

Play Therapy and Parent Consultation: A Review of Best Practices

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Introduction

Parent involvement is one of the strongest factors in a child's well-being. Furthermore, parent involvement in a child's therapy has been linked to greater satisfaction in the counseling process and a decrease in the child's problem behaviors (Kottman, 2001b, 2003; Landreth & Bratton, 2006; McGuire & McGuire, 2001). If parents are left out of the counseling process, there will be less cooperation and support for the child returning or continuing counseling (O'Conner, 2000). After an extensive review of play therapy literature, we noted a noticeable gap in the literature pertaining to the process of parent consultations using the child-centered play therapy model. The most recent literature on the topic of parent consultations was added in 2006 (Cates, Paone, Packman, & Margolis, 2006) and there has not been any literature specifically on the topic of child-centered play therapy and parent consultation. The purpose of this article is to (a) provide an overview of the process of parent consultation when used in conjunction with child-centered play therapy, (b) suggest other forms of parent consultations that can be used by child-centered play therapists to facilitate more effective consultations, (c) examine how to overcome resistance to parent consultation by both parents and therapists, and (d) identify gaps in the current literature regarding parent consultations.

Client-Centered Counseling

According to Rogers (1957), the client-counselor relationship is "necessary and sufficient" for client growth to overcome unhealthy ways of being (p. 1). Rogers believed that the six core conditions of a therapeutic relationship allow the client to develop

increased self-confidence, become less dependent on others, develop a greater ability to solve their own problems, and also experience a decrease in stress and anxiety in their life (Raskin, Rogers, & Witty, 2008). Of the six core conditions, three are provided by the counselor and three are perceived by the client. The counselor's core conditions include (a) genuineness or congruence between what the counselor is feeling and expressing and the counselor's underlying beliefs; (b) unconditional positive regard for the client; and (c) empathy, or a desire to deeply understand the client's thoughts, feelings, and experiences. The conditions perceived by the client to facilitate growth include the client and therapist are in contact through counseling sessions, the client is in a state of incongruence in his or her life, and the client must be able to perceive the core conditions provided by the counselor (Rogers, 1961). Rogers stated that once these core conditions were met by the counselor and perceived by the client, the client could begin to freely explore his or her experiences. Rogers valued the therapeutic relationship and believed that client change occurred as a result of it. Rogers' development of client-centered therapy focused on counseling with adults. In the 1980s Garry Landreth created child-centered play therapy out of the research conducted by Virginia Axline. Axline developed her model based on Rogers' tenets of person-centered therapy.

Child-Centered Play Therapy

According to the United Nations High Commission for Human Rights, play is both an integral aspect to children's development and a right for all children (Ginsberg, 2007). In today's society, the amount of time children are allowed to play has decreased dramatically and what constitutes play has changed from free, unstructured play to educational and enrichment activities. Children utilize play for behavioral, emotional, social, and cognitive growth. Ginsberg (2007) noted that unstructured play allows children to gain mastery in various tasks; express feelings, thoughts, and behaviors in response to events and significant others; and express and overcome fears. Children will also gain new skills for relating to others, along with skills related to sharing and conflict resolution. Ginsberg also stated that when this play is directed by adults, children do not experience the freedom to explore and develop; rather, children are expected to simply follow adult direction and rules.

The Association for Play Therapy (APT; 2009) defined play therapy as "the systematic use of a theoretical model to establish interpersonal process in which trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (para. 2). Play therapy is an approach in which a play therapist communicates with children at their developmental level using specific toys, art, and games within a safe environment. This allows children the opportunity to explore their feelings, increase positive interactions with others, and develop appropriate social skills using their natural form of communication (Kottman, 2003; Landreth, 2002).

Play therapy, and more specifically child-centered play therapy, is a "dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provide selected play materials and a safe, therapeutic environment in which the child is able to explore and fully express himself or herself" (Landreth, 2002, p. 16). Play is a child's natural form of communication and is utilized by the counselor to

help the child grow and develop to his or her full potential (Kottman, 2001a; Landreth, 2002). Landreth (2002) encouraged parents and counselors to recognize that play is a child's language and toys are their words. Play is natural for a child and should be respected and understood rather than forcing a child to communicate verbally (Landreth, 2002). Play therapy meets children at their developmental level and allows children to express their emotions, work through difficult past experiences, and gain mastery over tasks in a safe and therapeutic environment. The child-centered play therapy literature specifies how play sessions should unfold, how to identify themes in the child's play, and how the counselor responds in the play room, but there is minimal direction about conducting a parent consultation. One useful way to include parents in the play therapy process is through a thorough parent consultation.

Parent Consultation

According to Campbell (1993), the goal of parent consultation is to solve a behavioral, attitude, or social problem a child is experiencing. Change in the child's problem is expected by both parents and counselor, along with change in the parents' communication and interaction with the child. Parents may become hesitant about making changes and, therefore, the parent consultation session may be seen as threatening. When parents perceive the consultation as threatening, the counselor may experience resistance from parents. One way counselors can reduce this potential perception of parents is to help parents understand the counseling process and engage them in the parent consultation by helping them see themselves as partners in helping their child.

Conducting a Parent Consultation

Landreth (2002) stated that the most important aspect of conducting a parent consultation is helping parents understand the process of play therapy and gaining parents' cooperation and engagement of the process. Regular parent consultations about the child's progress can help parents feel included in the counseling process. McGuire and McGuire (2001) reported that the goal of parent consultation is to educate parents on how to better relate to their child and also to explain the process and goals of play therapy. Educating parents begins with the first phone call and meeting, and continues throughout the counseling process until termination.

Initial session and beyond. According to Cates et al. (2006), parents who are informed about the process of play therapy, are in agreement of the child's therapeutic goals, and recognize the benefits of play therapy, are more likely to continue bringing their child to play therapy and complete tasks at home to build upon the gains the child is making in the play sessions. Parents may understand their role as parent, but they may be unfamiliar with the play therapy process. Therefore, it is the counselor's job to teach parents about the process during the first intake session and some of the difficulties children may have in separating from their parents (APT Ethics and Practices Committee, 2001; Haworth, 1982; Landreth, 2002). In parent consultation, it is important for the counselor to affirm and encourage positive parenting skills and the effort exerted by parents to facilitate change, along with demonstrating to parents that they are the experts

in regard to their child and they have extensive knowledge about the child's behaviors and attitudes (McGuire & McGuire, 2001; Sori, Dermer, & Wesolowski, 2006).

Cates et al. (2006) provided general guidelines play therapists can use when contacting parents and in conducting parent consultations. They stressed that play therapists use attending skills when speaking with parents, either by phone or face-to-face, to help parents feel understood and respected. During the initial phone conversation or intake session, Cates et al. encouraged play therapists to explain the play therapy process along with the fee schedule, benefits of play therapy versus talk therapy, session lengths, and how parents will be involved. During the initial session, the counselor should meet with the parents separately from the play therapy session so that concerns can be shared freely with the counselor and rapport with the parents can be initiated (Cates et al., 2006; McGuire & McGuire, 2001). The play therapist needs to inform and explain the limits of confidentiality and provide a rationale and explanation of play therapy within the informed consent document (APT Ethics and Practices Committee, 2001). Another best practice during the first session is for another counselor to conduct the initial parent consultation and obtain the background information at the beginning of the play therapy process, so not to "color" the therapist's perceptions of the child (Landreth, 2002, p. 153). The play therapist should work on educating parents regarding normal child development and behaviors so that parents can better understand their child and provide unconditional love and positive regard (McGuire & McGuire, 2001). Many times counselors do not have the option of having another counselor conduct the initial parent consultation. When a counselor does not have this option, it is beneficial for the counselor to record all relevant information the parent wishes to provide prior to the child's first play session (e.g., at intake). At the same time, when meeting the child for the first play session, it is important to put aside all preconceived biases and beliefs about the child that came from the initial parent consultation so that the counselor's views of the child are not unduly influenced.

In the initial sessions of counseling and parent consultations, it is important for the play therapist to help parents understand how play therapy will be beneficial for the child and how they are to be involved in the process. Therefore, parents are more inclined to be supportive and collaborative with the play therapist. Faculty and students at the University of North Texas counseling clinic created a brochure to be used in initial sessions with parents to help them understand the process of play therapy, understand the child's behavior, and described the parent's involvement in the counseling process. The brochure can be utilized as a tool for play therapists to use in helping parents recognize the value and benefits of play therapy (Center for Play Therapy, 2009). Whereas there is little discussion regarding the use of parent consultation within the child-centered model, play therapists may benefit from the integration of other approaches to create effective and beneficial parent consultations (Kottman, 2001a, b; Kottman, 2003; Shaw & Magnuson, 2006).

Alternative methods for conducting parent consultations. Shaw and Magnuson (2006) identified a short-term behavioral and solution-focused approach to conducting parent consultations. This approach was created from behavioral, solution-focused brief therapy and Adlerian principles. In this approach, the play therapist meets with parents for the first 10 minutes of the session for a consultation and then spends the remaining 45 minutes with the child in the play therapy session. The five tasks for play

therapists in this parent consultation model include: (a) working from a consultation model to help the parents identify solutions for the child's behaviors; (b) defining the child's behaviors in specific, measurable terms; (c) using solution-focused language rather than problem-focused language; (d) using positive reinforcement and encouragement to increase successful outcomes within the family system; and (e) helping parents recognize the child's goals of misbehavior and teach the parents how they can respond to the child differently so the child's needs are met in a positive manner (Shaw & Magnuson, 2006). Some limitations associated with this approach include difficulty engaging the cooperation of parents in 10-minute weekly consultation sessions, and recognizing that some parents may need more than the allotted 10-minute sessions to learn new and effective parenting skills to address the child's challenges (Shaw & Magnuson, 2006). Conversely, a strength of this approach includes the weekly reinforcement and encouragement the parents receive in the development of parenting skills. Another strength of this method is the opportunity for the counselor and parent to create solutions to the problems they are encountering. This leads to a decrease in the parents' stress level, and the parents can understand the importance of being involved in their child's therapy and may more willingly engage in intensive parent education programs, such as filial therapy (Shaw & Magnuson, 2006).

Filial therapy involves parents in the counseling process and incorporates relationship skills that strengthen the parent-child relationship (Kottman, 2001b; Landreth, 2002). Filial therapy teaches parents how to utilize play therapy techniques in interacting with their child, reflect the child's feelings so that he or she feels heard and accepted, and set appropriate limits on behavior (Landreth & Bratton, 2006). An evidence-based treatment, filial therapy seeks to build the parent-child relationship, build parent confidence, and decrease parental stress (Kottman, 2001b, 2003; Landreth, 2001, 2002; Landreth & Bratton, 2006). Filial therapy is both a therapeutic intervention and a preventative measure whereby parents are trained to be the therapeutic agent of change in their child's life (Guerney, 1964; Landreth & Bratton, 2006). In Landreth's intensive 10-week filial therapy model, Child Parent Relationship Training (CPRT), parents meet for bi-weekly training groups, 2 hours per session, to learn basic play therapy skills using a specialized kit of toys (Landreth & Bratton, 2006). Parents are taught skills such as recognizing the child's feelings; demonstrating acceptance, empathy, and encouragement of the child; and mastering limit setting skills to facilitate both child and parent growth.

Adlerian play therapists also actively involve the parents, teachers, and other significant adults in the play therapy process to help the child achieve therapeutic goals (Kottman, 1997). The goals of Adlerian play therapy are achieved as the child moves through the four phases of therapy: (a) developing an egalitarian, encouragement-focused therapeutic relationship; (b) helping clients explore and understand their style of life; (c) helping clients gain insight into their style of life and mistaken goals; and (d) helping clients create a plan to change their behaviors and attitudes (Kottman, 1997). In Adlerian play therapy, the play therapist meets with parents regularly to continually learn about and assess the child's style of life, goals, and private logic (Kottman, 1997). In the first phase of therapy, the play therapist meets with parents to listen to their story and begin to build a trusting relationship with little change in the parents' parenting style. The second phase consists of the play therapist continuing to gain insight into the parents' style of life and does not push for change in parenting techniques or skills. Next, the play therapist

works with parents to recognize parenting and style of life issues that keep parents from making healthy parenting choices, and the play therapist is direct in creating change and facilitating insight for the parents. Finally, in the last phase of therapy, the goal of the parent meetings is to reeducate parents on effective parenting practices, facilitate change within the parent-child dynamic through encouragement, and teach parenting skills (Kottman, 2001a). During these regularly scheduled parent meetings, the play therapist also assesses parenting skills, identifies ongoing personal issues the parents are coping with, and evaluates how effectively the parents are using their parenting skills on a day-to-day basis. Overall, the Adlerian play therapist is in regular contact with the parents or other significant adults in the child's life in order to better understand how the child is progressing as well as to help parents develop more effective parenting skills for interacting with the child (Kottman, 2003).

Ethical considerations of parent consultations. To build a working relationship with parents, the play therapist needs to follow ethical guidelines when conducting parent consultations (APT Ethics and Practices Committee, 2001). These ethical guidelines that include confidentiality, how the play therapy process will proceed, and mandatory reporting procedures need to be explained to the parent during the informed consent process. A play therapist has to be mindful that they are providing care and support to both the child and parent. Although the child needs protection and privacy, the parent also has the right to be aware of the goals of therapy and how the child is progressing. In the Association for Play Therapy Ethics and Practices Committee article on "Consultations with Parents of Minors" (2001), the committee noted that respecting the child's confidentiality can be one of the most difficult dilemmas faced by play therapists when conducting parent consultations. Discussing with the parent the process of play therapy, how parent consultations will proceed, and mandatory reporting procedures, can help the play therapist explain the child's progress, themes identified in session, and skills that can be worked on at home without breaking the child's confidentiality. The detailed content of the play sessions are not discussed during parent consultations so that the child's confidentiality is protected. Nevertheless, the play therapist is encouraged to discuss general themes and behaviors that have changed during the sessions (Sori et al., 2006).

Overcoming Resistance to Parent Consultation

Novice counselors and parents can be hesitant to engage in parent consultation for different reasons. Many novice counselors do not believe they have adequate training in working with adults and cannot relate well to parents. Also, play therapists may be resistant to conducting regular parent consultations due to their lack of understanding in conducting an effective parent consultation or a lack of understanding of the parents. Parents may be hesitant to attend a parent consultation for a variety of reasons. Campbell (1993) noted that, although a counselor may invite the parent to attend the parent consultation, it may appear to be a *summons* for the parent to attend. Parents may also be resistant to engage in the parent consultation due to personal problems, fears of personal disclosure, philosophical differences in how change occurs, social and cultural differences between parent and counselor, and a denial of their role as a parent and parenting skills (Campbell, 1993).

In addition, parents may experience a wide range of emotions and cognitions once they decide to bring their child in for counseling. Parents may experience reluctance to engaging in parent consultation if they perceive they are being forced into it, are angry and resistant to the counseling process, or are anxious and confused about counseling in general (McGuire & McGuire, 2001). Landreth (2002) noted that parents may be hesitant to bring their child into therapy. By the time they present for therapy, the problem may have escalated to an intensity that has become unmanageable by parents. It is imperative for the counselor to recognize parents' feelings associated with bringing the child to therapy (Landreth, 2002) and, by following a clear and straightforward process in conducting a parent consultation, the counselor and the parent may feel more comfortable.

According to VanFleet (2000), resistance is defined as an attitude, belief, or behavior that derails or slows the therapeutic process and stems from a combination of parent and counselor beliefs and attitudes. These beliefs and attitudes can include parental characteristics, counselor characteristics, the relationship between the parent and counselor, and the context of how the problem occurs. Parental resistance to therapy can take many forms. Expectations that the child be "fixed" quickly, parents being hostile or passive-aggressive to change, missing sessions, being late for appointments, and noncompliance with treatment or homework tasks are all forms of resistance that the play therapist needs to be aware of and work towards reducing through active listening, empathy, and understanding of the parent's perspective (VanFleet, 2000, p. 37).

There are several identified causes of resistance from parents. VanFleet (2000) reported that parents may be hesitant to become involved in parent consultations because they may not understand play therapy or have been court-ordered to attend and are resistant to being required to be in therapy. Some parents may be unwilling to change their behaviors or perceptions when working with someone from a different background, including race, gender, or education level. VanFleet suggested that play therapists recognize parental resistance as normal and natural to the change process and to help parents work through this resistance via an understanding, respectful, and collaborative relationship with the play therapist. Moreover, if a play therapist is able to develop goals that are realistic, understandable, and mutually agreed upon by both the play therapist and parents, then less resistance would occur as the parent feels understood and a part of the therapeutic process.

Counselors can do several things to reduce fears of a parent consultation and overcome resistance by parents. These include setting a positive tone, reframing a problem or mistake into a learning opportunity, identifying strengths of both the child and parents, using empathy in building rapport and trust with parents, and creating an egalitarian relationship with parents where both parents and counselor learn from each other about what works best for the child (Campbell, 1993). A child-centered play therapist can easily use these methods to reduce parents' fears of consultation and create a beneficial therapeutic relationship.

Multicultural Implications of Parent Consultations

According to Semrud-Clikeman (1995), it is important for counselors to be aware and respectful of cultural differences and interaction styles of clients, especially during

parent consultations. If a play therapist is not respectful of cultural differences, parents may be less engaged and cooperative in the play therapy process. A play therapist may gain a better understanding of cultural differences through consultations with culturally competent colleagues or seeking individual supervision to make sure the client and parents are treated respectfully. Another technique noted by Anderson (1997) is the not knowing stance. By developing a not knowing stance with parents, the counselor believes the parents are the experts of their child and encourages parents to discuss their ideas and beliefs about their relationship with their child. Also, it is beneficial for the play therapist to recognize that most theoretical underpinnings are based on white, European-American behaviors and interactions; clients may display behaviors considered “unhealthy” within these theories, but are viewed as healthy behaviors within their culture (Semrud-Clikeman, 1995, p. 31). When working with parents from a different cultural background, it is important for therapists to recognize the parents’ role in the family and how they interact with and perceive the child’s role (McMahon, 2009).

Conclusion

Positive parenting practices lead to positive treatment outcomes in therapy. Gains initiated in counseling carry over after counseling has ended when parents apply the relationship skills learned in consultation (Cates et al., 2006). Parents have the most important influence on the child and good rapport and trust between the counselor and parent can lead to greater involvement and consistency in the child’s therapy process (Israel, Thomsen, Langeveld, & Stormark, 2007). For maximum benefit to be achieved in play therapy, and in parent consultation, counselors need to have knowledge and understanding in the areas of parenting skills, medical and legal issues, insurance and managed care practices, developmental processes, and childhood disorders (McGuire & McGuire, 2001). The goal of play therapy is to help create change so that the child is functioning in a healthy way (Kottman, 2001a, 2001b, 2003; Landreth, 2001, 2002). Establishing a working relationship with the parents of the child in play therapy helps to ensure that the gains in play therapy are continued once counseling has terminated (McMahon, 2009).

There are various models of parent consultation available to child-centered play therapists. This article provided an overview of different models and the general requirements of beneficial and effective parent consultations. In reviewing the current literature on parent consultations, a gap in the literature was noted surrounding the topic of determining the appropriate time frame for conducting parent consultations. Play therapy authors (Kottman, 2003; Landreth, 2002) indicated different frequency schedules for parent consultations ranging from short weekly meetings to monthly visits or telephone consultations as needed. Play therapists can benefit from understanding the different models of parent consultation to best meet the needs of the client’s families.

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