story created in the family play therapy session would be upsetting or evoke difficult emotions; and (2) the potential discomfort some adults may feel as they engage in play activities. I informed them that they would have time to process difficult feelings, if they arose, at the end of the family play therapy session if they arose and that participants would be given the option to terminate the session or withdraw from the study at any time without penalty or loss of services. Next, I explained confidentiality and that identifying information would not be used in any written materials or records and/or disclosed to another individual outside of the treating agency staff. I described the instances in which the therapist and/or researcher was legally required to break confidentiality, which included the participants' disclosure of child or elder abuse, and/or if participants posed a threat to harm themselves or someone else. Next, I provided a brief overview of the family play activity, the family puppet interview (Irwin & Malloy, 1994), and a description of the tasks participants would perform. Next, participants gave permission for me to audiotape and transcribe the interviews for the purpose of studying their responses in depth, identifying themes among responses, and facilitating understanding of their experiences. Once participants consented to participate, non-offending parents signed informed consent documents (See Appendix D) acknowledging their receipt of the above information and formally

authorizing their participation and that of their child in the study. Additionally, the children gave their verbal and written assent to participate in the study.

Upon obtaining informed consent from the parent and minor assent from the child, I scheduled a time to conduct the intervention and interview. I originally intended for child's therapist to conduct the therapy session, however due to scheduling conflicts, I conducted both the intervention and research interview for all but one family. During a fifty-minute family play therapy session in the conference room at the treating agency I employed the family puppet interview (Gil, 1994; Irwin & Malloy, 1994), using the following directive: "I would like each of you to pick as few or as many puppets that you are drawn to, then take some time to make-up a story with a beginning, middle, and an end. There are only two rules: the story must be a made-up story and you must act out the story in character rather than narrate it". At this point, I instructed the family to let me know when they were finished and waited in the waiting room. After the families planned and rehearsed their story, they were directed to act out their story, in character. Gil (1994) has adapted this task to direct the family members to stay in character and respond to questions from the therapist. Based on the issues presented in the story, I intervened at the end of the session and asked the family members questions by staying in the metaphor and speaking directly to the puppets. Given the family's time constraints, I only had the opportunity to ask minimal questions to the family while they were still engaged as a puppet character.

At the conclusion of the session, I asked participants about their desire to continue with the interview and assessed their level of emotional distress. Once I determined the participants were comfortable, I escorted the parent to the waiting room, while the child

remained in the conference room where the interview was conducted. First, I interviewed the child for twenty minutes about their experience in the family play session. I asked the child questions based on the following interview questions (Appendix A):

1. Can you tell me a little about what you just did in the session with your parent(s) (and brother or sister)?
2. What was the story about?
3. What did you like about this session?
4. What didn't you like about the session?
5. What was it like to make up a story with your parent?
6. What did you notice about your parent(s)?
7. How was this different than other times you have come here for therapy?
8. What advice would you give other kids if they had a therapy session with their parent?

Next, I conducted a thirty to forty minute semi-structured interview with the non-offending parent/guardian, while the child waited in the waiting room. Below is a list of questions (See Appendix B) that guided the interviews, however I encouraged participants to speak about the issues or experiences they felt was relevant or interesting.

1. What were some of your expectations or thoughts about participating in the play therapy session with your child before the session began?
2. What was that experience like for you to participate in the session with your child?
3. What did you like about the session?
4. What didn't you like?

5. What was it like to create the story with puppets and then act it out?
6. What do you think of the story you created?
7. What did you learn or notice about your child?
8. What advice would you give to other therapists working with parents and children?
9. What did (or could) the therapist do to help you have a successful experience this family play therapy session?

Analysis

The purpose of this study was to illuminate parents' and children's experience of family play therapy. Because there are only two studies that have investigated children's experiences in play therapy (Axline, 1950; Carroll, 2001), this data was analyzed using a constant comparison method from grounded theory (Strauss & Corbin, 1998) to compare and review participant responses line by line, using open coding with the goal of organizing responses into categories and subcategories.

First, I transcribed the interviews myself with the goal of becoming fully immersed in the data. Next, I reviewed participant responses and looked for developing themes. Based on data from earlier interviews, I developed individual categories and reformulated questions for subsequent interviews based on the initial interviews. After all interviews were conducted, I began open coding by examining participant responses line by line, organizing, and comparing them for similarities and differences. I then designated general categories and subcategories based on the content of the interviews.

To ensure credibility of the data, I also employed triangulation procedures. First, I used peer debriefing at each stage of data collection and analysis to minimize any bias.

I kept a journal to record observations, assumptions, biases, questions, and thoughts.

Additionally, after the interviews were conducted and transcribed, I sent the transcripts to each participant. The participants' were given an opportunity to review the transcript of their interview to ensure the accuracy of their responses. Only one participant returned their transcript with minor grammatical changes to the original transcript. Lastly, I cross-coded some of the transcripts with my thesis advisor to identify themes.

CHAPTER 4: RESULTS

Introduction

The purpose of this study was to understand the experience of family play therapy from the perspective of child clients and their parents. This chapter reports the participant demographics, summarizes each family's story created with puppets, integrates families' reports of their process for developing their puppet stories, and presents the findings from qualitative interviews. Participants' own words are used to capture the essence of their experience and their names are changed to protect confidentiality.

Demographics

Interviews were conducted with five families from the greater Washington D.C. metropolitan area during January and February of 2007. This study received a 100% response rate, in that every family that was recruited agreed to participate. Each child interviewed was in treatment for child sexual abuse and all parents involved in the study were non-offending parents. All participating families had past exposure to play and family play therapy, however for each family, this was their first experience with the family puppet interview. Below is a general description of each family, as well as summaries of the stories they created with puppets in their family play therapy session. These stories provide a context for the families' experiences in the session, which are highlighted later in the chapter during the description of major themes.

Kelly Family

Description. Josh, a ten year old boy and his seven year old sister, Leslie entered treatment one year ago. Their father had sexually abused them over a seven-year period

and is currently in jail. Their mother, Sharon, is still married to the offender. Josh, Leslie, and Sharon participated in the family play therapy session and the subsequent research interview.

Story. The Kelly family created a story about a little girl going to school. The little girl's mom, a nurse, left for work and the little girl walked to school by herself. Along the way she saw a ladybug and tripped over a rock. Then a knight riding on a kangaroo came to her rescue and offered the little girl and the ladybug a ride to school. On their way, they saw an old man who had a hurt leg. The kangaroo offered him a ride as well. Once they arrived at the little girl's school, a teacher (played by a wizard puppet) was instructing a class and announced, "It is time for show and tell", so the little girl brought all of her new friends for "show and tell". The story ends with the mom asking the little girl about her day. After she describes her adventure and all of the people she met, mom announced that tomorrow she would give her a ride to school instead of the little girl walking by herself.

Observations. The family used the table as a stage for the puppet show, so the participants themselves were hidden from the audience. They laughed a lot and they seemed to have a good time. Their story was coherent and organized with a beginning, middle, and an end as instructed. Interestingly, they each spoke of how they originally planned for the little girl to meet "bad" characters on the way to school, but ultimately changed the story so that she meets "nice" or "good" people along the way.

In the interview, Josh explained that he liked that the family puppet session allowed him to be creative. Each of the family members talked about having different ideas for their story and described the process of compromising and working together.

Leslie was the organizer and came up with the idea for their story. She recognized a girl puppet from a previous therapy session and was excited to see it again. Sharon said that she would have liked more intervention from therapist and felt the few questions the therapists asked were useful. She was surprised to see Leslie take a leadership role and enjoyed how her kids worked together on this task. Sharon talked about letting her kids decide the plot and that she enjoyed the opportunity to play with her kids and letting them take the lead. She wished she had been a different character other than a mother, but since Leslie chose for her she was okay with this choice.

Anderson Family

Description. Mary Anderson, her eight-year old son, Philip, and five-year old daughter, Samantha participated in the family play therapy session. Samantha however, did not participate in the research interview because she was younger than the required age limit of seven years of age. The Anderson family entered treatment nine months ago after their father was convicted of sexually abusing his teenage son. Philip and Samantha have not reported any abuse, however the therapist suspects that they may also have been abused. The parents are still married, although their father is in jail and will likely serve a five-year sentence.

Story. They created a story about a lonely boy who made friends with a little girl. The little girl introduced the boy to her friend the dolphin. They were happy and began celebrating that they had become friends, when suddenly the "bad judge" and the "witch" interrupted and threatened to kill the dolphin because, "Dolphins kill people". The little boy stood up for the dolphin and said, "Dolphins are equal to humans, they are not killers, sharks are". The judge and the witch eventually retreated and left. Once they were alone,

the boy, girl and dolphin played together and were happy again, when suddenly, a shark attempted to attack the boy and the girl. The dolphin saved the boy and girl from the shark attack.

Observations. Mary, the mom, sat a little removed from her kids during the puppet story. She expressed her discomfort with using puppets, but agreed to participate for her children's benefit. Mary thought it was interesting that they characterized the old man puppet as a "bad judge". She was curious about this, given her family's current legal involvement and wondered why the kids made this choice. Phillip talked about how he is normally shy at school and that using puppets helped him have confidence to perform their story.

Mitchell Family

Description. The Mitchell family consisted of a mom, Carol, and her seven-year-old daughter, Ellie. The family entered treatment almost one year ago after Ellie disclosed that her father sexually abused her. Her parents are divorced and her father is currently in jail. Both Carol and Ellie participated in the family play session and the interview.

Story. The Mitchell family created a story named, "The Adventures of the Little Lady Bug". The story began with a ladybug that was looking for her parents. First, she encountered a fly and asked, "Will you help me find my parents?" The fly replied, "I have no time to help you". She continued on and found a hermit crab and asked him the same question, to which the hermit crab replied, "I am too small to help you". Finally, she found a butterfly that led her to her parents. A colorful snail represented the

ladybug's parents, but when the ladybug the snail, she referred to it as "mom". They were happy to be reunited.

Observations. Ellie reported that she thought the activity was "good" because, "It helps me and my mom at the same time". She spoke about how using puppets and acting out a story made it easier to express herself. However, her mom reported that it was "a lot of work" to create a story and it was especially difficult for them, because they "don't play". She explained that they would rather "experience" things together, like art museums. Additionally, Carol mentioned that they are "more comfortable with facts" and are "not good at pretend". In the end, although the session was "uncomfortable" and "not very fun", the mom felt that it was worth it because it challenged them to do something different. Also, she thought it was encouraging the ladybug was not looking for her dad. Carol felt that this reflected Ellie's understanding and acceptance that her dad is not a part of her life anymore. At the end of the story, Carol reminded Ellie to state the message of the story, which was, "Its okay to ask for help".

Zamora Family

Description. The Zamora family began treatment nine months ago, after it was discovered that their father severely sexually abused seven-year old, Christina and her four-year-old sister, Carla for two years. Their mother, Anne, and father are divorced. Carla participated in the family play therapy session, but was not interviewed due to her age. Christina and Anne participated in the family play therapy session and the interview.

Story. The Zamora family created a story named, "Trap the Princess". Their story began with a princess who was trapped in a tower and could not get out. A prince

goes on a quest to save the princess. It took him days and nights, battling dragons to reach the tower. He continually repeated, “I will save you princess”, but ultimately the prince was killed by the dragon and never saved the princess.

Observations. When the Zamora family arrived, Carla was smiling and her older sister Christina was crying and unresponsive to her mom’s request to go to the conference room, where the session was held. Christina sat in the waiting room for five to ten minutes and then was able to join family in conference room. She still seemed upset, but slowly became more engaged when she began writing and directing the story. Her demeanor changed completely from the beginning of the session, in which she was crying and withdrawn to the end, when she was animated, engaged, and excited to present her story. The family took a considerable time creating and practicing their story. They laughed together and the mom took pride in her daughter’s ability to create the story. In the interview, the mom noted her fear that the story mirrored her daughter’s belief that they need someone to save them. She shared that she is a single mom and wondered about the girls’ current perception of the stability of their family.

Sanders Family

Description. Parents, John and Sarah, and their two daughters, Breanne and Naomi, participated in the family play therapy session and the research interview. The family entered treatment eight months ago after they learned that Breanne, age eleven, sexually abused her ten-year old sister Naomi. Breanne has not disclosed sexual abuse, but the treating agency suspects that she may have also been sexually abused.

Story. The Sanders family created a story about two little girls (played by Naomi) and one little boy (played by John) who overheard two sorcerers (played by Sarah)

talking about a magic shell. The sorcerers described a long challenging journey to find the magic shell in a castle. The three little kids decided to set off to find the shell and encountered several obstacles along the way. A small bunny (played by Breanne) guided them along and helped them each time they lost their way. Eventually, they reached the tower and the knight (first played by mom, but as Breanne became more engaged she took over this role) told them three riddles that they had to answer before they could have access to the magic shell. The three kids eventually answered the riddles correctly and were given the magic shell (represented by the hermit crab). The magic shell granted them three wishes: (1) to have friends (2) to have milk and cookies (3) to find their way home.

Observations. John, Sarah, Breanne and Naomi all participated in the family puppet session and research interview. Breanne was noticeably withdrawn and shutdown at the beginning of the session. She did not make eye contact while the researcher gave the directive. In contrast, Naomi was bubbly and seemed excited. The family created part of their story before they performed it, but the latter half of the story seemed to be made up as they went along. Everyone seemed organized around getting Breanne to participate. Initially, she functioned as the director and was not engaged as a character; instead she guided the family along. As the story progressed, she began to engage as the Knight and entered into the story more actively. Breanne took a long time trying to think of the riddles, but the family was patient and encouraging. She opened up a little more during the interview and reported that she had “fun”. Naomi laughed easily and also reported that she had “fun”. Mom and Dad were surprised that Breanne opened up and participated so actively in their story. Notably, they stated that was the most they had

heard her talk in three weeks. They perceived that the story mirrored Breanne's worldview that life is difficult, but were hopeful that there was always someone (the bunny) in the story to help overcome the various obstacles. They believed this source of help to come from God.

Parents' Experience of the Family Play Therapy Session

Participants were asked to describe their experience in the family play therapy session, in which they created and acted out a story with puppets. Five common themes emerged from the parents' descriptions of their experience: 1) perceived benefits of the family play therapy session; 2) parents' feelings about play as a medium; 3) parents' perceived role in the session; 4) suggestions for improvement; and 5) parents' observations.

Perceived Benefits of Family Play Therapy

Participants were asked a variety of questions to elicit descriptions of their family play therapy experiences. A major theme that emerged was parents' perceptions of the positive aspects of their experience. As they spoke, it was clear the family play therapy experience afforded them an opportunity to spend time with their children, to enhance communication and collaboration, and for children to experience self-efficacy.

Being together. When asked about what it was like to participate in the family play therapy session with their children, parents identified the time spent with their children as one of the most beneficial aspects of their experience. They all acknowledged the difficulty in making time to play and be together amid their many other activities and busy schedules. Their descriptions reveal that the benefit went beyond simply spending

time together, but that their experience allowed them to interact in different and new way provided an opportunity for relationship enhancement.

Mary A.: It was fun to watch them interact and come up with the story on their own. So that was kind of neat...they are very creative children all of my kids are, so it did not surprise me, but it was fun to watch. You know when I am at home, I get home from work and I am just getting through busy times so sometimes you miss some of that. So it is fun to watch.

Mrs. Kelly described a similar experience:

Sharon K.: That part was fun, you know just having the time to be with them and playing is good time...Well the current pace of life, yeah you know I value the time I have just to play with them...I like it. Its fun and they are clearly more comfortable than talking so it's a good way to be together...I guess probably seeing the three of them interact with each other and work together and come up with something that I think satisfied everybody.

Similarly, Mrs. Zamora described her experience as an opportunity for connection:

Anne Z.: I guess it was just fun. It was what I call bonding...I guess you know how busy our lives are, you know being a single parent, so yeah, no time for you know bonding. I mean we do things together all the time and I think that's bonding, but when I say bonding just like tonight we got to do something which for being the most exciting part is that they get excited and they enjoyed it, so then I participated and did the story together we practiced together and I think that was a good thing, that was like a bonding session for the weekend. I am sure they enjoyed this.

Choice. Parents referred to choice as minimal therapist direction and the freedom to choose the content of story and selection of puppets. Most parents identified choice as a positive aspect of their family play experience for themselves and their children, though one mother felt the number of puppets and freedom to choose was overwhelming and anxiety provoking for her daughter.

Anne Z.: The good things...that we were left alone and just given basic instructions...do this and that's it. I think that was good because you can just do whatever and fly with any idea, you know just do whatever...whatever story, whatever puppets, so and the fact that there were a lot of choices was good for them and the take away would be do more creative fun stuff with the girls maybe, find time to do that with them...Its different because we were left alone with just some parameters and you know this is what you have to do I guess. As opposed to guided along the way by someone, that's different...and different too that the kids got to take a role, as opposed to just sitting there and pouring your heart out or your story out. Like Christina maybe, I don't even know what happens with her therapy sessions, instead of just sitting there and pouring your heart out its more like I guess it's more relaxed.

Mrs. Sanders echoed this sentiment that choice was also an important element of their family play experience.

Sarah S: I think its good for the kids to come up with their own ideas it gives kind of a holistic picture to see what they are like you know...I think it helped not having a structure, because then the kids could just flow and not feel like they have to be in a certain frame. I think that helped.

Parents cited choice as a mostly positive aspect of their family play therapy experience, however Carol M. felt the range of puppets was overwhelming and implied expectations.

Carol M.: I also think that this is a lot of choices. She [Ellie (age 7)] wanted to use them all. I said well, ‘We only have two hands a piece, so let’s pick four and we’ll go in that direction’...I think this is a little, especially for the two of us, it’s not a natural kind of thing and then when you have all these choices its like, ‘Well gosh, what is expected of us?’ It felt like a lot of pressure, like ‘We really need to do a good job or we need to ...’

Collaboration. Parents described the process of working together to create a product and noticed their children compromising and cooperating to accomplish the task of creating the puppet story.

Mary A.: I liked that Phillip (age 8) was able to create this story by himself and he was even willing to listen to his sister’s perspective on things and they were able to work together and come up with the story on their own. I really didn’t even help them; I let them come up with it. Samantha (age 5) had two characters she had picked out from the beginning, so we were going to have figure out how we were going to fit those two characters in. So, between her and Phillip they came up with how those two characters would fit in.

Sharon K.: Leslie (age 7) was the first one you know she knew she wanted to be that little girl and she kind of started the whole thing off and I thought Josh (age 10) did a good job of letting her kind of take the lead...Somewhat surprised that Leslie took such an active role, being the youngest. Um...and I thought Josh did

a good job sort of trying to build in a little more creativity, but compromising as well.

A common reflection was that seeing their children compromise and work together was pleasing to parents. For, Mrs. Kelly, this experience validated what she already knew of her children's abilities:

Sharon K.: I guess, not anything new specifically, but just reinforced that they really can compromise and work together very nicely...I guess probably seeing the three of them interact with each other and work together and come up with something that I think satisfied everybody. As far as that they each had a role and a place. There were no issues, as far as this one's role was bigger than that one or they were just all okay with it.

Communication. Parents observed that the family play therapy session provided an opening for conversation and expression. Mr. and Mrs. Sanders noted that they had not experienced this form of contact with their daughter since she began treatment. They explained that Breanne (age 11), who is normally withdrawn and guarded, began to engage with them in a new way.

Sarah S.: I think it's kind of neat I saw Breanne's walls go down, because she usually has them up and she doesn't want anyone to affect her or enter her space and to see those walls down. It will be interesting to see when the therapist meets with her again if she has that same experience because she has already been able to take those walls down in a situation in here. So I think this could really help in a sense that she feels more comfortable.

John agreed, stating, “Yeah, cause those walls have been up since August, she doesn’t communicate.” His wife, Sarah, added, “Well longer than that, but August is when they started working with her.” John describes the benefit of doing expressive techniques with his daughter Breanne (age 11), who is withdrawn:

She has had some barriers that are impossible to break through to talk to her. So this could be one of the ways to do it, is to talk about something that is not harmful. Not that she does anyway, but if this is just straight talk it doesn’t work.

Sarah S.: Yeah, I was surprised. Yeah, because she hasn’t talked to us that much in three weeks. That opened her up a lot. That does help her a lot to do visual things, if you talk to her sometimes one on one she either doesn’t look at you or she doesn’t talk. You get two words out of her...or shell just say, “I’m fine”. So for her to continue on and try to get the story going.

John S: This is what helps Breanne open up, these physical things...just talking one on one, she’ll clam up and it took a long time for the therapist to realize she needs to do something else besides just talk to her they actually get something out and either play a game, draw something or a puppet, whatever it is do something besides just talk, because sometimes its not going to work, at least with her, maybe another kid it doesn’t matter.

Sarah: I just think to see her talk and be on her toes about what is supposed to come next, how she wanted it to be developed I thought was very good. We don’t get to see that side of her, so I think that that’s good versus the other.

Ms. Mitchell, who had a difficult time with the task of the session, noticed that her daughter, Ellie (age 7), was able to assert herself in the session regarding decisions about the content of their story.

Carol M.: I am really glad that he [the offender] wasn't able to rob her of that [her confidence]. So, I see that all the time, but it was kind of cool for her to say, 'No, no, we are going to do something different'. Then even it was nice she didn't roll back to it, like, 'Well, alright, let's do it since you won't let me have the crocodile bite the wizard's leg off. She was like, 'Well, let's come up with something different.' So she is a thinker and a problem solver and even though this was kind of difficult I wouldn't even say that this was really all that fun [laughs]...I am sorry, that's terrible. I think we function in a different way.

Children are in charge. Parents described a process of letting their children take the lead with regards to puppet selection, story creation, planning, and character assignment. They also emphasized the intentionality of their stepping back and allowing their child to lead them.

Anne Z.: Cause I kind of gave up the responsibility of making up the story to Christina (age 7), so I said, 'Okay, you do the story because I know you're a good story teller'. I could have done it too, but I figured that it would have been nicer if Christina just made up the story, because I could do whatever, but I think it was a good time for them a good way of letting them use their imagination and just be kids...And I enjoyed it too because I saw Christina just write up story and she got excited about it...You end up just going with the flow. But she told me what to say, so yeah she had a script. And I let her and maybe that is why she got excited.

Interviewer: What was that like for you to see that?

Anne Z.: I see it at home, but I was amazed how from being that cranky seven-year-old and she hadn't eaten, but after eating and writing the story she was back to her normal self and...I guess she got excited because she had to write a story and then puppets and she likes being the boss, she tries to be the boss...They usually don't lead, I lead but for a change they led the whole thing basically, which is great... Knowing Christina she is a leader, I think she is a great leader and um...I think that was a perfect opportunity and example of how she can lead us into doing something. Like give her something and say, 'Okay, Christina, you are in charge of this', and as a parent I think it makes me happy that that happened and that I can actually say, 'Christina make up a story and we will play with the puppets'...Because we are always leading them and showing them the way, so I think puppet therapy is good for to let them express whatever ideas they have.

Mr. Sanders noted that allowing his generally withdrawn daughter to lead contributed to her actively engaging in the session.

John S.: I think she had buy-in because it was her story. She helped us developed it, so as we were going along as soon as something got out a little out of control, she jumped in. I'd keep encouraging her and once she got in there it was good.

Parents' Feelings About Play as a Medium

Parents were asked to describe their thoughts and feelings about play and the experience of playing with their children in a therapy session. Among the responses, parents described three common experiences: (1) feelings of comfort; (2) feelings of discomfort; and (3) questions about the broader purpose of play.

Comfort with play. Some parents described their feelings that play was a comfortable experience. Mostly, the parents who had this experience reported that they regularly engage in play with their children outside of therapy.

John S.: Well, we do a lot of things with our children, at least once a week we get together and do things just as a family, you know we play games and sing, and teach them stuff. We at least devote one night to that. So it's not unusual for us to be together with the kids...I don't think I felt uncomfortable at all during the whole thing. I was pretty much not worried (laughs).

For Sharon K., play was an easy task and an opportunity to escape the demands of adult life.

That part seemed good. I mean I liked the idea of it. That part was fun, you know just having the time to be with them and playing is good time. I like it. It's fun...Just being sort of a kid with them along with them...It's easy and comfortable, not too demanding. You know it's not like sitting down doing homework it's more just doing what comes more naturally

Anne Z. stated that she was comfortable with play because her children were with her. She explained that they helped her access more creativity and this experience taught her a new way of connecting with her children.

It was interesting and it was easy because they are so amazing, kids are amazing...when you see them what they can do and what they come up with. You end up just going with the flow...I have never held a puppets in a very long time, except for maybe at home. We don't even have a puppet, we pretend once in a while. But it has been a long time since the last time I held a puppet

actually...Because it was my kid, it was good. I am sure if it were alone I would have a hard time you know making up the story. It most likely would have been a true story, you know what I am saying? Maybe I am just not as creative as my children...I mean being an adult like as opposed to my children, they make up stories...It was interesting, I learned that I could actually engage my girls by just telling them, "Hey, lets make a story...let's have a puppet show or something".

Discomfort with play. For some parents, the experience of playing in front of a therapist evoked small amount of discomfort. For example, Mary A. identified that "Talking like a puppet, instead of talking like me" was an uncomfortable experience. She explained that her discomfort was related to her reserved nature.

Probably just my insecurity [laughs] about being open and I certainly don't pretend to be any actor or actress on the stage. I liked to be in the background I don't like to be in the limelight I never have. So, I would rather let everybody else do stuff and then I'll take care of it for them in the background. So, I don't know if that was enlightening, but because I know that so, and I am trying to overcome that, but the enlightening part is that I haven't [laughs].

Although Mary A. experienced some discomfort with play, she tried to overcome these feelings and for the sake of preserving her children's experience.

Yeah, I am not as good at being creative so, you know I do it with them so that they don't know that I am apprehensive but I am so it does make me uncomfortable, because it is not my nature. But hopefully they couldn't tell. I am not one to participate that way, so that may have been the only thing that made me uncomfortable... more than anything...didn't like... I don't know, it

wasn't that big a deal, but yeah... You know when you are a parent you do what you need to for your kids, so you just go through it, you know this is my job, so we just do it.

Similarly, Sarah S. related to feeling insecure about engaging in spontaneous play in front of other people.

It wasn't any big deal doing it, because I think a lot of times we do this with the kids, always play with stuffed animals... I think if we had had more than just you [therapist] that would have been a tougher time. Like if you had gotten one of the counselors in here that would have, just because it was you and my family here I didn't feel out of place here...I guess I would have had a little more stage fright I guess (laughs)...The ad hoc is not my forte. If they give me a script, that's what was better.

Carol M. stated that the experience of playing in the session with her daughter was uncomfortable and anxiety provoking. She explained that play in general, was outside of their normal range of experiences. In fact, it was so foreign that she took steps to mentally prepare herself in anticipation for a new and uncomfortable experience.

It was the toughest thing I have done all week. Honest to God. I have had a horrendous week, but this was the toughest thing. Maybe it's coming down to that level and it's probably something I should do more...I figured we'd probably be playing and I did kind of meditate on it earlier today, thinking, "God, I have got to kind of get myself in the right mindset for it, because it was not something that comes naturally to me...And really, I don't see too much of this kind of play out of her [Ellie (age 7)] and I never really have. She has never been this kind of

kid. So, I kind of tried to gear myself up for it. Because I never really played like this and maybe don't know how. Does that make sense?

Additionally, some degree of Carol M.'s discomfort with play was related to a fear that she would not know how to help her daughter with this particular activity.

It is probably the most natural thing in the world, but it's really not for me (laughs)...I guess I don't know how to I guess guide her when it comes to play. I mean other than to say, 'Whatever you want to come next comes next, you know its your story'. Um...I don't know this pretend, I just don't do well with pretend I guess...so this was really, really hard actually. Trying to come up with something.

Carol M. explained that the inordinate amount of trauma they have suffered due to child sexual abuse has lessened their ability to engage in pretend play.

It was kind of uncomfortable; actually, pretend is not something I am good at. It is not something that she [Ellie (age 7)] is necessarily good at. I don't know I guess we are just sort of comfortable with facts, more comfortable with facts than pretend. So this took us both outside of our comfort zones I think and I don't know that I would want to do this regularly [laughs]...I think Ellie is a little more advanced than your average seven-year-old. She has had to grow up very quickly and even though she was never into dolls or playing on the floor quite like this, I don't know we have ever connected doing this kind of thing and um...we'd much rather go experience something.

Carol M. further explains that the abuse has taken a toll on their mental and emotional energy and therefore, the effort required in creating and pretending felt like too great of a

task. Additionally, she describes a sense of wanting to protect her child from being exposed to any more danger, which inhibited her ability, to engage in pretend play.

Carol M: I think it was the pretend. I think it was having to create...you know our lives are so full. I think to have to create another sort of little mini universe or story or whatever and trying to deal with you know the characters and story and all of that just, I think we might almost be too tired for it. We have been battling her father for two years and she has been suffered at his hands for years before I ever found out about it. I think that, its like I don't watch soaps and I don't watch much TV at all and neither does she really and I think is just because we have so much drama, there is so much going on with us that we don't need any extra. Does that make sense? I wouldn't even say that this was really all that fun (laughs)...I am sorry, that's terrible. I think we function in a different way.

"Just play"/what is the point. Some parents expressed their uncertainty about the purpose of the play, and others seemed to want to know the therapist's interpretation of the play. In general, some parents did not seem to understand the clinical value of play in therapy. For example, Mary A. viewed play in therapy as a means of avoiding the real issues. For this mom, play was separate from therapeutic work.

Mary A.: Well, I guess from a therapy standpoint you are afraid you are going to miss the point...we adults tend to intellectualize things and think that there has to be a point to everything and so if we are dealing with, just playing and this is what is really bothering us, but we are ignoring that and we are over here just playing this whole new scenario because we don't want to deal with what is bothering us.

But if we had something a little closer to what is bothering you, then you almost can't help but have to address it.

Like several other parents, Sharon K. wondered about the purpose of the play activity:

I just don't know exactly what the take away is for them. You know if they learned anything from it or gained anything valuable...I guess I would be interested to know if they thought it was a good experience, but I expect they probably thought it was fine.

Similarly, Anne Z. also wondered about the clinical significance of the therapy session:

I only wonder know what the interpretation of the therapist is. You know what I am saying? Because if yeah, cause out of curiosity I want to know, just like the last time we did sand in play, the therapist said she was going to talk to us about it but then we never got to do it, She took a picture and said, "Okay well we will discuss it next time." So we finished the whole thing, so my curiosity is, "Oh, so what is the interpretation"...I mean is there such a thing...I mean there is right?

Carol M. explained her beliefs that play should have an overt benefit, or should be productive in some way.

Carol M.: We just don't play...everybody says, 'You should play with your kids, you should play with your kids'...but what do we get out of Barbies? I guess we would rather go and experience something sort of outside. Does that make sense? We go do the like the art museums, you know whatever and go to the zoo and go do stuff than just sit at home.

Additionally, Carol M. distinguished play from art. She associated pretend play with a less "productive" medium.

And Ellie (age 7) has gotten very good at drawing her emotions and I think that is really beneficial for both of us and because she keeps a journal where she just draws her feelings...I think that has been really good for her. It is her dealing with reality, but in a way that is productive...But I don't know what the difference is, except for there is no pretend with the art. Other than that I don't really understand what the difference is or why it seems to be easier or more comfortable than this is.

Perception of story. Parents were asked about their perceptions of the stories their families created. Many noticed parallels between the content of the story and their real lives. The following quotes illustrate parent's attempts to make meaning out of their puppet stories:

Mary A.: Well, these two, really they love people and one of the things that I noticed and I don't think they said it in the story, but they said it beforehand that friendships are really important. The thing about the boy in the beginning is that he was lonely, I don't know if that was apparent, but he was a lonely kid and that this girl and the dolphin became his friends and what they told me is that friendship is really important and that was the kind of their theme of the story, because friends help out each other. So the kids were helping the dolphin from the older people and then the dolphin helped the kids from the shark. So, that is just a show of how caring the kids are.

Some parents were curious about the choice of characters and story plot and wondered about how this might represent their children's perception of their family situation.

Mary A.: Actually, something did stand out, but I am not sure I understand why. They called that old man a judge. It was a judge and a witch and I am still trying to figure out why they called the old man a judge. I have not asked them that question so, I don't know the answer to that, but that did stand out to me and I thought, wow, why did they decide that the old man in the suit is a judge. Yeah, we're dealing with a lot of legal stuff. I don't know how much the kids know about it but so for me it's easy to draw a conclusion... I don't know, but I don't know first of all how much Samantha (age 5) knows and Phillip (age 8) knows just a little and I don't know what role they think the judge plays in all of this. And it could be just me speculating, but that jumped out at me that was kind of odd... Yeah, it could have been a businessman, it could have been anyone, but it was a judge.

The Mitchell family created a story about a ladybug was looking for her parents and is rejected when she asks for help finding them. Eventually the ladybug found an animal that leads her to her parents, but when she reaches them, the ladybug only finds her mom. Carol M. interpreted her daughter's story as a signal of psychological progress.

It was interesting that she wasn't looking for her parents, just her mom. Which means that maybe she is coming to terms with the fact that she really doesn't have a father anymore. I don't know how familiar you are with our background...my daughter's father molested her and was into child pornography and has not had any contact with her since April of last year. So almost a year...no contact since April, but I don't think she has seen him...I think the last time she actually saw him was maybe March of last year...She struggles with it, she misses him a lot,

but you know she wasn't looking for her dad today. She was looking for her mom. So that was kind of cool. I think she has got a fairly good grip on reality, it is kind of a hard thing to ask for help, and quite often you don't get it.

The Zamora family created a story about a princess who is trapped in a tower. A prince comes to her rescue and fights dragons and other obstacles on his quest, but dies before he can save the princess.

Anne Z.: It was interesting that its all about that, you know someone being trapped or someone in distress or someone saving them and I guess that is normal right?...I am sure right now she feels like, well I hope not, but you know maybe she feels like we need someone to save us (laughs) maybe...I am thinking because you know its been tough, but then we manage okay. But maybe that's what she thinks when she thinks those stories, or maybe she thinks of how bad it was and she remembers how bad it was, so then maybe she says somebody needs to be saved...or someone needs saving or we need help. Yeah. Maybe that's where she gets it from. Yeah, "save us" or something but of course I mean I would not like for her to feel like we need saving because I think that we are managing okay. I mean I think, but then of course you never know what's in a child's mind, so yeah, I am thinking...well I mean I am still trying to think because I kind of need your help to translate the story. Why do you think she told the trap princess or I don't know?

The Sanders family told a story about three children on a journey to find a magic shell that grants them three wishes. The children in the story encounter many challenges along

the way. The John and Sarah explained that their daughter was able to express her worldview through this story.

Sarah S.: ...I just thought about life and how she [Breanne (age 11)] talked about that she wanted things to be difficult along the way, you know a swamp and the things they had to go through, but she wanted someone to help them along the way. She wanted these different animals to change and help them through the difficult life, so I thought that was interesting to see her I just thought that was a good message of life, that we need help along the way to get through. Well, I just think that in my children's eyes life is difficult, life is hard. There are many times that Breanne thinks that she has a hard life. I just think it is very interesting that she set it up so that it was hard; it was hard to get through... Yeah it rang true with our life.

The following quote demonstrates parents' attempt to make a positive meaning of their story.

Sarah S.: Well to me I feel like we have a higher meaning to life and we always think that we have help along the way, that we pray to God or that we have help. So that to me meant a lot, I thought it was more than just a play but, I thought that she saw [Breanne] there was God helping her to get us through, guiding us through and giving us through and help and comfort. The bunny rabbit was something she really related to and for her to pick that out and to be the one that helped.

Parents' Perceived Role in the Session

Parents described their perceptions of their role in the family play session. Many viewed their role was to engage their child in the session, to monitor the content of the play in order to guarantee their child's emotional safety, to keep track of the time limit, and finally, to ensure that the stories were long enough and that they had sufficiently meaning or purpose.

Wanting to encourage child. Overall, parents wanted their children to have a positive experience in the family play therapy session, despite some of their own feelings of discomfort.

Mary A.: Yeah I am not as good at being creative so, you know I do it with them so that they don't know that I am apprehensive but I am so it does make me uncomfortable, because it is not my nature. But hopefully they couldn't tell...I wanted my kids to feel comfortable and I wouldn't want them to think that I am uncomfortable so, if I am uncomfortable then they would feel like they need to be uncomfortable. So, the most important thing is that I again, present myself in such a way so that I am not showing that I am uncomfortable. Hopefully...

These parents viewed their role in the session to help their children feel comfortable enough to engage in the process.

Mary A: You know when you are a parent you do what you need to for your kids, so you just go through it, you know this is my job, so we just do it...There is a lot of things that I do that I don't like to do, so I just do it. I don't know how I go about doing it. I just know it is something that I have to do. I couldn't break it down for you to tell you how I just know that is something I have to do so I make

sure I have the strength to do it...In a way, I guess my focus changes off of myself and on to my kids and so, maybe that helps me to stop being insecure because I am no longer inward. I am outward I am dealing with my kids.

Similarly, even parents who were uncomfortable with play, felt it was their role to model perseverance and an ability to work through their discomfort.

Carol M.: I think it's a good thing to challenge yourself and push your limits a little bit and it's always a good thing to step outside your comfort zone, even if it's for few minutes and in an environment like this its probably safe for someone like Ellie (age 7). She is in her territory not mine, and she is dealing with her people not mine. So for her this is probably, a little bit safe. Safe is the only thing I can come up with. This is a safe way to do it, and it's important to challenge, she needs to learn how to challenge herself even. This is a safe place for her to start learning how to do that. I am happy to lead by example. I think she could see that this was difficult...I was uncomfortable and I really didn't want to do it. And she may have sensed this walking in... I think it is important for our kids to see us challenge ourselves. Its okay to challenge yourself and it might seem like the worst, most difficult thing in the world, but you can do it. I want her to always believe that there is almost nothing that she can't accomplish...I just think if it hasn't been this hard it wouldn't have been all that productive or beneficial.

Interestingly, Carol M. expressed some ambivalence about having a role in her daughter's therapy. She attributes part of her discomfort participating in the session to her own negative experiences in family therapy from childhood. She is respectful of her

daughter's individual therapeutic work and worries her presence in the session will feel intrusive to her daughter:

I will tell you something my sister...we had to do family therapy with my sister and it was a nightmare. I mean it is something that we still talk about ...it was such a miserable nightmarish experience. So for me there was a little bit of anxiety coming in here today. Granted, its two of us, not five of us, but you know that is still there, so I was a little bit reluctant...Ellie's therapist has had me in here before and always I feel like I am on the defensive. And you know [Ellie's therapist] she is wonderful I mean it doesn't get more warm and friendly than that, but I always feel like I am on guard...I always feel like I am invading Ellie's territory a little bit. Like maybe I am intruding on her privacy or I don't know it just feels invasive. It feels invasive and I don't want to be that parent...I am so worried that being here and being a part of her therapy and talking to people here will feel like a betrayal of her trust for her.

Sharon K. felt it was her role to encourage her children to lead and develop their own ideas for the story:

I guess the main difference is that it was the all the family not just one kid, so instead of you know when I am with one of them I can just focus on that one kid and this was a little different in that I was wanted to be sure that everyone had a part and was involved and that I clearly was not directing it. I sort of wanted them to come up with the idea and implement it... [I was] somewhat surprised that Leslie (age 7) took such an active role, being the youngest... I thought they did a good job of sort of letting Leslie lead.

Families were asked about aspects of their experience that they did not like. Sarah and John S. spoke about the difficulty they had encouraging their daughter Breanne (age 11) to participate.

Sarah S: It was very difficult at first, because Breanne didn't want to participate at all and put her head down and we were trying like, 'Okay, what is the story? What do you think we should do?' She was just like, 'Whatever you guys want to do.' And she wouldn't engage and for probably the first ten minutes or so. So that was the hard part...we had to really try to engage Breanne. She put her head on the table most of the time.

John S.: For me too. I just worried about her participating. Even though I think she was fully intending to participate and I wondered how it would come across, especially if she does not start from the start, not really buying into the whole thing and during the play she could be really quiet and not say anything and just not participate and just not do it.

John S.: That is her MO. That is what she would do. So, I wanted to make sure she engaged and the only way she would be involved is to be an active participant and come up with ideas. So, I started the ball rolling with some ideas.

Sarah S.: She didn't like his ideas, so that kind of got her going. That was the plan [laughs]

Wanting a positive story/safety. Every parent interviewed had a child who was sexually abused by another family member. Their strong desire to protect their child from further harm was evident in the interviews. Mary A. particularly appreciated the non-intrusive nature of the family play therapy session:

Well, my personal experience is, when my kids were interviewed [forensic interview] they were told things, they were questioned they felt like they might answer the questions wrong, they were afraid, they did not know what was going on, it was very scary. If you go into a play environment then there is not a bunch of scary people asking you questions or trying to find out if there is something wrong going on. You are in a safe place, so when you come out of it you may not have even answered the questions that were there and so you don't know if you ...you don't know to worry if it was right or wrong. And children should not have to worry about if they are answering questions right or wrong.

A common theme among families' experiences was that the children tended to create a story with "mean" or "bad" characters and a negative plot and parents often encouraged their children to choose a "happier story".

Carol M.: Well, I asked her a number of questions: 'which puppet appeals to you? Which one do you want to use? What do you want them to do?' And she kind of gravitated toward or started to go in the direction of something a little bit violent, she wanted the crocodile to eat the wizard's leg and then he would zap him and turn him into I think the witch. I am like, "Well, why would you take something mean and turn it into something mean, you know shouldn't you make

him the butterfly or you know something sort of pleasant that can't hurt anybody?" And she got a little frustrated with me.

The following quote illustrates the effort it takes to constantly be alert to potential dangers.

Carol M.: It did feel like a lot of work. It did feel like a lot of work to try to come up with something, because you know when you are creating something like this, you don't want it to be negative even though you might not feel well and life is not always happy. It's like she went immediately to the crocodile eating the wizard's leg off. She went right to the unhappy. So you have to figure out a way to pick the brighter puppets, you know, let's try to make this a happier story...I don't think any parent wants their child to experience unhappiness or violence and she has experienced both in spades. Um... so I am maybe a little overprotective of her sometimes, even from herself. Sometimes you have to protect your kids from themselves and why indulge that? It doesn't make sense to me. I worry about her going straight to violence or dwelling on the negative or focusing on the unhappy. I get a little annoyed with myself sometimes, I'm like, 'Oh the silver lining is [laughs]...what's on the brighter side...well at least that didn't happen or this did...' I do, I get annoyed with myself, but I guess I just am a little hyper-aware of her negativity.

While Carol M. worked hard to protect her daughter from further harm, she noted that the safety that the family play therapy session afforded provided a safe environment to experience something new.

She [Ellie (age 7)] did seem eager. She seemed very eager to participate and once we got in here and she was picking her puppets. It was nice to see her excited. I think that probably to some degree things get to be, I hate to say mundane, but maybe. Maybe a little too routine once in while, because you know we are so, I am so fixated on making sure she is safe. You know security, and going places that we know and doing things that are safe and during daylight hours. You know it is one of the after effects and so maybe, this was something different and she seemed very sort of into it.

Carol explained that she believes in the value of therapy and is cautious to do anything to jeopardize the gains her daughter has made in therapy:

Ellie (age 7) has come such a long way in the last year or so, seeing her therapist. I don't want to compromise that and I don't want therapy to be a negative experience. She is so compromised and fragile and a little bit vulnerable and I think that she really needs these relationships that she builds here to be sort of reestablish her faith in people.

Concern about time/length. A common experience noted by participants was that they felt responsible for helping their child create a story with enough substance to be meaningful and for keeping track of the time.

Mary A.: I let the kids run with it, so it was very easy for me. And you know Phillip (age 8) was writing for a while and I was a little concerned he might take a lot of time writing and not actually thinking and worrying about writing, so then I started writing. So I took over in that respect, but I still let him be the creative

one, but other than that it was good...I was afraid that if he spent a lot of time trying to write it down he would lose his idea. I know that happens to me.

Carol M.: Even the time, we only had so much time to get it done. Ellie felt very rushed, she was like, "We've got to do this, she is waiting for us, we've got to do this".

Anne Z.: She [Christina (age 7)] got excited writing the story; I was amazed that she actually wanted to write the story. Because I said, 'Christina, no, just tell me the story and I will play out the story, you just tell me what to be and I'll be the prince and Carla will be the dragon or the shark.' And then she said, 'No mama, I want to write this'. So she got so excited and she could have written more, but then I said, "Okay Christina, it's taken forty minutes and Miss Catherine is waiting outside." So, I kind of rushed her, so I am sure if there was no time limit, it would have been long story.

Mary A.: I guess we were wondering if it was too short so we wanted to add a little bit more to it, so I said, "Well, what do you want to add?" And he came up with that.

Carol M.: A little bit, yeah, just to give it a little...to lengthen it a little, I guess. She was getting to the end very quickly and I kind of felt like if we're going to do this, then there should be a lesson or a purpose and I think she got that. I think she understood that when we got finished, but um...yeah this was very hard.

Suggestions for Improvement

Parents offered several ideas that they felt might facilitate a better or enhanced experience in family play therapy, which include suggestions regarding (1) the number of

family members involved in the session, (2) the provision of alternate mediums to facilitate expression, and (3) increased therapist intervention.

The number of family members involved in the session. Sharon K. felt that her family would have preferred sessions with her and one child at a time. She explained that the family session did not provide them with “one on one” time with her children.

I mean just more the one on one I think is easier for everybody than trying to balance all three kids and participating in one activity...I think the kids probably like it better also when its one on one with their therapist. I know Josh in particular really likes when he and I do the sandtrays. He probably, I would think, be more positive about that than this experience, because that is what I think they miss most is the one on one activity...with me. So they did not really get that from this.

The use of another medium to facilitate expression. A few parents suggested that the therapist provide the family with alternate mediums to develop their puppet story.

Carol M.: Multi-taskers, we are multi-taskers, so I don't know that I can see how this would work for some kids, but I don't know that it would necessarily be right for us. Now, if you had two sketchpads and a pile of charcoal here we could chat all night long...I would not be opposed to coming back in and doing something like this, if we were drawing or painting. Something, I don't know I guess more geared towards her...me and her as parent-child...as people. Because we don't really play like this at home and maybe the idea is to challenge us a little bit in which case, you did that (laughs). But if the point was to get us talking or whatever you know maybe a different activity.

Timing. One parent felt that the timing of when a family is introduced to family play therapy is important. She explained that starting immediately with family play interventions would be difficult without prior experience with play therapy.

Sharon K.: Yeah, I mean I am not sure I would...I think it is good for where my family is in the process now, because we have done the individual [play therapy] and we have also done some of the talking as a family, you know the three kids, myself, and the therapist. So, I guess what I would tell somebody that has done all those steps they'd be somewhat familiar with, but that it's a good experience and just another extension of what they've already done. For somebody who is new with it, who has never done the play therapy...um...I don't know I am thinking... some of the other activities maybe a better place to start.

Wanting a theme or direction. Although, parents identified *choice* as a positive benefit of family play therapy, some parents also spoke of their desire to have more structure and therapist intervention. When asked what a therapist could do help them have a successful experience in therapy, some parents wanted the therapist to provided a theme for the story to ensure that the play was relevant to their family's presenting problem.

Mary A.: ...Probably create a scenario to be acted out like come up with an idea rather than just go at it whatever you want...if you knew a situation that someone is going through, you could create a generic idea similar to that that they, so they had a theme to work off of as opposed to whatever you want. That is the only suggestion I can come up.

Other parents expressed their desire to have the therapist guide their interactions and intervene in the process of creating and acting out their story.

Mary A.: Um...I don't know enough about this kind of therapy to be able to critique it or even understand it, so it is hard for me to come up with what would be helpful. Probably having somebody there to make sure that we stayed on track. [laughs] Now again, when are dealing with kids and play it's probably the whole point is that you know, so that is why I don't have something to recommend.

Sharon K. explained her feeling that without therapist intervention, the family play therapy session had little usefulness beyond "just playing" and enjoyment. In addition, she suggested that therapist be physically present for the development of the puppet story:

You know I would think you would learn a whole lot more about our interactions if you were sitting here. So, I was a little surprised that nobody was watching us, cause that's when I think you probably would learn more about our interactions and then somebody could help guide us you know based on what you learned from the therapist standpoint...because that part we were really missing today. Yeah, cause even the therapist's couple of questions, even that was helpful for me to hear... because I knew what she was trying to get at with the kids and you know so even just hearing her questions was productive. I think she was trying to get each of us to verbalize how we felt, which is what she's been working on with my daughter and they have each been working on individually, but you know I wouldn't of in my role as playing with them I wouldn't have gone that way of

asking the kids about that...Somebody who's more objective. So I guess I could see then if you're talking about a family session including the therapist to guide it or to facilitate it then I could see it being probably being more helpful than I think a single session like today, with just us playing.

Summary of Parents' Experiences

In summary, parents described a generally positive experience in family play therapy. Many perceived benefits of their family play session identified by parents include: connection, collaboration, communication, and the opportunity for the child to experience mastery. Parents expressed varied thoughts about the use of play in therapy. In most cases, parents that regularly spent time playing with their children described their experience of playing in a therapy session as comfortable. Whereas, those parents who felt uncomfortable attributed their feelings of discomfort to a variety of factors: embarrassment from having to perform in front of others, lack of play experiences during their own childhood, lack of emotional energy to expend on play due to traumatic experiences of sexual abuse, uncertainty about how to guide their child in play, and ambiguity of the task. Overall, some parents expressed their belief that play was valuable and worked through their own insecurities and discomfort for the sake of their children. Others however, wondered about what purpose, if any, play in therapy serves. Some parents wanted to create a substantive product to give the experience validity and meaning.

Another predominate theme discussed by parents was safety. Some parents experienced safety in the therapy session, whereas others seemed uncomfortable about the potential for dangerous themes or uncomfortable emotions to be represented in their

child's play. As a result, some parents tended to interrupt their child's play and guide the content of the puppet story. In general, parents demonstrated a curiosity about the themes presented in their family puppet stories and the ways in which these themes were connected to real life.

Children's Experience of the Session

The eight children interviewed provided descriptions of their family play therapy experience. Based on these descriptions, their responses can be organized into two broad categories: (1) aspects of the session that they liked and (2) thoughts about their family's participation in the session. While the children did not respond in great length or detail about their thoughts and feelings, their contributions offer an interesting perspective.

General Descriptions of their Experience

Below children describe their thoughts about their experience in the family play therapy session. For example, Phillip A. (age 8) shares how he would describe his experience to his friends, "I would tell them it was really fun and they would love it. Not just like it, love it...Cause, since I love it I bet they would." Although Christina M. (age 7) liked the experience, she stated that she would have liked to have more time, "It was good. It was fun. I would like to do it more longer...but then my mom said that we had five minutes left, so I made it shorter." Ellie M. (age 7) also liked the experience, but thought it would be helpful to do this more than once.

It was good. I think we should do it again sometime...if I do it again maybe I could do it with my therapist or maybe um...but I have a bunch of stuffed animals at home and maybe I could do it at home. I could do it pretty much anywhere except for like the store...it might help me some more instead of like one time. It

would help me again and again...Well, because now I can learn to ...well I am not really sure...well like the stuff like sometimes when I get around creatures those make me shake too, so it always helps me to figure how not to do it, because these are all creatures, well some of them.

What Children Liked

Overall, the children interviewed in this study reported a positive experience in the family play therapy session. In this section, they identified three aspects of their experience that they enjoyed: (1) opportunities for expression (2) freedom to choose the story and puppets, and (3) an opportunity to lead.

Expression. The child participants noted that family play therapy facilitated expression as well as an enhanced ability to be understood by others.

Josh K. (age 10): Usually we are just discussing things or I would draw something or I don't know this was different because you could express and we could talk about it, we actually got to perform it here...usually it is something not as fun, like talking or discussing things or...this is more expressive than usual...I would say this is a good activity because you get to express yourself in different ways than you usually would be able to. Like um, we always do sandtrays with me and [my therapist] and we get different things and put them in [the sand], but this was a lot different than anything I have ever done in therapy before.

Interestingly, Ellie's mom, Carol Mitchell, did not feel that the family puppet interview was enjoyable. On the other hand, her daughter stated their play therapy experience facilitated expression in her mom and herself.

Ellie M. (age 7): Because she [mom] didn't get to think it in her mind she really got to say out how she was feeling...Pretty much the same as my mom, feeling like I really got to say it, like I got to act it and say it instead of just saying it.

Ellie M. continued to explain that the family play therapy experience allowed them to speak more openly and eased her fears.

It might help me if I do it a couple times because when I get around certain people I get the shakes. I get butterflies in my stomach...It's a fun thing to do with your parents and it will help you get more out and open about things, like talking about it and instead of just saying it you can act it out.

Additionally, Ellie M. explained the difference between verbally communicating and acting as a form of communication. She believed that acting allows people to understand her perspective and expressed that this form of communication may be useful for other difficult issues.

What's good about acting it out is if you say it, they might not understand, but if you act it out and say or just act it they will get a picture of it in their mind and they will realize what you are saying...There was something that my dad did to me and I might want to do that.

Phillip A. (age 8), explained how his family play experience helped him overcome his shyness. He explained that the anonymity of talking with a puppet allowed him to be hidden from others as he expressed himself. When asked what he liked about his family play therapy session he stated,

Cause I did it with family and I got to show it and I am kind of shy...There was this project that I was supposed to do yesterday, talk to people yesterday, but I was too shy to do it, but I am gonna try to do it on Friday.

When asked how he was able to participate even though he is shy, Phillip stated, “I mean its one person and it’s a puppet! I don’t really get to be seen...you get to move their mouths and move them. Basically, you’re the puppet... you get to talk and do whatever you think the puppet would do. You get to chose, its basically like another you.”

Leslie K. (age 7) noted that the family puppet interview allowed her to express more than one point of view, “Um, well um that you could use different puppets and be more than one person at a time.”

Choice. Typically, children stated that they enjoyed the opportunity to choose what characters they played and the plot of their story, however most could not articulate what about that experience was enjoyable. For example, Josh K. (age 10) stated, “I really liked it ‘cause we got to really be creative and do whatever we wanted. His sister Leslie (age 7), expressed similar feelings, “I don’t know. I would just say its fun and you get to make up a lot of things, sort of do what you want to.” Christina Z. (age 7) said, “There’s a lot [puppets] and um... it was fun to play with.” Ellie M. identified that the experience of choosing what she wanted to do versus a common experience of being told what to do was a positive aspect of this experience.

Ellie M. (age 7): Um, that there were so many choices and that you get to make up your own story instead of listening for someone say, ‘you have to do this story’ and there was a beginning, the middle and the end...its cool because you don’t have to listen to people when you go to try to make a story they usually say, ‘you

have to do this in your story' and stuff, so instead of having to listen to those people you can just pick out puppets instead of putting it in a real book and you can make up your own story with a family member and stuff.

Naomi S. (age 10) stated that she would tell her friend about her experience that, "Okay, that you get to decide what story, you get to make up a story. It was really fun and you could make a story that was not already made and you cannot narrate. It was really fun."

The opportunity to lead. As the children described the process creating their puppet story, they illustrated a common experience of taking the lead and making decisions about their story and character selection. For example, Phillip A. (age 8) described how he assumed the position of "director" and that this made him feel pressured:

Cause I thought of the story and I knew when everyone should come on in the story. So, basically I might as well be the director. Well, my sister wanted more and so did mom, so I was thinking about the shark attack. So basically, I thought of all the parts. And I had to and it was like I am the director and it's a little too much pressure put on me." Similarly, Christina Z. (age 7) describes the experience of being in charge of her family's story, "Um...because it was my story and I like the princess...This was the first time we actually got puppets and the story was mine and it was kind of fun doing that.

Ellie M. (age 7) also directed the session, "Well, I told her that I was doing a story a couple weeks ago that I made up that was nothing like I had heard in books. So, I decided to do that...So, that was my idea...Well, I did the story and then I told her she should do that.

Thoughts about Family Participation

The children expressed their thoughts about participating in a therapy session with their family members. They reflected three common themes: (1) being together, (2) the process of collaboration, and (3) observations of their parent.

Be together. Children, like their parents, spoke about the benefit of spending time with their family, when describing their thoughts about participating in a therapy session with their family. When asked what he liked about the therapy session, Phillip A. (age 8) stated, “You get to be with your family and its better to do it with more people than one because I only got two hands. And there was six people...It was actually cool. I liked it.” Ellie M. (age 7) explained that her perception that the session was helpful for her and her mom, “Um...that it was helping me and my mom at the same time. So it would help her on Tuesday, but it would help me on Monday. So it would help us at the same time. She has a different time with her therapist.” Additionally, Naomi S. (age 10) explained her feelings about having her parents in a therapy session:

Well, today with me it was really different a lot nicer to actually be with them...That they could actually be in and I liked that they could come in and do it with us. Because it is nice to actually be with them and not [in] the other room.

It's nice to be with them and stuff...That was really fun, my mom and dad are usually here with my sisters, they usually just play in the playroom and my mom and dad I don't know what they do, well usually just sit there.

Christina Z. (age 7) stated that the only thing that would make her experience better was, “If my dad was here. We could have more people in the show and I could make it a little bit longer. My mom and my dad and my sister could help me write.”

Collaboration. As children described their experiences of creating a story with their parents, they all seemed to describe a similar process of collaboration with their parents.

Josh K. (age 10): Well, the story plot was not all up to me. I would have tweaked it a little bit, but they were also doing it so I just went along with it... Oh, it was sort of weird, but I sort of caught on, because they have different ideas than me, but we just caught on and did it together... Then I added a little bit of that in and we added a little bit of this in and then oh, we didn't like this part and we added a little something else in. We went back and forth with different ideas.

His sister described a similar experience of collaboration:

Leslie K. (age 7): Well, I sort of made up what I was going to do and they sort of thought of people and what they were going to do and then we made it into a story... Well like, at first we were thinking some of the people would be mean and then we were thinking they would be nice and we settled in with nice... we got to the middle part and then we thought this does not sound that good and then we started over, but the beginning part is the same and then we changed the middle.

Naomi commented on the process of choosing a story and of her sister's initial reluctance to engage in the activity.

Naomi S. (age 10): Well we all asked Breanne's idea, because she didn't really want to do it, even though we were supposed to. So she was like, "Fine I'll tell you". So she made it all and she acted like she was telling a story, but she was making it up. So we went with Breanne's because hers was the most betterest, best I mean, not betterest. It seemed the longest, not that short, cause ours was

just ideas not like stories. Mine was probably like two people could do it...I liked Breanne's better. Mine was just a weird guy who ate a fly and that was odd and gross. Daddy's was kids who did not get along and that was it. Mom's story was that a witch was going to cast a spell on them and turn them into stuff.

Children's observations about their parents. The children made observations as they witnessed their parents play. Many of them seemed to report a positive experience of their parents in the session and of their parents' ability to interact with them through play. They also noticed changes in their parents' mood and emotional openness. For example, Breanne (age 11) commented on her family's efforts to engage her in the session, "They were very happy...they were like, 'Breanne look at this' and playing around with the animals and laughing...because everyone was like yeah, 'Breanne come on look what's happening now', and then they are like making faces with the puppets mouth." Her sister, Naomi (age 10) also described positive interactions with her dad, "In my opinion, they can make faces with puppets, the funny face make me laugh. It was so funny. Plus, another thing that is really fun about it, you get to make it up and be funny. My dad was really funny." Christina Zamora (age 7) noticed a positive change in her mom's mood during the session. "She's not grumpy...Cause when she is grumpy, she gets mad...she was a good actor." Ellie M. (age 7) explained that seeing her mom play was a new experience, "...Funny, because she never really played with dolls". Additionally, she noticed that her mom was also more open than usual, "She [mom] was more open like, she was talking more than she usually does and she wasn't crying like she usually does sometimes. And she could act it out and not be scared I think."

Summary of Children's Experiences

Overall, the children interviewed in this study reported positive experiences of their family play therapy sessions. Specifically, they valued the opportunity to express themselves and to be understood by others. The children identified that the acting involved in the family puppet interview was enjoyable and provided a symbolic representation of what they attempted to communicate. Furthermore, they embraced the responsibility of determining the content of their story and the selection of puppets. Some children also took pride in the story they created. Generally, children liked that their parent(s) participated in the session and enjoyed the opportunity to spend time with their family. They observed positive changes in their parents' mood and openness as a result of the family play therapy session. In summary, children perceived that the family play therapy session was not only helpful for them, but for their parents as well.

CHAPTER 5: DISCUSSION

Introduction

Child victims of incest and their non-offending parents were asked to describe their experience participating in a family play therapy session, in which they created and acted out a story with puppets. Guided by the assumptions of family systems theory and phenomenology, this investigation explored the experience of this systemic intervention through separate semi-structured, open-ended interviews of parent and child participants. Participants' descriptions of their experience revealed five broad themes: (1) the perceived benefits of play (what participants liked), (2) parents' feelings about play as a medium, (3) parent's perceived role in the session, (4) children's thoughts about family participation in therapy, and (5) suggestions for improvement. Chapter four presented the findings of this study in participants' own words to capture the essence of their experience. Subsequently, this chapter will summarize these findings and their relevance to previous research; discuss the study's limitations and implications for clinical practice and future research; and, will offer personal reflections.

Summary of Findings and their Relevance to Previous Research

This section will summarize the key findings of this study. In addition, the author will discuss the findings' relevance to research. As discussed in chapter two, the research on play therapy is limited and family play therapy research is presently unavailable. Therefore, the author will make connections to current research in the broader field of play therapy, when possible. Given this limited base of research, the author will also connect the child sexual abuse literature to family play therapy as a potential treatment model for child victims of sexual abuse and their non-offending parents.

Perceived Benefits of Family Play Therapy (What Participants Liked)

A central theme that was described by both children and their parents was *the opportunity to spend time together* and engage in an activity with their family member. Parents spoke of the difficulty finding time to connect on their child's level amid the demands of everyday life. They appreciated this opportunity to spend time with their children and for some parents, this experience extended outside of the therapy room. For example, Anne Z. shared that this experience in general, inspired her to "do more creative stuff with my kids". This experience seemed to provide an opportunity to enhance their relationships with one another by interacting in a new way and connecting on a symbolic level to which the child can more readily relate.

Another common theme among children and their parents were their descriptions of *collaboration*. Minimal therapist direction compelled families to decide among themselves what story they would create, which puppets they would use, and which character they would play. Overall, parents noted that it was pleasing to see their children compromise and work together. Additionally, this experience seemed to help parents see their children in a positive light and promoted a sense of togetherness.

The literature is clear about the power of incest to evoke feelings of hopelessness, shame, betrayal in families. This makes the case for the importance of providing positive family experiences in treatment. Given the negative experiences associated with incest, play therapy can provide opportunities for family members to have positive interactions with each other that begin to strengthen relationships and rebuild a sense of hope. The following quote from Dr. Eliana Gil (personal communication, March 26, 2006)

illustrates the need for a positive therapy context for families who have experienced incest:

...Its tense, people are tense, people are uncomfortable with each other, it feels awkward sometimes parents have not seen their kids for a long time, the kids don't feel uncomfortable yet with them. Sometimes doing a play activity can actually reduce a lot of the tension. It provides an opportunity for them to become a little less awkward, and enhances a feeling of contact that is safe and that is appropriate, which allows them have a good experience with each other...They are building blocks to developing the type of relationship that you want to encourage people to establish.

Additionally, parents and children cited *communication* or *expression* as a positive aspect of their experience. They explained that the family puppet interview allowed them to engage in a new way. The Sanders family noted that their daughter Breanne (age 11) opened up more in this family play therapy session than she had in weeks, "I think it's kind of neat I saw Breanne's walls go down, because she usually has them up and she doesn't want anyone to affect her or enter her space and to see those walls go down." They commented that she has had, "...barriers that were impossible to break through." Similarly, children noticed that their parents also opened up during the session. Several children made an interesting distinction between verbal communication (i.e. traditional talk therapy) and acting as a form of communication. Ellie M. (age 7) explained that by acting something out, this allows others to understand that which she is attempting communicate because, "They can picture it in their mind". Another child, Josh K. (age 10) spoke to the anonymity of the puppets that helped him open up even

though he is “shy”. Trepper, Niedner, Mika, & Barrett’s (1996) study on communication patterns of families that have experienced child sexual abuse demonstrate that these families frequently exhibit impaired communication characterized by secrecy, inconsistent and unclear messages, and a lack of discussion of feelings. Participant responses about the opportunity for enhanced communication point to the relevance of family play therapy for families who have experienced incest.

Choice and the *opportunity for children to lead* were important aspects of participants’ experiences noted by both parents and children. Specifically, the opportunity for children to choose the content of their puppet story, to control puppet selection, and to assign family members a character provided a mastery experience. Several parents commented that the opportunity for their child to lead the session motivated their child to actively engage. John S. described how his daughter, Breanne (age 11) who is usually withdrawn and shut down, eventually assumed a leadership role, “I think she had buy-in because it was *her* story”. Similarly, Anne Z. observed that the opportunity to lead helped her child transform from crying and refusing to participate to laughing and directing her family to act out the story she created.

Children also reflected that they enjoyed being able to chose what they did in the session and as Ellie M. (age 7) put it, “Its cool because you don’t have to listen to people when you go to try to make a story they usually say, ‘you have to do this in your story’ and stuff, so instead of having to listen to those people you can just pick out puppets instead”. This is consistent with findings from Axline (1950) and Carroll (2002) who found in qualitative interviews that children appreciate opportunities to choose their activities in therapy.

Parents' Feelings about Play as a Medium

Parents' descriptions of their feelings about play as a medium provided important information about their ability and willingness to engage in the task of the session. In general, those parents who played with their children outside of therapy tended to report greater feelings of comfort about play in therapy. On the other hand, several parents experienced feelings of discomfort with regard to play in the session. This study confirms that some parents are uncomfortable about play in therapy, but it also offers insight about the various reasons some parents experience this discomfort, such as lack of play experiences in childhood, uncertainty about how to guide their child in play, and reserved personality traits. Additionally, the ambiguity of the task was difficult for some parents to navigate.

Parent's Perceived Role in the Session

In general, parents felt that their role in the session was to encourage their children to participate. Additionally, parents' responses revealed their concern for safety in the family play session. For some parents, therapy was safe place to try new things, as Mary A. explained, "If you go into a play environment then there is not a bunch of scary people asking you questions or trying to find out if there is something wrong going on. You are in a safe place, so when you come out of it you may not have even answered the questions that were there...you don't know to worry if it was right or wrong". On the other hand, some parents tended to steer their child to create a more positive puppet story and emphasized the use of "happy" or "positive" puppets. Carol M. explained, having to be vigilant of all possible threats of danger, even in therapy. "It did feel like a lot of work

to try to come up with something...you don't want it to be negative even though you might not feel well and life is not always happy...I think that probably to some degree, things get to be, I hate to say mundane, but maybe. Maybe a little too routine once in while, because you know we are so, I am so fixated on making sure she is safe."

Parent responses about the tendency to overprotect their child after a disclosure of sexual abuse are echoed in the literature about the negative effects on non-offending parents. Internally, mothers experience significant feelings of guilt and self-blame (Fraenkel, Schoen, Perko, Mendelson, Kushner, Islam et al., 1998). Furthermore, feelings of failure, disempowerment, depression, anger, poor self-image, fear of losing their children are also often associated with the disclosure of incest (Hill, 2001; Trepper & Barrett, 1989). Additionally, Hill (2006) found that including non-offending parents in play therapy provided them with confidence and a sense of control that helped to combat feelings of helplessness and inadequacy. Therefore, parent and child participants of this study seemed to reiterate the findings of Deblinger and Helfin (1996), which suggest that including non-offending parents in the treatment of child sexual abuse is a benefit to both children and their parents.

Children's Feelings about Family Participation in Therapy

Children's feelings about their family participation in therapy also lend support to the research on the inclusion of non-offending parents in play therapy (Deblinger & Helfin, 1996; Hill 2006). The children of this study liked that their parents were present in the session and reported an overall positive impression of this experience. For example, Ellie M. (age 7) felt that the family session was not only helpful to her but to her mom as well, "... it was helping me and my mom at the same time. So it would help

her on Tuesday, but it would help me on Monday. So it would help us at the same time. She has a different time with her therapist.”

Observations

In this paper, I have tried to present the views of participants by allowing them to tell their story in their own voice. Now, as I reflect on the participants’ descriptions of their experience and their reports of their process of developing their puppet stories, I will offer my own observations about the significance and meaning of these descriptions.

A phenomenon revealed in the findings of this study was the experience of parents’ discomfort in play and their ability to work through their own uneasiness and insecurity to allow their children to have the best possible experience. Though, some parents did not feel comfortable engaging in play, they still placed some value on the experience of play for their children. Also, these findings shed light on the reasons why parents may be apprehensive about playing with their children in therapy. In this process, parents also noted that their child’s creative ability helped them access their own creativity and helped them connect on their child’s level. Moreover, children seemed more able to be present with the activity, while their parents tended to intellectualize the task and look for underlying meaning or purpose. This tendency seemed to impact the degree to which parents were able to engage with their child and may have prevented them from seeing value in the process of the family play session. This observation is congruent with children’s developmental abilities at seven to nine, in which they are more interested by the process and not the product. Young children tend to learn and integrate new material by acting and try things out in such as counting on their fingers. Whereas, older children and adults are able to reason abstractly and acting or concretely

experiencing is not necessary for learning (Piaget, 1969). Along the same lines, parents tended to view the session with a task orientation, in that they were concerned about staying within the time allotment and producing a story with adequate meaning or significance. Some parents tended to encourage children to create a “happy” story, rather than the one the child initially designed. Gil (1994) writes that,

Young children are inherent explorers, taking in the environment with hungry interest. They are sensuous beings, who initially obtain information through touching, tasting, smelling, and hearing... When adults curtail, withdraw, punish, and redirect children's exploration, in an effort to maintain order or control, they impose their world on children. Children are therefore deprived of the vast richness of their exploration, and restricted to those things adults direct them to explore, which represents a much more limited realm of experience (p. 36).

This tendency was also evidenced by parents' suggestions for therapists to provide the family a theme for their puppet story that was concretely tied to the family's presenting problem. Some parents did not see a connection between the themes of their puppet story that naturally emerged and their presenting problem. To some parents, the task of the session appeared to them as “just playing”. It seemed that parents in this study aimed for their experience to be beneficial and purposeful, however they did not seem to connect that this objective sometimes impeded children's ability to explore material that was psychologically relevant to them. Lastly, this study revealed that well-intentioned parents do this for a variety of reasons, namely their strong desire to protect their children from harm. Some parents seemed to experience danger or threat in the play itself. They

seemed to guard against the possibility that play might reveal unpleasant experiences or evoke uncomfortable or difficult emotions.

Another important aspect of the study's findings relates to the ways in which the stories families created appeared to be relevant to their daily life. For example, the Zamora family created a story about a princess who was trapped in a tower and was waiting for a prince to save her. Interestingly, a dragon killed the prince before he could save the princess. In real life Christina's (age 7) parents divorced after the disclosure of incest and her father is in jail. Themes of rescuing and imprisonment were pronounced and are relevant to this family's post-disclosure experience. Similarly, the Anderson family who told a story about a "bad judge" and "bad witch" wanting to kill a dolphin, revealed themes of judgment and punishment that were also relevant to the family's experience with their father's recent conviction for child sexual abuse. Each family's story metaphorically represents elements of their real life struggles as they are perceived through the eyes of these children. Therefore, the family puppet interview seemed to provide a symbolic way of working through these difficult experiences without verbal discussion of the presenting problem. Children were able to inform the therapist and parent of areas that may need psychological attention through metaphors present in their puppet story.

Additionally, children enjoyed their parent's participation in the session. The children of this study seemed to value the opportunity to play with their parents and experience them in a new way. They also valued the opportunity to lead the session. It was clear that children became quickly engaged when they were empowered to make decisions and express themselves through play. Gil (1994) writes, "When play is

included in family sessions, clinicians treat children as equally important family members, with valuable information to provide and to assimilate” (p.41). The children’s reactions to the play activity and reflections on their role in the session demonstrate the importance of letting children lead and speaking their language of play. Furthermore, it reveals the utility of play to meaningfully engage children in therapy. Finally, the parents in this study revealed their belief that there is value in letting their children lead.

Relevance to Clinical Practice

The results of this study have particular relevance to clinical practice in a variety of ways. First, family play therapy seems to offer benefit to families who have experienced significant stress or trauma. The research finds that sexually abused children are often parentified and have an exaggerated sense of responsibility, for example they may feel the incestuous dynamic between themselves and their father serves a protective function, such that the child may believe the incest is keeping their father from having an affair or that they are protecting their siblings from the abuse (Trepper & Barrett, 1989). Carol M. reflected that her daughter had to “grow up very quickly” due to sexual abuse and that they “do not know how to pretend”. Children who have experienced child sexual abuse are confronted with adult experiences and their families are faced with difficult decisions. For example, non-offending parents may be forced to choose between their partner and their child (Massat & Lundy, 1998). Disclosure of incest also brings additional consequences for families, such as financial losses that are often incurred when the father is the primary earner. Additionally, families are often uprooted and forced to move or are separated by child protection agencies (Baker, Tanis, & Rice, 2001). Therefore, it seems natural that children become

accustomed to operating in a parental or adult role. Anne Z. stated, “I think it was a good time for them, a good way of letting them use their imagination and just be kids...”

Therapists working with families who do not know how to play or in which children are functioning as adults, the family puppet interview will be useful in providing children a chance to experience being kid. In addition, this experience can introduce playful spontaneity and creativity into a stressed family system.

Secondly, family play therapy facilitated opportunities for symbolic expression and communication. Notably, this benefit was perceived by both parents and children and found among even the most withdrawn or reserved participants. Furthermore, enlisting children in the process of therapy empowers them and offers a creative way to engage their participation and provide mastery experiences. Clinicians can use this technique for children who struggle to verbally express themselves and for children resistant to engaging in the therapy process. Importantly, children identified that acting was a beneficial means of communicating. They believed that it not only facilitated expression, but allowed others to understand them more easily. Therefore, this provides a basis for clinicians to consider incorporating opportunities for acting in therapy interventions with children.

Thirdly, parents of this study confirmed that, for families who have experienced sexual abuse, safety is paramount. In fact, some parents in this study were concerned about safety even in play. It is important for clinicians to recognize the need for families to feel safe in therapy and for the potential for this need for safety to interrupt the family’s ability to access creativity and expression. Parents may need reassurance of the benefits of play, as well as coaching on how to support to their child’s symbolic

expression. Therefore, clinicians can encourage parents not to censor their children's ideas and allow whatever themes to naturally emerge from their play. It is useful for clinician to be aware of parents' tendency to look for meaning in their child's play and to be prepared to field parents' questions about the therapist's interpretation of the play. When these types of questions arise, therapist can instruct to be open to process of play and to resist the urge to intellectualize the experience for the sake of preserving the inherent benefits of play. Also, clinicians can encourage parents to avoid making assumptions about a child's play or from interpreting the meaning of the play, by stating that it is impossible to know the precise symbolic meaning a child attributes to a puppet or their puppet story and one's assumptions may often be inaccurate. Therefore, rather than make assumptions or interpretations, clinicians can encourage parents to be curious of themes that arise in the play and let that curiosity foster a sense of openness to the experience. Parents' desire to understand the meaning of play and to elicit interpretations from the therapist speaks to the depth of their longing to help their child feel better and/or their desperate need to make sense of the impact of the family's presenting problem. Finally, it may be helpful for clinicians to explore parents' own childhood experiences with play. For example, Carol M. recalled that she did not play as a child, which may offer important insight about her discomfort taking part in the family play activity. In this case, it may also be useful to explore parents' beliefs about play and clinicians can also provide education about the benefits and purpose of play in therapy.

Fourthly, another important finding relevant to clinical practice also relates to parents' discomfort with play. Though some parents in this study felt uncomfortable about participating in play therapy sessions, they were all motivated to move out of their

comfort zone for the benefit of their child. Therapist should highlight parents' ability to work through their discomfort. This strength can be explored and expanded by clinicians when debriefing with a family after an intervention.

Therefore, the family puppet interview allows clinicians to readily access families' strengths due to the positive shift in the emotional tone of the session and play therapy's tendency to lower family members' defenses. For example, several families arrived at the session upset, withdrawn, or in a negative frame of mind. As the families engaged in the task their defenses relaxed and they began to function as a team. These families laughed easily, worked together, and generally respected each other's ideas. This can be a helpful picture when a clinician feels stuck in their work with a family and overwhelmed by the family's process. Similarly, participants report that their family play experience was enjoyable. For families that have high levels of conflict or distance, this intervention can promote a sense of connection and allow families to interact in a new way.

Fifthly, the family puppet intervention can provide a wealth of information salient to treatment. One parent commented on her perception that the therapist should be physically present in the room while the family creates their puppet story to better understand their way of relating and to offer guidance if the family has difficulty. The intervention may be used as an assessment tool, in which the clinician can attend to a variety of verbal and nonverbal factors such as, how the family organizes to accomplish the task, which family member leads, the way the family uses metaphors in their puppet story, whether the parent is able to engage in play, and how the parent attempts to guide the play.

Sixthly, parents offered some valuable suggestions for clinicians to improve their therapy experience. Clinicians should be aware of parents' concern for staying within the required time allotted. They can encourage families not to worry about having enough time to complete their story and reassure them that they can always continue in the following session if they do not finish. This allows families to immerse themselves in the process and frees them from setting external restrictions on their creativity. Additionally, the clinician should consider the variation by which individuals create their stories. Alternative materials such as flip charts or paper and writing, drawing, and other art materials can be provided to facilitate expression and idea formation.

Limitations

The section will identify following limitations of the study and their possible impact on the study's findings: (1) researcher bias, (2) response bias, and (3) selection bias.

Researcher Bias

Due to therapists' busy schedules it was necessary for the interviewer (who is also trained therapist) to conduct the research interview, as well as the family play therapy session for all but one family (the Anderson Family). This element could have contributed to the participants' reactions that their experience was different than other times they come to therapy. Some parents felt that they were "just playing" during the session, which could have been due to the fact that their therapist was not present and therefore, it did not seem like therapy to them. Moreover, this could have inhibited participants' ability to share their honest feelings about the session, given that the interviewer was also the one who conducted the session. This was perhaps, evidenced by

the fact that most participants did not identify anything they disliked about the session.

Lastly, the researcher uses play therapy regularly in her practice as a therapist and believes in its therapeutic potential, which undoubtedly influenced the interview questions and the aspects of the participants' experience that researcher attended to.

Response Bias

Along the same line, children tended to have a unanimously positive experience of the session. In fact, most of the children in this study did not identify any of aspects of their experience that they did not enjoy. The vast age difference between the interviewer and child participants created an inherent power difference that may have influenced children to want to please the interviewer and responded to what they perceived the interviewer might want to hear.

The challenge of verbally inquiring about children's experiences of a symbolic therapy modality was a struggle from the study's inception. The researcher wanted to include children's perspectives; however, some of the children seemed to struggle to verbally articulate their point of view. For instance, they could say that their experience was "fun", but could not explain what was fun about it. Therefore, a limitation of this study was that the child participants were not provided another medium to describe their experience, such as art.

Selection Bias

In addition, the study sample was limited to a select population of children who have been sexually abused and their non-offending parents. While the narrowed focus of the study may limit the understanding of the family play experience for other populations, it also lends strength to the study's ability to add to the knowledge of useful therapy

experiences for this select population. Lastly, the families selected to participate by the agency were likely families who could tolerate a family session and the research interview and were engaged in treatment. Consequently, the responses may only reflect the opinions of families who already possess openness to the family play therapy experience.

Implications for Future Research

As discussed in the literature review, the field of play therapy has yet to establish a solid presence among the scientific community. Despite growing research, the evidence at present is plagued with methodological problems. In addition, the young field of family play therapy has yet to undergo empirical study. Therefore, the secondary purpose of this study was to provide contextual data to inform future quantitative study of family play therapy. While the qualitative nature of this study does not produce generalizable results, the findings point to the potential therapeutic value of family play therapy. The participants of this study described several perceived benefits of family play therapy, which provides a basis for quantitative exploration of these specific factors. Additionally, it would be interesting to examine the ways in which families' presenting problems are or are not represented in their play and conversely, how their play experience does or does not translate to home life. Lastly, treatment outcome studies with multiple populations are needed to determine the efficacy of family play therapy as compared to other modalities to justify the use of family play based interventions with varying populations.

Personal Reflections

Three years ago I bought a book called, *The Healing Power of Play* (Gil, 1991).

Now, as I reflect on my experience with families who have been impacted by the painful experience of child sexual abuse, I am struck by the transformative power of play the author so eloquently described. These families entered the session carrying the weight of everyday struggles on top of the emotional pain of incest. As they allowed themselves to be open to play experience I watched them laugh and come alive. Children felt pride in their creation and parents humbly let their children lead. Additionally, watching parents work through their own discomfort so that their children could have a positive experience was inspiring and reinforced my beliefs about the resilience of families. Similarly, I learned that I had underestimated the power of traumatic experiences to compel parents to protect their children even in play. Finally, I was most touched by the opportunity to listen to the perspective of children. Their responses, while notably more concise than their parents, offered a level of honesty and wisdom that is so often unacknowledged in the literature.

References

- Axline, V. M. (1947). *Play therapy: The inner dynamics of childhood*. Boston: Houghton Mifflin.
- Axline, V. M. (1950). Play therapy experiences as described by child participants. *Journal of Counseling Psychology, 14*, 53-63.
- Bailey, C. E. (Ed.). (2000). *Children in Therapy: Using the Family as a Resource*. New York: W.W. Norton & Company.
- Baker, J. N., Tanis, H. J., & Rice, J. B. (2001). Including siblings in the treatment of child sexual abuse. *Journal of Child Sexual Abuse, 10*(3), 1-16.
- Bavin-Hoffman, R., Jennings, G., & Landreth, G. (1996). Filial therapy: Parental perceptions of the process. *International Journal of Play Therapy, 5*(1), 45-58.
- Berliner, L., & Elliott, D. M. (2002). Sexual abuse of children in the field of maltreatment. In B. Meyers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny & T. A. Reids (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 55-78). Thousand Oaks, CA: Sage.
- Bratton, S. C., & Ray, D. (2000). What research shows about play therapy. *International Journal of Play Therapy, 9*(1), 47-88.
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice, 36*(4), 376-390.
- Carey, L. (1994). Family sandplay therapy. In C. E. Schaefer & L. Carey (Eds.), *Family play therapy*. New York: Jason Aronson.

- Carroll, J. (2000). Evaluation of therapeutic play: A challenge for research. *Child & Family Social Work*, 5, 11-22.
- Carroll, J. (2002). Play therapy: The children's views. *Child and Family Social Work*, 7(3), 177-187.
- Carroll, J. (2005). International Handbook of Play Therapy: Advances in Assessment, Theory, Research, and Practice. In C. Schaefer, J. McCormick & A. Ohnogi (Eds.), *Children talk about play therapy* (pp. 197-226). Lanham, MD: Rowman and Littlefield.
- Carter, R. B., & Mason, P. S. The selection and use of puppets in counseling. *Professional School Counseling*, 1(5).
- Chapman, M. V., Wall, A., & Barth, R. P. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry*, 74(3), 293-304.
- Chasin, R. (1989). Interviewing families with children: Guidelines and suggestions. *Journal of Psychotherapy & the Family*, 5(3-4), 15-30.
- Cullingford, C. (1997). Parents from the point of view of their children. *Educational Review*, 49(1), 47-56.
- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research: The search for meaning. In D. H. Sprenkle, & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 63-84). New York: Guilford Press.
- Deblinger, E., & Helfin, A. H. (1996). *Treating Sexually Abused Children and their Non-offending Parents*. Thousand Oaks: Sage.
- Finklehor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse & Neglect*, 17, 67-70.

- Erickson, E. (1963). Childhood and society (2nd ed). New York: W.W. Norton
- Foley, Y., Higdon, L., & White, J. F. (2006). A qualitative study of Filial therapy: Parents' voices. *International Journal of Play Therapy*, 15(1), 37-64.
- Fraenkel, P., Schoen, S., Perko, K., Mendelson, T., Kushner, S., Islam, S., et al. (1998). The family member speaks: Family members' descriptions of therapy for sexual abuse. *Journal of Systemic Therapies*, 17(4), 39-60.
- Friedrich, W. (2002a). An intergrated model of psychotherapy for abused children. In B. Meyers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny & T. A. Reids (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 141-157). Thousand Oaks, CA: Sage.
- Friedrich, W. (2002b). *Psychological assessment of sexually abused children and thier families*. Thousand Oaks, CA: Sage.
- Friedrich, W., Fisher, J., Dittner, C., Action, R., Berliner, L., Butler, J., et al. (2001). Child sexual behavior inventory: Normative, psychiatric, and sexual abuse comparisons. *Child Maltreatment*, 6, 37-49.
- Garza, Y., & Bratton, S. C. (2005). School-based child-centered play therapy with hispanic children: Outcomes and cultural considerations. *International Journal of Play Therapy*, 14(1), 51-79.
- Gil, E. (1991). *The Healing Power of play: Working with Abused Children*. New York: Guilford.
- Gil, E. (1994). *Play in Family Therapy*. New York: Guilford.
- Gil, E. (2003). Play genograms. In C. F. Sori & L. L. Hecker (Eds.), *The therapist's*

notebook for children and adolescents: Homework, handouts, and activities for use in psychotherapy. New York: Haworth Press.

Gil, E., & Rubin, L. (2005). Countertransference play: Informing and enhancing therapist self-awareness through play. *International Journal of Play Therapy*, 14(2), 87-102.

Gil, E., & Sobol, B. (2000). Engaging families in therapeutic play. In C. E. Bailey (Ed.), *Children in therapy: Using the family as a resource* (pp. 341-382). New York: W. W. Norton.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Glaser, D. (1991). Treatment issues in child sexual abuse. *British Journal of Psychiatry*, 159, 769-782.

Gordon, D. (1995). Training psychology students in using play for family and assessment *The Family Psychologist*, 11(3), 19-22.

Green, E. J., & Christensen, T. M. (2006). Elementary school children's perceptions of play therapy in school settings. *International Journal of Play Therapy*, 15(1), 67-85.

Hall, T. M., Kaduson, H. G., & Schaefer, C. E. (2002). Fifteen effective play therapy techniques. *Professional Psychology: Research and Practice*, 33(6), 515-522.

Hetzel-Riggin, M. D., Brausch, A. M., & Montgomery, B. S. (2007). A meta-analytic investigation of therapy modality outcomes for sexually abused children and adolescents: An exploratory study. *Child Abuse & Neglect*, 31, 125-141.

- Hibbard, R. A., Ingersoll, G. M., & Orr, D. P. (1990). Behavior risk, emotional risk, and child abuse among adolescents in a nonclinical setting. *Pediatrics*, 86, 896-901.
- Hill, A. (2001). No one else could understand. *British Journal of Social Work*, 31, 385-397.
- Hill, A. (2003). Issues facing brothers of sexually abused children: implications for professional practice. *Child & Family Social Work*, 8(4), 281-290.
- Hill, A. (2006). Play therapy with sexually abused children: Including parents in therapeutic play. *Child & Family Social Work*, 11, 316-324.
- Irwin, E. C. (1985). Puppets in therapy: An assessment procedure. *American Journal of Psychotherapy*, XXXIX(3), 389-400.
- Irwin, E. C., & Malloy, E. S. (1994). Family puppet interview. In C. E. Schaefer & L. Carey (Eds.), *Family Play Therapy* (pp. 21-33). New York: Jason Aronson.
- Johnson, S. M. (1997). The use of art and play therapy with victims of sexual abuse: A review of the literature. *Family Therapy*, 24(2), 101-113.
- Jones, K. D. (2002). Group play therapy with sexually abused preschool children: Group behaviors and interventions. *Journal for Specialist in Group Work*, 27(4), 377-389.
- Keith, D., & Whitaker, C. (1994). Play therapy: A paradigm for work with families. In C. Schaefer, & L. Carey (Eds.), *Family play therapy* (pp. 185-202). Northvale, NJ: Jason Aronson.
- Kelly, M. M. (1995). Play therapy with sexually traumatized children: Factors that promote healing. *Journal of Child Sexual Abuse*, 4(3), 1-11.

- Kelly, M. M., & Odenwalt, H. C. (2006). Treatment of sexually abused children. In C. E. Schaefer & H. G. Kaduson (Eds.), *Contemporary Play Therapy: Theory, Research, and Practice* (pp. 186-211). New York: Guilford Press.
- Kendall-Tackett, K. A., & W. L. M., & Finklehor, D. (1993). The impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164-180.
- Kot, S., Landreth, G., & Giordano, M. (1998). Intensive child-centered play therapy with child witnesses of domestic violence. *International Journal of Play Therapy, 7*(2), 17-36.
- Lambert, S., Ray, D., LeBlanc, M., Baggerly, J., Mullen, J., & Kaplan, D. (2005). Learning more about those who play in session: The National Play Therapy in Counseling Practices Project (Phase I). *International Journal of Play Therapy, 14*(2), 7-23.
- Landreth, G. (Ed.). (2001). *Innovations in Play Therapy: Issues, Process, and Special Populations*. Philadelphia: Brunner-Routledge.
- Landreth, G. L. (2002). *Play therapy: The art of the relationship* (2nd ed.). Philadelphia: Brunner/Routledge.
- LeBlanc, M., & Ritchie, M. (1999). Predictors of play therapy outcomes. *International Journal of Play Therapy, 8*(2), 19-34.
- LeBlanc, M., & Ritchie, M. (2001). A meta-analysis of play therapy outcomes. *Counseling Psychology Quarterly, 14*, 149-163.

Massat, C. R., & Lundy, M. (1998). "Reporting costs" to nonoffending parents in cases of intrafamilial child sexual abuse. *Child Welfare League of America, LXXVII*(4), 371-388.

McGoldrick, M. & Gerson R. (1985). *Genograms: Assessment and Intervention*. W. W. Norton: New York.

Miller, W. (1994). Family play therapy: History, theory, and convergence. In C. Schaefer & L. Carey (Eds.), *Family Play Therapy* (pp. 3-19). Northvale, NJ: Jason Aronson.

Monahan, K. (1997). Crocodile talk: Attributions of incestuously abused and nonabused sisters. *Child Abuse & Neglect, 21*(1), 19-34.

Muro, J., Ray, D., Shottelkorb, A., Smith, M. R., & Blanco, P. J. (2006). Quantitative analysis of long-term child-centered play therapy. *International Journal of Play Therapy, 15*(2), 35-58.

Newberger, C. M., Gremy, I. M., Wateraux, C. M., & Newberger, E. H. (1993). Mothers of sexually abused children: Trauma and repair in longitudinal perspective. *American Journal of Orthopsychiatry, 63*(1), 92-102.

Nichols, M. P., & Schwartz, R. C. (1998). Family therapy: Concepts and methods (6th ed.): Allyn & Bacon.

O'Connor, K. J. S., C. E. . (1994). *Handbook of Play Therapy* (Vol. 2). New York: Wiley.

Piaget, J. (1969). *The mechanisms of perception*. New York: Basic Books.

Perez, C. L. (1988). A comparison of group play therapy and individual therapy for sexually abused children. *Dissertation Abstracts International, 48*(3079).

- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of American Academy of Child Adolescent Psychiatry*, 42(3), 269-278.
- Ray, D. C. (2006). Evidenced-Based Play Therapy. In C. E. Schaefer & H. G. Kaduson (Eds.), *Contemporary Play Therapy: Theory, Research, and Practice* (pp. 136-157). New York: Guilford Press.
- Rogers, C. (1951). *Client-centered therapy*. Boston: Houghton-Mifflin.
- Schaefer, C. E., & Carey, L. (Eds.). (1994). *Family Play Therapy*. Northvale, NJ: Jason Aronson.
- Shadish, W., Ragsdale, K., Glaser, R., & Montgomery, L. (1995). The efficacy and effectiveness of marital and family therapy: A perspective from meta-analysis. *Journal of Marital and Family Therapy*, 21, 345-358.
- Shen, Y. (2002). Short term play therapy with Chinese earthquake victims: Effects on anxiety, depression, and adjustment. *International Journal of Play Therapy*, 11(1), 43-63.
- Smith, A., Duncan, J., & Marshall, K. (2005). Children's perspectives on their learning: Exploring methods. *Early Child Development and Care*, 175(6), 473-487.
- Smith, D. W., & Saunders, B. E. (1995). Personality characteristics of father/perpetrators and non-offending mothers in incest families: individual and dyadic analyses. *Child Abuse & Neglect*, 19(5), 607-617.
- Stith, S. M., Rosen, K. H., McCollum, E. E., Coleman, J. U., & Herman, S. A. (1996). The voices of children: Preadolescent children's experiences in family therapy. *Journal of Marital and Family Therapy*, 22(1), 69-86.

- Sweeney, D. S., & Landreth, G. L. (2003). Child-centered play therapy. In C. E. Schaefer (Ed.), *Foundations of Play Therapy* (pp. 76-98). Hoboken, NJ: John Wiley & Sons, Inc.
- Swift, C. (2001). The emergence of the field of family play therapy and its possible effectiveness with families with physical child abuse: California School of Professional Psychology, Alameda.
- Trepper, T. S., & Nieder, D. M. (1996). Intrafamilial Child Sexual Abuse. In F. W. Kaslow (Ed.), *Handbook of Relational Diagnosis and Dysfunctional Family Patterns* (pp. 394-406). New York: Wiley & Sons, Inc.
- Trepper, T. S., & Barrett, M. J. (1989). *The Systemic Treatment of Incest*. New York: Brunner/Mazel, Inc.
- Trepper, T. S., Niedner, D., Mika, L., & Barrett, M. J. (1996). Family characteristics of intact sexually abusing families: An exploratory study. *Journal of Child Sexual Abuse*, 5(4), 1-18.
- Trzcinski, E. (2002). Middle school children's perceptions on welfare and poverty: An exploratory, qualitative study. *Journal of Family and Economic Issues*, 23(4), 339-358.
- Tyndall-Lind, A., Landreth, G., & Giordano, M. A. (2001). Intensive group play therapy with child witnesses of domestic violence. *International Journal of Play Therapy*, 10(1), 53-83.
- Wachtel, E. (1994). An integrative approach to working with troubled children and their families. In C. Schaefer & L. Carey (Eds.), *Family Play Therapy*. Northvale, NJ: Jason Aronson.

Weisz, J. R., & Weiss, B. (1993). *Effects of Psychotherapy with Children and Adolescents*. London: Sage.

White, J., & Allers, C. T. (1994). Play therapy with abused children: A review of the literature *Journal of Counseling & Development*, 73, 390-394.

Appendix A

Sample Interview Questions (Child)

1. Can you tell me a little about what you just did in the session with your parent(s) (and brother or sister)?
2. What was the story about?
3. What did you like about this therapy session?
4. What didn't you like?
5. What was it like to make up a story with your parent?
6. What did you notice about your parent(s)?
7. How was this different than other times you have come here for therapy?
8. What advice would you give other kids if they had a therapy session with their parent?

Appendix B

Sample Interview Questions (Parent)

1. What were some of your expectations or thoughts about participating in the play therapy session with your child before the session began?
2. What was that experience like for you to participate in the session with your child?
3. What did you like about the session?
4. What didn't you like?
5. What was it like to create the story with puppets and then act it out?
6. What do you think of the story you created?
7. What did you learn or notice about your child?
8. What advice would you give to other therapists working with parents and children?
9. What did (or could) the therapist do to help you have a successful family play therapy experience?

Appendix C

IRB Approval Letter



Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24061
540/231-4991 Fax 540/231-0959
e-mail moored@vt.edu
www.irb.vt.edu

DATE: November 26, 2007

FWA00000572 (expires 1/20/2010)
IRB # is IRB00000667

MEMORANDUM

TO: Eric E. McCollum
Catherine McMonigle

Approval date: 11/12/2007
Continuing Review Due Date: 10/27/2008
Expiration Date: 11/11/2008

FROM: David M. Moore 

SUBJECT: IRB Full IRB Approval: "Parents' and Children's Experiences in Family Play Therapy", IRB # 07-548

The above referenced protocol was submitted for full review and approval by the IRB at the November 12, 2007 meeting. The board had voted approval of this proposal contingent upon receipt of responses to questions raised during its deliberation. Following receipt and review of your responses, I, as Chair of the Virginia Tech Institutional Review Board, have, at the direction of the IRB, granted approval for this study for a period of 12 months, effective November 12, 2007.

Approval of your research by the IRB provides the appropriate review as required by federal and state laws regarding human subject research. As an investigator of human subjects, your responsibilities include the following:

1. Report promptly proposed changes in previously approved human subject research activities to the IRB, including changes to your study forms, procedures and investigators, regardless of how minor. The proposed changes must not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
2. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
3. Report promptly to the IRB of the study's closing (i.e., data collecting and data analysis complete at Virginia Tech). If the study is to continue past the expiration date (listed above), investigators must submit a request for continuing review prior to the continuing review due date (listed above). It is the researcher's responsibility to obtain re-approval from the IRB before the study's expiration date.
4. If re-approval is not obtained (unless the study has been reported to the IRB as closed) prior to the expiration date, all activities involving human subjects and data analysis must cease immediately, except where necessary to eliminate apparent immediate hazards to the subjects.

Important:

If you are conducting **federally funded non-exempt research**, this approval letter must state that the IRB has compared the OSP grant application and IRB application and found the documents to be consistent. Otherwise, this approval letter is invalid for OSP to release funds. Visit our website at <http://www.irb.vt.edu/pages/newstudy.htm#OSP> for further information.

cc: File

Department Reviewer: Angela J. Huebner

Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE UNIVERSITY AND STATE UNIVERSITY
An equal opportunity, affirmative action institution

Appendix D

Consent Forms

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Parents' and Children's Experiences of Family Play Therapy

Investigator(s): Catherine McMonigle

I. Purpose of this Research/Project

The purpose of this study is to learn about the experiences families have in family play therapy. This study will interview 5-7 children, ages 7-12 and their non-offending parents/guardians about their experience in a 60-minute family play therapy session. By speaking with children and their families directly the researcher will learn:

- What participants like and do not like about family play therapy
- What it is like to play their child or parent in a therapy session.

II. Procedures

You will participate in a 60-minute family play therapy session with your child, conducted by a trained play therapist at the agency where you are currently receiving services. You and your child will be asked to create a story using hand puppets and act out your story in character for the therapist. Following your session, the researcher will interview you and your child separately about your experience in the family play session. Your child will be interviewed for 20-25 minutes and you will be interviewed for 30 minutes. You will be mailed a copy of their interview, so you may review your responses and have the opportunity to change any response that does accurately reflect your feelings or opinions.

III. Risks

There is a potential risk that you or your child may become upset or emotionally distressed by the process of creating a puppet story or by the content of the story created. The therapist and researcher will continually check-in with you and your child to ensure your comfort in continuing in the study and will allow time to process difficult emotions if needed. If at any time you or your child wishes to end the session or not respond to any interview question, you may do so without penalty or loss of services. You will also be given referrals to community resources.

IV. Benefits

While no promise or guarantee of benefits have been made to encourage you to participate, you and your child may gain several important benefits from their participation:

- You will have the opportunity to spend 1 hour playing with your child in a positive and safe environment.
- You will have the opportunity to share your opinions and experiences with researchers and therapists that will be used to help them improve their work with families.

V. Extent of Anonymity and Confidentiality

No names will appear on the interview transcripts. All results will be reported in a way that will protect you and your child's identity. Only those people directly involved in the study will have access to the study information. Photos of the family session will be given back to you immediately after you and your child's interview. Interviews will be audio taped and transcribed by the researcher for the purpose of reviewing your responses in depth. The tapes and transcripts will be stored in a locked cabinet to which only the investigator and advisor have a key. Audiotapes will be destroyed at the end of the study.

All study information will be kept confidential except in cases where child abuse is suspected or if you or your child lead the therapist or researcher to believe that you or your child may be a threat to themselves or to someone else. If child abuse or threats are suspected, the therapist and/or researcher are required by law to inform the appropriate authorities.

It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation

There will be no compensation for participating in the study; however you will receive a free play therapy session for you and your child during the study.

VII. Freedom to Withdraw

Participation in this study is completely voluntary. Whether or not your child participates is up to you and your child. Participation will not be allowed without written consent from both you and your child. You may refuse to allow your child to participate. You may also withdraw from the family play therapy session or interview at any time without any penalty to you or your child. You or your child may refuse to answer any question without consequence.

VIII. Subject's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities:

- Attend a 60 minute family play therapy session with my child
- Participate in a 30 minute interview about my experiences in the session
- Wait in the building while my child is interviewed for about 20 minutes

IX. Subject's Permission

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

Subject Signature _____ Date _____

Should I have any pertinent questions about this research or its conduct, and research subject's rights, and whom to contact in the event of a research-related injury to the subject, I may contact:

Catherine L. McMonigle	(253) 279-1847	clm@vt.edu
Dr. Eric McCollum	(703) 538-8463	emccollu@vt.edu
Investigator(s)	phone	email
Dr. Angela J. Huebner	(703) 538-8491	ahuebner@vt.edu
Departmental Reviewer	phone	email
David M. Moore	(540)231-4991	moored@vt.edu
Chair, Virginia Tech	phone	email
Institutional Review Board for the Protection of Human Subjects Office of Research Compliance— (0442) Research Division		

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Parent Permission Form

Title of Project: Parents' and Children's Experiences in Family Play Therapy

Investigator(s): Catherine L. McMonigle, Dr. Eric McCollum

I. Purpose of this Research/Project

The purpose of this study is to learn about the experiences families have in family play therapy. This study will interview 5-7 children, ages 7-12 and their parent/guardian about their experience in a 60-minute family play therapy session. By speaking with children and their families directly the researcher will learn:

- What participants like and do not like about family play therapy
- What it is like to play with their child or parent in a therapy session.

II. Procedures

- Children will be asked to participate in a family play therapy session with their parent. The therapy session will last about 60 minutes.
- Children will be asked to make-up a story with their parent using hand puppets and act out the story for the therapist.
- The therapist will take a photo of the child and parent holding the puppets used in their story to help them remember their session 2-3 days later at the interview.
- Children will be interviewed 2-3 days after their family play therapy session by the researcher. The interview will last about 20 minutes. The interview will be audio taped.
- The audiotapes will be destroyed at the end of the study.
- The photo will be given back to the parent immediately after the parent and child interviews.
- Children will be asked to talk about their feelings and thoughts about their family play therapy experience. They will also be asked to share what they liked or do not like about the family play therapy experience.

III. Risks

Your child may become upset or emotionally distressed by the process of creating a puppet story or by the content of the story created. Additionally, there is a potential risk that your child may become upset being interviewed without you present in the room, in which case your child will have the option of you staying in the room with them. The therapist and researcher will continually check-in with your child to ensure their comfort in continuing in the study and will allow time to process difficult emotions if needed. If at any time you or your child wishes to end the session or not respond to any interview question, you may do so without penalty or loss of services. You will also be given referrals to community resources as needed.

IV. Benefits

While no promise or guarantee of benefits have been made to encourage you to participate, you and your child may gain several important benefits from their participation:

- You and your child will have the opportunity to spend 1 hour playing together in a positive and safe environment.
- You and your child will have the opportunity to share their opinions and experiences with researchers and therapists that will be used to help them improve their work with families.

V. Extent of Anonymity and Confidentiality

No names will appear on the interview transcripts. All results will be reported in a way that will protect your child's identity. Only those people directly involved in the study will have access to the study information. Photos of the family session will be given back to you immediately after you and your child's interview. Audiotapes will be destroyed at the end of the study.

All study information will be kept confidential except in cases where child abuse is suspected or participants lead the therapist or researcher to believe that they may be a threat to themselves or to someone else. If child abuse or threats are suspected, the therapist and/or researcher are required by law to inform the appropriate authorities.

VI. Compensation

There will be no compensation for participating in this study.

VII. Freedom to Withdraw

Participation in this study is completely voluntary. Whether or not your child participates is up to you and your child. Participation will not be allowed without written consent from both you and your child. You may refuse to allow your child to participate. You may also withdraw your child from the family play therapy session or interview at any time without any penalty to you or your child. Your child may refuse to answer any question without consequence.

VIII. Subject's Responsibilities

- Your child is asked to participate in a family play therapy session with their parent. The therapy session will last about 60 minutes.
- Your child will be asked to make-up a story with their parent using hand puppets and act out the story for the therapist.
- Your child will be interviewed 2-3 days after their family play therapy session by the researcher. The interview will last about 20 minutes.
- Your child will be asked to talk about their feelings and thoughts about their family play therapy experience. They will also be asked to share what they liked or do not like about the family play therapy experience.

IX. Parent's Permission

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for my child to participate:

Date _____

Parent Signature

Should I have any pertinent questions about this research or its conduct, and research subject's rights, and whom to contact in the event of a research-related injury to the subject, I may contact:

Catherine L. McMonigle	(253) 279-1847	clm@vt.edu
<u>Dr. Eric McCollum</u>	(703) 538-8463	emccollu@vt.edu
Investigator(s)	phone	email
<u>Dr. Angela J. Huebner</u>	(703) 538-8491	ahuebner@vt.edu
Departmental Reviewer	phone	email
David M. Moore	(540)231-4991	moored@vt.edu
Chair, Virginia Tech	phone	email
Institutional Review Board for the Protection of Human Subjects Office of Research Compliance—CVM Phase II (0442) Research Division		

Minor's Assent Form

Title of Project: Redefining Family Therapy: Parents' and Children's Experiences of Family Play Therapy

Investigator(s): Catherine L. McMonigle, Dr. Eric McCollum

The purpose of this study is to learn about the experiences families have in family play therapy. By speaking with children and their families directly the researcher will learn:

- (1)What participants like and do not like about family play therapy
- (2)What it is like to play with their child or parent in a therapy session.

If at any time while I am taking part in the family therapy session or interview, I no longer wish to participate I am free to withdraw from the study. If I have any questions I will ask the therapist or researcher. I understand that:

1. I will be asked to participate in a family play therapy session with my parent. The therapy session will last about 60 minutes. I will be asked to make up a story, using hand puppets with my parent and act the story for the therapist.
2. I will be asked to talk about my thoughts and feelings about my family therapy session. I will be asked what I like and do not like about the family play therapy session.
3. The session will be audio-taped.
4. The therapist will take a photo of me and my parent holding the puppets we used in our puppet story.
5. Everything I say will be kept private. While things I say may be quoted, my name will never be connected with a specific comment.
6. The family photo will be given to my parent/guardian when the interview is over.
7. All the audio-tapes will be erased when the study is over.

By signing below, I am agreeing to the use of my data in this study.

Minor's Name (please print): _____

Minor's signature _____ Date: _____

Principle Investigator's Signature _____ Date: _____

Appendix E

Waiver of Confidentiality

I, _____ authorize my therapist, _____
(Print Full Name) (Name of Therapist)

to provide the researcher with my name, my child's name, and my phone number and address. I will be contacted to learn more about the study and its requirements so that I can decide whether I wish to participate in the study. My contact information will not be shared with anyone and will be kept confidential.

I understand that I am under no obligation to sign this waiver and if I choose not to sign, my child and I can continue services at _____.

(Name of Agency)

Signature _____

Date _____

The best time to contact me is _____

The best number to contact me is _____