

LET'S LEARN HOW TO PLAY: EXAMINING A BRIEF CHILD-PARENT  
RELATIONSHIP TRAINING WITH HIPPY (HOME INSTRUCTION FOR PARENTS OF  
PRESCHOOL YOUNGSTERS)

By

KRISTINA SOCARRAS

A THESIS PRESENTED TO THE GRADUATE SCHOOL  
OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS IN EDUCATION

UNIVERSITY OF FLORIDA

2011

© 2011 Kristina Socarras

To my parents, family, and Alan that have shown me unconditional support in everything I do

## ACKNOWLEDGMENTS

I am grateful for the support, encouragement, and guidance of my committee chair and mentor, Dr. Sondra Smith-Adcock. I would like to thank my committee members, Dr. Harry Daniels and Dr. Pete Sherrard. This thesis would not have been possible without their knowledge, guidance, and honesty. I am indebted to many of my colleagues and peers for their encouragement throughout the process of this thesis work. I would also like to thank HIPPY and the parents of HIPPY for supporting and participating in this research. Lastly, I owe my deepest gratitude to my parents, family, friends, and Alan for all of their love, support, and faith throughout my life.

## TABLE OF CONTENTS

	<u>page</u>
ACKNOWLEDGMENTS.....	4
ABSTRACT.....	7
CHAPTER	
1 INTRODUCTION.....	9
Literature Review.....	10
Low-Income Family Environment and Counseling.....	10
Child-Centered Play Therapy.....	13
Filial and Child-Parent Relationship Therapy.....	15
Multicultural Play and Filial Therapy.....	15
Theoretical Framework: Child-Parent Relationship Therapy for Diverse Families ..	17
Purpose of the Study.....	18
Research Questions.....	20
2 METHODS.....	21
Theoretical Framework.....	21
Participants.....	21
Demographic Information.....	22
Families.....	22
Procedures.....	24
Data Collection.....	26
Data Analysis.....	26
Researcher Subjectivity.....	27
Issues Related to Credibility.....	27
3 RESULTS.....	29
Pre-Interview.....	29
Parent’s Perception of Play.....	29
Description of Child and Parent-Child Relationship before Workshops.....	29
Barriers/Reactions to Attending Workshops.....	30
Goals for the Workshops.....	31
Strengths.....	31
Stressors.....	32
Barriers.....	33
Strong Need for Safety and Social Support.....	33
Cultural Issues in Counseling Services.....	34
Post-Interview.....	34
Changes Seen after the Workshops.....	34
Reactions to the Workshops.....	35

Shift in Parent's Language.....	36
4 DISCUSSION .....	37
Limitations.....	39
Implications.....	40
Concluding Remarks.....	44
APPENDIX	
A Pre-Workshop Interview Questions .....	46
B Workshop Outlines .....	47
C Workshop Materials .....	49
D Weekly Process Notes.....	67
E Post-Workshop Interview Questions.....	68
LIST OF REFERENCES .....	69
BIOGRAPHICAL SKETCH.....	72

Abstract Of Thesis Presented To The Graduate School Of The University Of Florida In Partial Fulfillment Of The Requirements For The Degree Of Master Of Arts In Education

LET'S LEARN HOW TO PLAY: EXAMINING A BRIEF CHILD-PARENT RELATIONSHIP TRAINING WITH HIPPY (HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS)

By

Kristina Socarras

December 2011

Chair: Sondra Smith-Adcock  
Major: Marriage and Family Counseling

The current study was designed to examine barriers to utilizing counseling services, and family stressors and strengths, in context of a parent-child relationship training for low-income families. The purpose of the current study was also to determine outcomes of the brief Child-Parent Relationship Training, which was designed to improve the parent-child relationship and reduce parental stress. In this study, parents involved with Gainesville HIPPY (Home Instruction for Parents of Preschool Youngsters) were interviewed before and after participating in a child-parent relationship group. Participants were required to attend three of the four workshops in order to complete the study. The data sources (pre and post-interviews, field notes, weekly process notes, and observations) were analyzed for common themes concerning needs brought up by the parents and changes seen in the participants. In general, results were positive and parents provided helpful feedback for future implementation of this intervention. Several themes emerged about the families' experiences throughout the workshops. All of the parents reported a change in themselves, their children, or the

parent-child relationship after completing the workshop. Implications and limitations of the study were discussed.

## CHAPTER 1 INTRODUCTION

The need for providing counseling services for low-income, minority families that are accessible, meet their needs, and fit the family's context, is great. In 2003, nearly 35.9 million people were living in poverty. In addition, the poverty rate for African Americans was 22.5% and 23.2% for Latinos (Baggerly, 2006). These statistics make it increasingly important to tailor counseling services to the needs of this population. Low-income families have many unique strengths, family dynamics, needs, and stressors that make them different from middle and high-income families in the United States. When providing counseling services to individuals or families affected by poverty, it is of utmost importance to be sensitive to these differences in order to provide the most useful and effective services possible.

Many times barriers that exist for minorities and low-income families to utilize counseling services are not taken into account and can lead to a high counseling drop out rate. As Schwarzbaum (2004) notes, "close to one half of Latino clients who request counseling services fail to return after the first session (p. 296)." Lyon and Budd's (2010) study in which they examined Parent-Child Interaction Therapy group in a community mental health setting that primarily serves low-income, minority families defends Schwarzbaum's claim. In the study, Lyon and Budd found clinically significant change in parenting behavior, parenting stress, and child behavior for families who completed the study. However, the study had a 67% drop out rate. Garza and Watts (2010) also noted a shortage of culturally appropriate mental health services that a) reflect the needs of children at an early age and b) use parents as therapeutic partners in delivering services (p. 108).

In summary, it is of utmost importance to create counseling programs and interventions that are adapted for a low-income, minority population due to the uniqueness of this population and their high drop out rate in counseling services. This study examined a child-parent relationship workshop that was designed to be collaborative with families in order to increase attitudes toward the value of play and improve parent-child relationships. The researchers worked closely with administrators and families affiliated with Home Instruction for Parents of Preschool Youngsters (HIPPY), a school readiness program designed to help parents prepare their 3, 4, or 5 year olds for preschool. HIPPY is designed to help parents that have limited educational and financial resources.

## **Literature Review**

### **Low-Income Family Environment and Counseling**

Families living in poverty face many stressors their middle-class counterparts may not face. The stressors low-income families face can be environmental (e.g. poor living conditions), psychosocial (e.g. increased family turmoil and violence), and community-related (e.g. community violence). Studies have found that children living below the poverty line, as defined by the federal government, experience substantially more stressors than do their middle-income peers (Evans & English, 2002). Whereas, only a few children from middle-income families experienced four or more stressors, very few of the low-income children experienced zero or one stressor (Evans & English, 2002). Stressors such as lower quality housing and greater family turmoil can lead to many negative physical, emotional, and mental health outcomes for children and families living in poverty and also are likely to impact the community at large (Evans & English,

2002). As Attree (2005) notes, “‘good’ parenting and child well-being are often undermined by the stresses associated with poverty” (p. 331).

Social support, both formal and informal, can play an important role in reducing stressors for families living in poverty. A systematic review by Attree (2005) studied the use of social support as a resource for disadvantaged families. This review found that informal support plays a big role in a family’s ability to cope with stressful situations. The informal support of family and friends provided material and emotional help as well as child-care. However, informal social support networks could also be a source of stress. Attree noted that many times the families receiving support were getting it from other families that were also living in poverty. In addition, families that felt they needed to reciprocate this form of support had lower self-esteem, more strained relationships between the families, and felt as though they were not coping well as parents (Attree, 2005).

In addition, Attree reviewed the use and efficacy of formal social support for families living in poverty. The studies she reviewed found that while many parents thought the services were helpful, parents of low-income thought the services were not shaped to their needs and were largely impractical. Another hindrance in low-income parents taking advantage of formal support services was that they felt the professionals were “not understanding or sympathetic” and “made them feel like bad parents” (p. 335). Therefore, formal social support systems were seen as most helpful when the professionals were non-judgmental, showed respect to the parents, and when the services were more practical and personal in nature. Attree states, “there is a need for low-income parents’ perspectives to be included in the planning and design of support

services to ensure that provision is relevant to their needs” (p. 335). It appears that interventions that combine non-judgmental informal and formal social support would be the most effective when working with families living with limited resources.

Although it is important to keep in mind the hardships families living in poverty may face, it is also important to remember these families show great resiliency, many strengths, and protective factors. Fraser, Richman, and Galinsky (1999) reference five clusters of protective factors of families who live in poverty (first defined by Werner, 1996), which are temperament, skills and values, family support and structure, network of adults that provide support through life transitions, and the opportunity to receive supplemental education or training (p. 134). In addition, Amatea, Smith-Adcock, and Villares (2006) describe four key domains in family resiliency processes. These domains include family beliefs and expectations, family emotional connectedness, family organizational patterns, and family learning opportunities. Therefore, it may be important for counseling interventions to focus on ways to positively affect these protective factors and resiliency domains for families living in poverty. These interventions may include ways to offer support for parents living in poverty that increase their current confidence in parenting and nurture the parent-child relationship.

Orthner, Jones-Sanpei, and Williamson (2004) have studied the resilience of low-income families. Orthner et al. reference different studies (e.g. Conger & Conger, 2002; Crosnoe, Mistry, & Elder, 2002) that found parental emotional and structural support to be linked to the child’s resilience and adaptive functioning. In addition, strong family cohesiveness, social support, and community ties are all important for family resilience. This study found that low-income families highly value the time they spend together.

These families were also confident in their ability to pull together during difficult times and find solutions to their problems. Orthner et al. note that programs focusing on strengthening relationships and finding ways for family members to spend quality time together helps promote resiliency in low-income families. In addition, these authors note the need for education about counseling, as there is a stigma towards seeking mental health services. Tidwell (2004) cites the no-show phenomenon to explain the under-utilization of low cost counseling services by low-income, African American clients. Tidwell also notes the importance of finding interventions that address the needs of this population to prevent the no-show phenomenon. The author also notes that when low-income, African American clients receive formal counseling services, they often terminate prematurely.

In summary, families living in poverty have many unique qualities that must be kept in mind when designing interventions for this population. Families affected by poverty have many stressors such as economic, family violence, and community violence. However, low-income families also show great resiliency. For example, these families may depend on family cohesiveness and social support and show confidence in their ability to overcome hardships. It is important to create programs that are respectful to parents living in poverty and their culture, as there is a high termination rate in counseling services for low-income families.

### **Child-Centered Play Therapy**

Child-centered play therapy (CCPT) is a non-directive form of therapy in which the focus is on the child and the child-therapist relationship rather than on the child's problem (Guerney, 2001). In CCPT, play is seen as the universal language of children.

CCPT has eight basic principles that were first developed by Axline (as cited by Guerney, 2001). The eight principles are:

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he/she is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his/her feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing, and reflects those feelings back to him/her in such a manner that he/she gains insight into his/her behavior.
5. The therapist maintains a deep respect for the child's ability to solve his/her own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his/her responsibility in the relationship. (p. 19)

Child-centered play therapy has been found to be an effective modality in therapy with children. Bratton, Ray, Rhine, and Jones (2005) conducted a meta-analysis of research in play therapy. The meta-analysis included 93 studies that measured the efficacy of play therapy. They found a large effect size for play therapy in various settings, modalities, theoretical frameworks, and across different ages and genders. In addition, this meta-analysis examined factors that make play therapy most effective. The authors found that parental involvement plays a big role in the effectiveness of play therapy interventions, especially in the form of filial therapy.

## **Filial and Child-Parent Relationship Therapy**

Filial therapy (FT) teaches parents how to be a therapeutic agent for their children and can be used as a way to include parents in their child's therapy. Guerney (2000) argues that FT empowers parents and puts them in the role of helper. Therefore, FT can eliminate parental resistance in the child's treatment. More specifically, Child-Parent Relationship Therapy (CPRT) teaches parents the basic skills of CCPT through a ten-session group format. Originally developed by Landreth, parents meet weekly for ten weeks to learn how to implement child-centered skills in their relationship with their children (Landreth & Bratton, 2006). The parent also has a weekly 30-minute play time with the "child of focus" in which he/she is able to practice the skills learned during the parent group session. In CPRT, the parent records the 30-minute playtime and shows it during the group session in order to receive support and guidance in using the skills.

Several studies have found FT and CPRT to be effective treatment modalities. In conducting a meta-analysis on play therapy, Bratton et al. (2005) found a larger effect size for filial therapy when compared to individual play therapy with a mental health professional. Furthermore, Landreth and Bratton (2006) analyzed Bratton et al.'s meta-analysis to find the effect size of studies that specifically used CPRT. In doing this, they found a very large treatment effect size for CPRT.

## **Diversity in Play and Filial Therapy**

Play can be a useful form of therapy when working with children from different cultures, ethnicities, races, and socioeconomic statuses because it is the universal language of children (Drewes, 2005). However, counselors need to be aware and sensitive to the differences in cultures that may arise (Gil, 2005). With the ever-changing demographics in the United States, it is increasingly important to provide

therapeutic interventions that meet the needs of diverse families. Few studies have shown the efficacy of play and filial therapy with multicultural or low-income populations. Baggerly (2006) notes the importance of providing services that do not neglect the effects of poverty on children and their parents. Hinman (2003) discusses the importance of play therapists joining with the child's family to deliver the most effective interventions. Engaging parents in the child's treatment can help to reduce early termination of services, which is a noted concern with minority and low-income families (Hinman, 2003). In addition, Gil (2005) names three steps that must be taken in order to provide culturally responsive services. The three steps are building cultural sensitivity, obtaining knowledge responsibly, and developing an active competency or putting the knowledge into action (p. 7).

Sheely and Bratton (2010) examined the use of CPRT with low-income African American families in the child's school. This study found a statistically significant decrease in total problem behaviors and parent-child relationship stress. In addition, the authors note the importance of using a strengths-based method with this population in order to promote parental involvement with their children. Sheely and Bratton discussed some important provisions that made CPRT successful and reduced possible barriers to participation in the study. First, the researchers had direct contact with the parents in order to build greater rapport. Second, they were flexible in scheduling the meetings (e.g. accommodating to work schedules, offering evening sessions, and providing extra check-in time). Third, they provided supplementary services (e.g. prepared meals, meal vouchers, and childcare). Finally, the authors note the importance of providing program

materials that may be difficult for the parents to obtain due to the financial hardship (e.g. play therapy toys).

In summary, when designing counseling interventions that are accessible to low-income families from underrepresented groups, several factors must be considered. It is important to work with the families in order to understand their culture and their needs. Solis, Meyers, and Varjas (2004) discussed the need for filial therapists to be aware of culture when working with African American families and the importance of having a discussion with the families about their “feelings, expectations, perceptions, and priorities” (p. 101). After learning about the family’s culture, the mental health professional must put that knowledge into action. In addition, other changes must go into place in order to reduce barriers to utilization (e.g. providing childcare, offering evening sessions, and providing program materials).

### **Theoretical Framework: Child-Parent Relationship Therapy for Diverse Families**

The theoretical framework that guides this study is based on child-centered play therapy. This is a non-directive approach in which the child takes the lead in therapy sessions. In child-centered play therapy, play is seen as the child’s language. It is thought that the child is able to lead the play therapy sessions in order to increase self-efficacy, self-motivation, and self-actualization. This theoretical orientation also holds that during counseling, the counselor focuses on the child and the relationship, not the problem or external behaviors. Most importantly, the therapist accepts the child as he or she is (Guerney, 2001).

Child-centered play therapy is the foundation for the other theoretical framework for this study, filial therapy. In filial therapy, the focus is on the relationship between the parents and the child. The parents are taught the basic tenets of child-centered play

therapy in order to relate to their children better. The use of filial therapy has been shown to reduce parental stress and problem behaviors. It has also been shown to increase parental acceptance of the child and improve the parent-child relationship (Garza & Watts, 2010). Filial therapy approaches are also concerned with improving the relationship between the parents and the counselor as the therapeutic process is demystified. Through filial therapy, parents are able to understand what is done in therapy and become their child's primary change agent (Guerney, 2000).

In addition, this proposed research is guided by a multicultural, or respect for diversity, theoretical framework. There is a need for greater understanding of these families' lives, circumstances, and needs. This proposal study is designed to allow for the experiences of families living in poverty in implementing interventions. It is important to work with the families in order to adjust effective programs to fit their needs and help them to achieve their goals. In order to better understand the family, the study is designed to ask parents to identify the barriers to utilizing counseling services and find ways to minimize those barriers. Using a child-centered/filial and multicultural approach to the study, the researcher also hopes to acknowledge the parents' strengths and build on them. By making these families' stories, strengths, and barriers central, the researcher will be able to advocate for more suitable services for them.

### **Purpose of the Study**

This study was designed to address barriers to low-income parents' use of counseling and parenting services, understand the parent-child relationship in these families, and assess their needs for a parenting/filial group. Therefore, common barriers to attending counseling workshops will be analyzed. As Lyon and Budd (2010) noted, many times counselors are unaware of the barriers parents face when receiving mental

health services (p. 664). The central principles of child-centered play therapy, filial therapy, and multiculturalism will be used to conceptualize the needs of this community. In accordance to child-centered and filial therapy principles, there will be a focus on the relationship and families' strengths, rather than pathology. This research will add to literature that describes what parents who live in poverty are already doing well.

It is important to include families in designing programs and interventions that are personal and practical, in order to provide them with a service that is responsive to their needs. The current study extends prior research because it focuses on a participatory action, in that researchers included parents in establishing personal goals for the intervention and responded to questions, concerns, and barriers brought up by the participants. It appears there is a great need for services that are created with community agencies such as, HIPPY to address stressors that may impact the parent-child relationship in families living in poverty. Also, there is a need to address multicultural and advocacy issues in play therapy. Therefore, the purpose of this study is to assess low-income parents' perceptions of play, barriers in attending filial groups, and meeting personal/familial goals in a CPRT group (especially nurturing the parent-child relationship and effective limit-setting).

This study was designed to examine barriers to utilizing counseling services, families' stressors and strengths, and the parent-child relationship in low-income families. The purpose of the current study also is to determine outcomes of a child-parent relationship group designed to improve the parent-child relationship and reduce parental stress. Interviewing participating families before and after the parenting workshops will help assess the outcomes of the filial workshops.

## **Research Questions**

This study will address a variety of research questions. These questions include:

1. What are the parents' perceptions of play?
2. How did the workshops affect the parent-child relationship?
3. What are barriers to utilizing counseling services for low-income families?
4. What are the strengths, limitations, and stressors for these families?
5. What are some cross-cultural issues these families have found when using counseling services? To what extent do parents believe their concerns were addressed through the parenting workshops?

## CHAPTER 2 METHODS

This study examined the effects of a four-session workshop on the parent-child relationship and parental stress of families living with limited resources. This will be done through qualitative thematic analysis of parent interviews, field notes, and taped observations during the workshops.

### **Theoretical Framework**

This study makes use of a constructivist qualitative research design. Constructivist research is designed to understand the participants' "lived experience" and create greater interaction between the researchers and participants (Ponterotto, 2005). This study was designed to better understand from the participants' point of view what they wanted and needed from and how they experienced a child-parent relationship workshop. This collaborative approach to research leads to greater understanding between the families and the researchers. It also leads to the flexibility of programs and interventions to fit the needs and lifestyles of the participants and their families and community. The researcher believes this is the best way to understand what types of programs families affected by poverty would be most likely to use. It is also a way to empower the parents, as their feedback can be used to refine future implementation of child-parent relationship groups.

### **Participants**

Participants were recruited from Home Instruction for Parents of Preschool Youngsters (HIPPY) in Gainesville, Florida. Parents were recommended for participation in this study by HIPPY administrators based on the family's request for additional help with parenting.

Investigators of this study sought to recruit four families from Gainesville and four families from Lake Butler. After recruitment, this study included eight families in the Gainesville area and one family in the Lake Butler area. The family from Lake Butler traveled to Gainesville for the workshops. Each family had at least one child between the ages of 3-5 years old. In order to participate in the study, at least one caregiver and one child had to attend at least three of the four workshops. Of the nine participants in the study, nine completed the pre-interviews, seven completed the workshops, and six completed the post-interviews.

### **Demographic Information**

Although not all of the families participating in the study were living in poverty, most of the parents were living with limited resources and support. Gainesville HIPPY currently serves 106 families (114 children total). Of the families involved in Gainesville HIPPY, 67% are Black (non-Hispanic), 15% are White (non-Hispanic), 11% are Hispanic, 2% are Asian, and 5% other. Of the 114 children served by Gainesville HIPPY, 59 (51.8%) qualify for Temporary Assistance for Needy Families (TANF) which serves families that fall below 200% of the poverty line. In a small sample taken of Gainesville HIPPY families, 73% of the families have a household income of \$40,000 or less. Approximately 11% of the families served live in a rural community and 84% live in an urban community (Gainesville HIPPY, 2010).

### **Families**

All names have been changed to protect the confidentiality of the families. Some of the parents' perceptions of the workshops will be highlighted.

Beatrice, age 22, is an African American, single mother with two children. She lives with her sons Jerry, age 5, and Charlie, age 2. Beatrice was skeptical about using

CPRT techniques with her child because she could not picture herself using the language taught during CPRT. During the post-interview, Beatrice shared that she had gained an “alternative way to, like, talk to him from what I used to.” Her sister, Crystal, also participated in the study. Crystal, age 27, is an African American, single mother with one child. She lives with her daughter, Kaitlyn, age 4.

Rachel, age 36, is an African American, divorced mother with two children. Her children are Michael, age 12, and Roger, age 5. She lives with her son, Roger, and shares custody with her ex-husband. Rachel was vocal about her mistrust of University of Florida researchers. During the first session she said,

I told a couple other people about [the workshops] and a lot of people are very skeptical of this. Kind of the fact that it's UF, a lot of us know UF is always doing studies on the people in the community. Just by nature of the program, very bright, young people that are not parents, who are academics, who have no experience with children, but they know a whole lot of theory. So this is, you know, just another UF study!

She also discussed her discomfort in using play therapy because she felt it was too subjective in nature. Throughout the workshops, Rachel became one of the most active parents. In the post-interview, she shared the group facilitators made “us feel involved. And like, you know, we were valued and our parental experiences were of significance.”

Robbie, age 32, is an African American, single mother with four children. She lives with her children Bradley, age 12, Serena, age 7, Bobbie, age 4, and Jada, age 3. Robbie indicated that she was not interested in the topic of the workshops at first, but decided she would try it anyways. Robbie went to all four sessions and later shared that once she got into the workshops, they became more interesting to her.

Penelope, age 39, is an African American, single mother with three children. She currently does not have custody of her children, Daniel, age 12, Selma, age 10, and

Albert, age 6. Her mother, Linda, also participated in the study. Linda, age 73, has custody of two of her grandchildren, Daniel and Albert. She lives with the two children in her home.

Patty, age 36, is an African American, single mother with one child. She lives with her son, Clint, age 4. During the pre-interview, Patty indicated she has difficulty being consistent with disciplining Clint and finds herself yelling at him very often. After completing the study, Patty reported that she has learned different ways to acknowledge her child's feelings and interact with him. Although she said the timing of the workshops was a barrier to attending, Patty was able to complete all three of the required sessions.

Sandra, age 29, is an African American, single mother with five children. She lives with her five children Shelly, age 12, Natalie, age 11, Evan, age 7, Paige, age 4, and Nilda, 9 months. At the time of the study, she was also caring for the daughter of a sick friend, Jenny, age 11. Sandra was unable to complete the workshops because of several stressors she was facing at the time of the study.

Pearl, age 34, is an African American, married mother with two children. She lives with her husband and children, Phil, age 4, and Priscilla, age 2 in Lake Butler. Pearl was unable to complete the study.

### **Procedures**

The study began with interviews of the caregivers. The interviews were completed in their homes or at the HIPPY facilities. For every interview there was one interviewer, one person watching the children, and one process observer. Interview questions addressed strengths and limitations of parenting, the parent-child relationship,

perceptions of play, goals for a parenting group, and possible barriers to attending parenting workshops (Appendix A).

Four filial therapy workshop sessions were offered to the families (Appendix B). The participating caregiver and child needed to attend at least three of the workshops in order to complete the program. The workshops provided child-care and food or refreshments for participating families. Each workshop discussed different child-centered relationship skills: tracking, reflecting, encouragement, and limit setting. In addition to didactic presentations, some of the workshops consisted of a 10-15 minute playtime in which each parent-child dyad was able to practice filial therapy skills while receiving guidance from group facilitators. The parents were able to choose among a variety of attachment-play activities to play with their children (e.g. cotton ball hockey, balloon tennis).

At the first workshop, the participants were each given a folder with information about CPRT and each skill covered (Appendix C). The worksheets were either taken or adapted from Bratton, Landreth, Kellam, and Blackard's (2006) Child Parent Relationship Therapy (CPRT) Treatment Manual. Each family that successfully completed three sessions, and completed the study, was given a tote-bag playroom to keep and use during playtimes at home. The tote bag included toys such as, toy soldiers, baby dolls, baby bottles, crayons, Play-Doh, toy vehicles, and toy cellular phones. Throughout the course of the workshops, process notes were taken from parents' self-reports (Appendix D).

After the parent-child workshops were completed, families participated in a post interview (Appendix E). The post interview addressed satisfaction or dissatisfaction with

the program, changes the parent has seen in herself, the child, or the parent-child relationship, and changes they would like to be made to the program. These post interviews were conducted through telephone calls. In addition, through member checking, participants will be provided a summary of findings and asked to provide feedback concerning their accuracy

### **Data Collection**

Data collected by the researcher were pre and post interviews, researchers' field notes, and videotapes. The researchers and volunteer research team members took field notes after each workshop. At the end of each workshop, parents were asked to fill out a form asking what goals they had for the workshop session, what they learned, what was their favorite part, and how they can use what they learned in their homes (Appendix D). Group leaders and research team members who were process observers kept observation logs throughout the interviews and workshops. The group leaders were asked to keep a log of what happened during the workshops and their subjective reactions to the workshops.

### **Data Analysis**

The transcripts from the interviews were analyzed for common themes related to the research questions. The researchers' field notes and observation logs were also analyzed for common themes, needs brought up by the parents, and changes seen in the participants. Three people on the research team independently kept an audit trail while reading the pre and post interviews. The notes were then compared and contrasted to find overarching themes that were prominent in the coders' observations. Researchers' field notes, weekly process notes from the parents, and videotapes were analyzed by at least one person on the research team. These additional data sources

were coded to find support for common themes found during the pre and post interviews and further depictions of the relationship between the parents, children, and the process and outcomes of the workshop sessions. The researchers' field notes, observation logs, and videotapes were also analyzed for additional themes that did not emerge in the pre and post-interviews. One member of the research team watched the videotapes from the sessions and took notes on group dynamics, the relationship among group facilitators and group members, and reactions to the content presented. This analysis was useful in further examining how parents and children experienced the workshops.

### **Researcher Subjectivity**

The researcher is receiving training and supervision in child-centered play therapy. Therefore, the researcher believes strongly in the power of using play therapy with children and families. This strong adherence to child-centered play therapy can lead the researcher to finding positive results for the use of play therapy with parents. In addition, the researcher is of Latino decent. Being raised by Latino parents gives the researcher a strong sense of pride and connection towards the experience of minorities in the United States. She, therefore, seeks ways to help them retain their culture, as they learn ways of interacting with their children that might seem inconsistent with what they believe (e.g., 'children should be seen and not heard' or corporal punishment is necessary).

### **Issues Related to Credibility**

A research team approach was used to analyze the data and reach consensus on common themes brought up during the data collection phase. Three volunteers analyzed the data separately. In addition, one volunteer research team member analyzed the videotapes. These volunteers came from the Counselor Education

program at a large Southeastern university and represent a variety of theoretical orientations. In addition, parents will be given an opportunity to review the data and/or the data analysis to ensure the researcher had accurately represented their experience.

## CHAPTER 3 RESULTS

Research findings are organized around the data sources, beginning with the pre-interviews. Findings according to research questions will be illustrated further throughout the results section.

### **Pre-Interview**

#### **Parent's Perception of Play**

Parents reported that they play with their children several times a week. These playtimes included several physical activities (e.g. bike riding, swimming) or structured activities (e.g. board games, reading). In addition, playtimes include cultural activities (e.g. cooking, doing each other's hair).

Many parents did not have a clear perception of what play means for a child. However, some parents noted play to be a form of self-expression and exploration of the environment and social rules. Beatrice said, "I think play is a good thing. I think it helps them to express themselves because I see, like, with my two kids, it shows a lot about their characteristics, about the way they play." In addition, several parents discussed fears of their children's safety while playing outside or with other people.

#### **Description of Child and Parent-Child Relationship before Workshops**

All the parents participating in the study described their relationship with their children in positive terms. They indicated they have a strong, close bond with their children. In describing her relationship with her son, Patty said, "I would say really loving. I know he loves me. If nobody else love me... It's probably the greatest love I've ever experienced." In addition, parents discussed family roles and the need for children to know their place in the family. Sandra said, "We have a good relationship... I have to

let them know, you know, that I'm the mom...I have to let them know their place, where they stand..."

All the mothers have a close, but stressful relationship with their children. Throughout the pre-interviews there was a strong emphasis on negative behaviors the children exhibit and difficulty in being consistent with discipline. However, several parents recognized the child's negative behavior as part of their developmental level. For example, Penelope named several stressors related to her children's behaviors such as, "not being obedient, defiant, out of order, and just being children." The mothers' commitment to their children and to learning new ways to help their children was a theme that arose in the data analysis. Several mothers indicated they wanted to get as much help as they could from service providers. Also, some mothers reported being unsure of how to handle different discipline issues, which led to more stress in their relationship.

### **Barriers/Reactions to Attending Workshops**

Parents in the study reacted positively to attending a child-parent relationship workshop and showed a strong commitment to completing the program. Most parents were unable to name barriers to attending the workshop. Barriers that were named centered on events outside of the parent's control (e.g. illness, emergencies). In addition, parents named barriers of a practical nature (e.g. lack of transportation, child care, location). Robbie indicates, "Some people don't understand about the transportation thing. It's pretty hard sometimes to get on and off the bus, like, [with] everybody."

Parents reported the workshops would be most beneficial if they learned skills they would be able to use in their daily lives. They indicated that it would be easier to learn

from the workshops if everyday parenting examples were used. In addition, role-playing, modeling, and open discussions were named as important learning tools for the workshops. Crystal expressed her need to feel like “we’re welcome and, you know, respected” and that “maybe the attitudes” of people running workshops could be a barrier to utilizing services.

### **Goals for the Workshops**

The most common goal for the workshops named by parents was to learn how to tolerate and handle their children’s behavior more effectively (i.e. “deal with” or “tolerate” behaviors better). All the parents in the workshop indicated discipline is a difficult aspect of parenting. In addition, parents wanted to learn how to interact and communicate with their children better. Patty said her goals for the workshop were to “get a better, more effective way to communicate with my child versus yelling and fussing and... to be more consistent and have structure because I truly know I’m not consistent...”

Parents noted the importance of building a support system through the workshops. A common theme was the parents’ desire to learn different parenting styles, techniques, and coping strategies from other group members. Sandra described, “going out and meeting different parents” and “seeing what different parents are going through with their kids” as a positive aspect of the workshops. In addition, the workshops were seen as a way to have some personal time away from their children.

### **Strengths**

Parents in the studies showed several strengths. A major strength seen throughout the interviews was their commitment to their children. All the parents showed willingness to use services that will help them and their children. A common strength noted by parents was their presence in their child’s life (i.e. showing love and attention,

“just being a parent”). Crystal said her strength as a parent is, “loving her [Kaitlyn] and taking care of her the best as I can and, you know, just being the best parent I can be.”

Parents also expressed a strong sense of community and a need for more social support. Finally, several parents named their faith and religion as a strength and goal for parenting. Linda said her goal for her grandchildren was to “help them to grow up knowing the Lord, fear God, that’s number one,” and “to be respectful. I want them to get their education and be somebody, you know, make something of themselves.”

### **Stressors**

These families also face several sources of stress. The sources of stress most commonly discussed were child’s behavior/discipline, finances, safety, education, and time management. When asked what are some stressors related to parenting, Beatrice said, “Money and discipline, that’s pretty much it.” The most commonly named behaviors that lead to parental stress were aggressiveness, temper tantrums/attitude, talking back/being “mouthy,” and disrespectfulness/“acting grown.” Having multiple children was also a source of stress for parents. Sandra said, “It’s a lot, you know, when you have to deal with, you know, five different personalities, you know, with the kids.”

Societal expectations of child rearing was also a theme that surfaced in the pre-interviews. Several parents discussed being expected to raise their children a certain or “right” way. This could also be seen as a source of stress for the parents. Penelope noted the discrepancy in trying to discipline her children because the Bible and how she was raised taught her spanking was necessary in raising a child correctly, but the Department of Children and Families (DCF) and other professionals do not condone spanking in child rearing. There was dissonance between how the parents were raised, how they are raising their children, and how society tells them they should raise their

children. Patty also indicated she gives in to her child too much and “he doesn’t get in trouble quote, unquote like he should.”

## **Barriers**

Time and money were seen as the main barriers for these families. The parents and children in the study were involved in several, competing activities. In addition, parents noted not having enough time for themselves as a stressor and limitation. Robbie noted she is always doing something for someone else, but never has time to do things for herself. Sandra also discussed not having enough time for herself, “When I get stressed out, I go in my room and just try to relax and try to have a little me time, but it’s never me time.”

## **Strong Need for Safety and Social Support**

Another theme that arose is the need for safety and social support for these families. Several mothers discussed fearing for their child’s safety while they are playing outside or with other children. They discussed not knowing how to allow their children to venture out and try new things on their own while still keeping them safe. Sandra discussed the workshop being able to help her with this,

help me and teach me, like with my kids be outside. I don’t want to be so paranoid of like peeping out the window or, you know, like just like I’m afraid to let my kids be outside. And I want that help in the parenting, for me to have that, not be so closed up, so scared, you know, to let them have that experience.

In addition, parents needed to feel safe in the groups in order to feel welcomed and respected by group facilitators. The feeling of safety seemed to lead to a greater sense of social support and group cohesiveness for the participants. Rachel shared she exchanged telephone numbers with the other mothers in the group in order to schedule group play times with their children.

## **Cultural Issues in Counseling Services**

Parents discussed several issues they would like counselors to be more aware of. Parents noted the need for differentiated approaches to services in counseling. Several parents suggested that counselors should be more aware of and sensitive to the individual differences in people such as, age, race, culture, and gender. When asked what they wished more counselors understood about her culture, community, or family, Beatrice said, “Just the difference, you know, like in people... like race, sex, age.” Penelope said she wished more counselors understood, “how we were raised, how we discipline, how we agree on discipline.” Most parents described wanting to feel welcomed, respected, and understood by group facilitators and service providers. Parents also noted their religion and faith as part of their culture. In addition, parents indicated counselors need to keep in mind spanking is also part of their culture and is seen as a way to protect their children. Patty said,

As far as my culture go, African Americans, we do believe in discipline as far as spanking... There’s a difference between spanking and beating a child... For instance, if I say a situation where he going to hurt himself with the outlet or something, I might spank him for that because I need him to understand that’s just not anything you can do period because that hurts you, that can take you away from me.

## **Post-Interview**

### **Changes Seen after the Workshops**

All parents participating in the study noted changes in themselves, their children, or their relationship with their children in the post-interviews. Parents reported having alternate ways to interact and react to their child’s behavior. In addition, parents reported talking to their children, recognizing their feelings more, interacting on their child’s level more, and understanding them better. Patty reports she has seen a change

in herself, “I try to think about what I learned sometimes before I react with him depending on what’s going on.” Some parents also reported using everyday situations (i.e. mistakes, accidents) as learning opportunities with their children. Finally, all parents named at least one CPRT technique (i.e. tracking, reflecting, encouragement, or limit setting) as something they would like to continue doing with their children. For example, Beatrice and Robbie shared they would like to continue using the ACT model and limit setting with their children. In addition, Crystal said she would like to continue tracking with her child and giving her choices.

### **Reactions to the Workshops**

All parents expressed positive reactions to the workshops. Interactions with and support from the group members and group facilitators were seen as positive aspects of the workshops. Rachel discussed building a social support system with the other parents in the workshops and scheduling play times with other moms. Most notably, all parents reported feeling accepted, respected, involved, understood, or acknowledged by the group facilitators. Parents reported feeling this way because facilitators were responsive to their questions and needs. In addition, parents found the information interesting and relevant to their lives. Parents noted the use of everyday examples and time to practice the new skills helped them find the information relevant.

Some parents also named changes they would have made to the workshop program. The most common change parents discussed were the time of the workshop. Some parents said they would have preferred an earlier time, as transportation is difficult in the evenings. Also, the workshop competed with other activities parents wanted to participate in that were held in the evenings (e.g. swimming lessons, Bible study). Patty shared she would have preferred having a couple of workshops a week for

less time. Another parent suggested having more than four workshops in order to practice the skills more in depth. Childcare was also named as an issue to the success of the workshop. Rachel noted it was difficult for her to concentrate on the information because she could hear the children in the room nearby.

### **Shift in Parent's Language**

One of the most notable themes was the shift in language from pre to post-interviews. In the pre-interviews all of the parents described the stress of how to discipline their children. Several parents used terms such as tolerate, handle, or deal with when describing their children. However, in the post-interviews most of the parents did not discuss discipline. The parents spoke more about their relationship with their children and feeling they understood their children more after the workshops. Parents expressed speaking to and interacting with their children more since the workshops ended. When asked about what changes she has seen in herself, her child, or their relationship, Beatrice said, "It's easier to talk to him. Like, especially the way that we were talking at the workshop, rather than what I was doing," noting she has adopted some of the language used in the child-parent relationship workshops. A majority of the parents did not discuss behavior issues although the behavior issues may have still been present.

## CHAPTER 4 DISCUSSION

The purpose of this study was to examine the outcomes of a modified CPRT group with low-income, African American families. This study was also designed to examine barriers to using counseling services, families' stressors and strengths, and the parent-child relationship in these families. After completing the workshops, they were asked if they saw any changes in themselves, their children, or the parent-child relationship. In general, results were positive and parents provided a wealth of feedback for future implementation of this intervention. Several themes emerged about the families' experiences throughout the workshops. All of the parents reported a change in themselves, their children, or the parent-child relationship after completing the workshop. In addition, all of the parents named a CPRT technique they would like to continue doing at home with their children, illustrating the parent's adoption of some CPRT language.

The findings of this study are similar to findings in other studies. In a study by Solis, Meyers, and Varjas (2004) in which they used CPRT with an African American mother, the authors found the parent gained greater appreciation for playing with her child. This is similar to the experience of parents in this study. Crystal indicated playtime provided a way for her and her child to relax,

My schedule was kinda busy, but once I sit back and I relax and I think about it, um, it actually calms me and her down. We're tracking and we're talking and, you know, it's like a little relaxing thing. It's something different.

In addition, she reported allowing her daughter more control during playtimes because she understood the difference between allowing the child control while playing versus allowing the child control during discipline situations. The findings in this study

reflected Solis et al.'s findings that the mother gained greater awareness and understanding of the child's emotions. For example, Robbie shared that she is now able to reflect her child's feelings and now "know[s] that they feeling."

Robbie's statement above also shows a shift in the parent's views of their children and the parent-child relationship. All of the parents mentioned discipline as a main stressor for themselves and their family during the pre-interviews. However, a majority of the parents did not mention discipline during the post-interviews. The parents discussed changes in themselves and how they react to their children. For example, Patty said she gained "being able to acknowledge his feelings more so than how I feel and kinda acting, like, from that point on." Robbie and Patty are examples of the parents now being able to create boundaries between their child's feelings and their own in order to react to the child more appropriately. They also demonstrate a greater understanding of their children's emotional state.

Findings were also consistent with the results of Evans and English (2002) and Attree (2005). As noted by Evans and English (2002) families living in poverty experience multiple stressors such as, family turmoil and community violence. The families in the current study also experienced a variety of stressors. The stressors included child discipline, finances, and fear for their child's safety. Attree (2005) discussed that social support is a great resource for low-income families, but is often lacking. In this study, some of the parents reported that being around other parents that are having similar struggles is a positive aspect of the workshops.

The current study found that the social support network created by group members and facilitators was a positive outcome of the workshops and helped to

engage the family further in formal social support services. The use of a group format appeared to be successful in building a network of social support for the families in the study. These findings are consistent with findings in other studies that found a group format to be more effective than an individual format (Edwards, Ladner, & White, 2007; Sangganjanavanich, Cook, & Rangel-Gomez, 2010). In this study, the parents were able to create an informal social support network while also engaging in a formal social support system as evidenced by some of the parents arranging playtime together outside of the workshops.

### **Limitations**

This study had some limitations to consider when discussing the results found. One of the major limitations of the study is the data was collected through self-report. This data may contain social desirability bias because the participants were interviewed directly by the group facilitators, at which time a relationship had already been created. Parents may not want to truly express issues they are facing because of social desirability. In addition, no direct observations were taken of the parents, children, and the parent-child relationship before or after the workshops. Therefore, there is no baseline of behavior to analyze change. Another limitation is all of the parents did not participate in the post-interview. The researcher was unable to reach three of the participants. Finally, the results of this study do not generalize to all low-income or African American families. Although there is demographic data on the parents HIPPIY generally serves, the participants in this study were not asked demographic information (i.e. race, ethnicity, income level).

## Implications

This study has several implications for the use of filial-type therapies with African American families of limited resources. It appears that partnering with HIPPY, an already trusted organization in the community, helped put the parents at ease for participating in the study. Although they did not seem to trust the researchers fully at first, the parents trusted HIPPY to provide beneficial services. In the pre-interview, one parent shared that although she was not entirely convinced about the topic of the workshop, she trusted HIPPY to provide them with good speakers and information on effective parenting skills. The parents' trust in HIPPY could be one of the reasons for the high turn out and low attrition rates.

Another implication of the study is the benefit of using counselors-in-training for childcare. Although the interventions with children were not directly observed for the purposes of this study, all of the childcare volunteers (except for one undergraduate volunteer) were counselors-in-training and most had training in child-centered play therapy. These volunteers helped provide one-on-one attention to each child and also provided psychosocial activities for the children's group. Using counselors-in-training or volunteers trained in child-centered play therapy may help further changes seen in the child's behavior. Volunteers also provide a model for parents during the workshop's playtime.

It is the researcher's recommendation that future studies include observations of parent-child interactions directly before and after the workshops are completed. Direct observations can provide a better assessment of the parent-child relationship than parental self-reports. In addition, direct observations can help eliminate social desirability bias. However, observations should be conducted in a way that is not

uncomfortable for the parents and helps create trust between the researchers and participants. Observations can be done in a setting that is most comfortable (e.g. home, during HIPPY parent meetings) for the parents. In addition, researchers can observe families in a group setting, so parents will not feel as though their parenting skills are not being scrutinized.

Another recommendation is to vary the length and time of the workshops throughout the week. It appears that offering the parents varying times throughout the week to attend the sessions would have helped make them more accessible and easier to attend. Offering multiple workshops throughout the week can give parents a chance to practice the skills and provides a more flexible attendance policy if emergencies should arise. In this study, the workshop format was made more flexible by only requiring the parents to attend three out of the four workshops. Food and refreshments were provided 30 minutes before the workshop began to allow for participants that were running late. Also, the final session served as a review and opportunity to practice all of the topics covered for parents that may have missed an earlier session. However, as shown by the attrition rate, scheduling may continue to be an issue because the parents have differing schedules and are involved in several activities.

When the workshops began, the participants seemed hesitant to share about their family life with one another and with the facilitators. Rachel shared about her sense of mistrust for University of Florida researchers that expect community members to fit the mold of their theories. Penelope shared about her mistrust for counselors when she said, "All counselors are not what they seem to be, I'll put it that way. Some can be ok and some can be very not ok." Hinds (2005) discussed a similar mistrust for

practitioners. She notes the sense of mistrust is engrained in African American culture due to the treatment of African Americans throughout the United States' history. By understanding the families' stories and engaging with them further, more trust is built between the participants and investigators. Throughout the workshops, a greater sense of community was built amongst the participants and group facilitators. In the post-interviews, all of the participants indicated they felt heard and respected by the group facilitators. Rachel later shared she felt the facilitators were respectful to the group as parents and answered any questions that arose. She also said the workshops provided a good way to network with other parents and create better relationships with them in that way.

One of the most successful aspects of the child-parent relationship workshops was the use of a group process with the parents. All of the sessions were run in a group format in which the parents were divided into two groups and attended mini-break out sessions (Appendix B). However, the last session was conducted with just one group where all of the parents participated. It appeared this session was the most engaging for the parents. It provided them a chance to practice the skills they learned with each other and also provided the parents more opportunity to bond with one another. As Rachel illustrated, the group format of the workshops helped create a network of social support for the mothers. It also helped the mothers engage with and receive support from others that had similar parenting experiences.

The use of a group process helped the families feel more at ease with each other and the group facilitators. As the workshops progressed, the parents became more acquainted and comfortable with one another. Some parents expressed that the

interactions with other parents was a beneficial part of the workshops. Penelope shared that the interactions between different group members made the workshops more enjoyable and interesting. During the first session the parents were very quiet and hesitant to share. Some parents did not seem to be interested in the material. For example, Beatrice left for a good portion of the workshop to answer her phone. By the last session, all of the parents were very engaged in the group. Many of them volunteered to demonstrate some of the CPRT skills. As one group facilitator noted, “They were enthusiastic about what they had learned, and seemed receptive to the information by volunteering to apply it and practice.”

Playing during the sessions proved to be an integral part of the workshops. Through the use of play activities (e.g. cotton-ball hockey, balloon tennis, using building blocks), parents were able to practice CPRT skills with each other. The parents were actually able to relax and experience what playing is like for their children. They were also able to play with their children during the workshops. This seemed to be beneficial in two ways. The parents were able to practice the skills under the supervision of the group facilitators. This gave them a more guidance in using the skills. In addition, the parents were not asked to do anything outside of the workshops, which may have added to the parents’ already stressful daily schedules. Using attachment-play therapy activities with the parents and children appeared to also help the group process. The parents were able to laugh with and get to know the group facilitators and group members through the use of play.

It appears the modified and condensed schedule of the workshops helped make it easier for parents to attend. All of the workshops were held in the evenings and parents

were only required to attend three of the four sessions. However, further modification of scheduling future workshops may be necessary. Several parents indicated the sessions got out too late and made it difficult for them to participate in other activities or get home at a regular time. In addition, offering more sessions may be necessary for the parents to get more practice using child-centered play techniques. Allowing the parents time to practice the techniques with their children during the workshops helped demonstrate some of the skills learned and also provided quality time for the families.

### **Concluding Remarks**

All of the parents in the post interviews reported positive results and provided feedback on future implementations of these workshops. Through interviews with parents before and after, it appears the workshops helped promote the parent-child relationship and parental understanding of their children's emotions. The parents increased their understanding of child-centered play therapy and learned how to use techniques such as, tracking, reflecting, limit setting, and encouragement with their children. All of the parents named a child-centered technique they would like to continue using with their children. In addition, some parents indicated they would like to continue using playtime with their children. Robbie noted the workshops helped her in other areas (e.g. school) of her children's lives.

The workshops were adapted to fit the needs of these families in several ways while also teaching the main points of CPRT (i.e. reflecting, tracking, limit-setting, encouragement). The workshops were made easier to attend with a lenient attendance policy, modified schedule, and by providing childcare and food. These changes addressed several of the barriers parents discussed during the pre-interviews. In addition, we asked for feedback from the parents throughout the workshops and related

the skills back to everyday situations they may be experiencing with their children. It appears this helped the parents feel more relaxed around the group facilitators and more involved in adaptation of this workshop. This is demonstrated through the reports that all of the parents felt heard, acknowledged, and respected by the investigators and group facilitators.

Finally, by working in from a constructivist framework, the participants and investigator were able to create a relationship that helped each party to understand the other better. This study provided the researcher a better understanding of how to provide services that fit the needs and circumstances of African American families living with limited resources. It also created a better understanding of the families' culture, stressors, strengths, and limitations.

APPENDIX A  
PRE-WORKSHOP INTERVIEW QUESTIONS

1. Name and age
2. Names and ages of children?
3. Who lives in the home?
4. What are your strengths as a parent?
5. What is the hardest thing about being a parent? What are some stressors you have related to parenting?
6. Are there times you have difficulty with a behavior issues? If so, when?
7. What are you thoughts on how children play?
8. Do you play with your child? How often? And, if so, in what ways?
9. How would you describe your relationship with your child?
10. In what ways do you think you could benefit from parenting workshops?
11. What do you think is needed in parenting workshops?
12. How would you feel about attending parenting workshops that teach you ways to play with your children?
13. What would make the parenting workshop practical and most comfortable for you to attend? What would hinder its success? What are your goals for a parenting workshop?
14. What are some things that would stop you from going to parenting workshops?
15. What is something you wish more counselors understood about your culture, community, or family?

## APPENDIX B WORKSHOP OUTLINES

### I. Session One

- A. Check-in/introductions
- B. Introduce what play is and the model/background
- C. Be-with attitudes
- D. Play session do's and don'ts / Structuring the playtime
- E. Introduce play therapy toys
- F. Establish individual goals

### II. Session Two

- A. Check-in/warm-up activity
- B. Break up into small groups:
  - 1. Reflecting
  - 2. Tracking
- C. Parent-child playtime

### III. Session Three

- A. Check-in/warm-up activity
- B. Break up into small groups:
  - 1. Limit-setting
  - 2. Encouragement vs. praise
- C. Check-out/closing activity

### IV. Session Four

- A. Check-in/warm-up activity
- B. Large group process

1. Discussed tracking, reflecting, limit-setting, and encouragement vs. praise
  2. Practiced different skills with each other
- C. Parent-child playtime

## APPENDIX C WORKSHOP MATERIALS

### CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING What Is It and How Can It Help?

#### What Is It?

*Child-Parent-Relationship (C-P-R) Training* is a special 10-session parent training program to help strengthen the relationship between a parent and a child by using 30-minute playtimes once a week. Play is important to children because it is the most natural way children communicate. Toys are like words for children and play is their language. Adults talk about their experiences, thoughts, and feelings. Children use toys to explore their experiences and express what they think and how they feel. Therefore, parents are taught to have special structured 30-minute playtimes with their child using a kit of carefully selected toys in their own home. Parents learn how to respond empathically to their child's feelings, build their child's self-esteem, help their child learn self-control and self-responsibility, and set therapeutic limits during these special playtimes.

For 30 minutes each week, the child is the center of the parent's universe. In this special playtime, the parent creates an accepting relationship in which a child feels completely safe to express himself through his play—fears, likes, dislikes, wishes, anger, loneliness, joy, or feelings of failure. This is not a typical playtime. It is a special playtime in which the child leads and the parent follows. In this special relationship, there are no:

- + Reprimands
- + Put-downs
- + Evaluations
- + Requirements (to draw pictures a certain way, etc.)
- + Judgments (about the child or his play as being good or bad, right or wrong)

#### How Can It Help My Child?

In the special playtimes, you will build a different kind of relationship with your child, and your child will discover that she is capable, important, understood, and accepted as she is. When children experience a play relationship in which they feel accepted, understood, and cared for, they play out many of their problems and, in the process, release tensions, feelings, and burdens. Your child will then feel better about herself and will be able to discover her own strengths and assume greater self-responsibility as she takes charge of play situations.

How your child feels about herself will make a significant difference in her behavior. In the special playtimes where you learn to focus on your child rather than your child's problem, your child will begin to react differently because how your child behaves, how she thinks, and how she performs in school are directly related to how she feels about herself. When your child feels better about herself, she will behave in more self-enhancing ways rather than self-defeating ways.

## CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

### Basic Principles of Play Sessions - Session 2

#### Basic Principles for Play Sessions:

1. The parent sets the stage by structuring an atmosphere in which the child feels free to determine how he will use the time during the 30-minute play session. The child leads the play and the parent follows. The parent follows the child's lead by showing keen interest and carefully observing the child's play, without making suggestions or asking questions, and by actively joining in the play when invited by the child. For 30 minutes, you (parent) are "dumb" and don't have the answers; it is up to your child to make his own decisions and find his own solutions.
2. The parent's major task is to empathize with the child: to understand the child's thoughts, feelings, and intent expressed in play by working hard to see and experience the child's play through the child's eyes. This task is operationalized by conveying the "Be With" Attitudes below.
3. The parent is then to communicate this understanding to the child by: a) verbally describing what the child is doing/playing, b) verbally reflecting what the child is saying, and c) most importantly, by verbally reflecting the feelings that the child is actively experiencing through his play.
4. The parent is to be clear and firm about the few "limits" that are placed on the child's behavior. Limits are stated in a way that give the child responsibility for his actions and behaviors—helping to foster self-control. Limits to be set are: time limits, not breaking toys or damaging items in the play area, and not physically hurting self or parent. Limits are to be stated only when needed, but applied consistently across sessions. (Specific examples of when and how to set limits will be taught over the next several weeks; you will also have lots of opportunities to practice this very important skill.)

#### "Be With" Attitudes:

Your intent in your actions, presence, and responses is what is most important and should convey to your child:

**"I am here—I hear/see you—I understand—I care."**

#### Goals of the Play Sessions:

1. To allow the child—through the medium of play—to communicate thoughts, needs, and feelings to his parent, and for the parent to communicate that understanding back to the child.
2. Through feeling accepted, understood, and valued—for the child to experience more positive feelings of self-respect, self-worth, confidence, and competence—and ultimately develop self-control, responsibility for actions, and learn to get needs met in appropriate ways.
3. To strengthen the parent-child relationship and foster a sense of trust, security, and closeness for both parent and child.
4. To increase the level of playfulness and enjoyment between parent and child.

# CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

## Play Session Do's & Don'ts - Session 3

Parents: Your major task is to keenly show interest in your child's play and to communicate your interest in, and understanding of, your child's thoughts, feelings, and behavior through your words, actions, and undivided focus on your child.

### Do:

#### 1. Do set the stage.

- Prepare play area ahead of time (old blanket can be used to establish a visual boundary of the play area, as well as provide protection for flooring; a cookie sheet under the arts/crafts materials provides a hard surface for playdough, drawing, and gluing, and provides ease of clean up).
- Display the toys in a consistent manner around the perimeter of the play area.
- Convey freedom of the special playtime through your words: "During our special playtime, you can play with the toys in lots of the ways you'd like to."
- Allow your child to lead by returning responsibility to your child by responding, "That's up to you," "You can decide," or "That can be whatever you want it to be."

#### 2. Do let the child lead.

Allowing the child to lead during the playtime helps you to better understand your child's world and what your child needs from you. Convey your willingness to follow your child's lead through your responses: "Show me what you want me to do," "You want me to put that on," "Hmmm...", or "I wonder..." Use whisper technique (co-conspirators) when child wants you to play a role: "What should I say?" or "What happens next?" (Modify responses for older kids: use conspiratorial tone, "What happens now?" "What kind of teacher am I?" etc.)

#### 3. Do join in the child's play actively, as a follower.

Convey your willingness to follow your child's lead through your responses and your actions, by actively joining in the play (child is the director, parent is the actor): "So I'm supposed to be the teacher," "You want me to be the robber, and I'm supposed to wear the black mask," "Now I'm supposed to pretend I'm locked up in jail, until you say I can get out," or "You want me to stack these just as high as yours." Use whisper technique in role-play: "What should I say?" "What happens next?"

#### 4. Do verbally track the child's play (describe what you see).

Verbally tracking your child's play is a way of letting your child know that you are paying close attention and that you are interested and involved: "You're filling that all the way to the top," "You've decided you want to paint next," or "You've got 'em all lined up just how you want them."

#### 5. Do reflect the child's feelings.

Verbally reflecting children's feelings helps them feel understood and communicates your acceptance of their feelings and needs: "You're proud of your picture," "That kind'a surprised you," "You really like how that feels on your hands," "You really wish that we could play longer," "You don't like the way that turned out," or "You sound disappointed." (Hint: Look closely at your child's face to better identify how your child is feeling.)

#### 6. Do set firm and consistent limits.

Consistent limits create a structure for a safe and predictable environment for children. Children should never be permitted to hurt themselves or you. Limit setting provides an opportunity for your child to develop self-control and self-responsibility. Using a calm, patient, yet firm voice, say, "The floor's not for putting playdough on; you can play with it on the tray" or "I know you'd like to shoot the gun at me, but I'm not for shooting. You can choose to shoot at that (point to something acceptable)."

#### 7. Do salute the child's power and encourage effort.

Verbally recognizing and encouraging your child's effort builds self-esteem and confidence and promotes self-motivation: "You worked hard on that!" "You did it!" "You figured it out!" "You've got a plan for how you're gonna set those up," "You know just how you want that to be," or "Sounds like you know lots about how to take care of babies."

#### 8. Do be verbally active.

Being verbally active communicates to your child that you are interested and involved in her play. If you are silent, your child will feel watched. Note: Empathic grunts—"Hmm..." and so forth—also convey interest and involvement, when you are unsure of how to respond.

### Don't:

- Don't criticize any behavior.
- Don't praise the child.
- Don't ask leading questions.
- Don't allow interruptions of the session.
- Don't give information or teach.
- Don't preach.
- Don't initiate new activities.
- Don't be passive or quiet.

(Don'ts 1-7 are taken from Guerney, 1972)

Remember the "Be With" Attitudes: Your intent in your responses is what is most important. Convey to your child:  
"I am here—I hear/see you—I understand—I care."

Reminder: These play session skills (the new skills you are applying) are relatively meaningless if applied mechanically and not as an attempt to be genuinely empathic and truly understanding of your child. **Your Intent & Attitude Are More Important Than Your Words!**

## CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

### Play Session Procedures Checklist - Session 3

Depending on age of child, may need to remind him or her: "Today is the day for our special playtime!"

- A. Prior to Session** (Remember to "Set the Stage")
- Make arrangements for other family members (so that there will be no interruptions).
  - Set up toys on old quilt—keep toy placement predictable.
  - Have a clock visible in the room (or wear a watch).
  - Put pets outside or in another room.
  - Let the child use the bathroom prior to the play session.
  - Switch on video recorder.
- B. Beginning the Session**
- Child and Parent: Hang "Do Not Disturb" sign (can also "unplug" phone if there is one in play session area).  
*Message to child: "This is so important that No One is allowed to interrupt this time together."*
  - Tell Child: "We will have 30 minutes of special playtime, and you can play with the toys in lots of the ways you want to."  
(Voice needs to convey that parent is looking forward to this time with child.)
  - From this point, let the child lead.
- C. During the Session**
- Sit on the same level as child, close enough to show interest but allowing enough space for child to move freely.
  - Focus your eyes, ears, and body fully on child. (Toes Follow Nose!) Conveys full attention!
  - Your voice should mostly be gentle and caring, but vary with the intensity and affect of child's play.
  - Allow the child to identify the toys. [To promote make-believe play (i.e., what looks like a car to you might be a spaceship to your child), try to use nonspecific words ("this," "that," "it") if child hasn't named toy.]
  - Play actively with the child, if the child requests your participation.
  - Verbally reflect what you see and hear (child's play/activity, thoughts, feelings).
  - Set limits on behaviors that make you feel uncomfortable.
  - Give five-minute advance notice for session's end and then a one-minute notice.  
(*"Billy, we have five minutes left in our special playtime."*)
- D. Ending the Session**
- At 30 minutes, stand and announce, "Our playtime is over for today." Do not exceed time limit by more than two to three minutes.
  - Parent does the cleaning up. If child chooses, child may help. (If child continues to play while "cleaning," set limit below.)
  - If child has difficulty leaving:
    - Open the door or begin to put away toys.
    - Reflect child's feelings about not wanting to leave, but calmly and firmly restate that the playtime is over. (Restate limit as many times as needed—the goal is for child to be able to stop herself.)  
*"I know you would like to stay and play with the toys, but our special playtime is over for today."*
    - Adding a statement that gives child something to look forward to helps child see that, although she cannot continue to play with the special toys, there is something else she can do that is also enjoyable.  
For example:
      1. "You can play with the toys next week during our special playtime."
      2. "It's time for snack; would you like grapes or cherries today?"
      3. "We can go outside and play on the trampoline."

*Note: Patience is the order of the day when helping child to leave—OK to repeat limit calmly several times to allow child to struggle with leaving on her own. (Key is showing empathy and understanding in your voice tone and facial expressions as you state the limit). Younger children may need more time to 'hear' limit and respond.*

**Never use Special Playtime for a reward or consequence—NO matter the child's behavior that day!**

## CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

### Toy Checklist for Play Sessions - Session 2

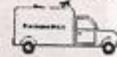
*Note:* Obtain sturdy cardboard box with sturdy lid to store toys in (box that copier paper comes in is ideal—the deep lid becomes a dollhouse). Use an old quilt or blanket to spread toys out on and to serve as a boundary for the play area.

#### **Real-Life Toys** (also promote imaginative play)

- Small baby doll: *should not be anything "special"; can be extra one that child does not play with anymore*
- Nursing bottle: *real one so it can be used by the child to put a drink in during the session*
- Doctor kit (with stethoscope): *add three Band-Aids for each session (add disposable gloves/Ace bandage, if you have)*
- Toy phones: *recommend getting two in order to communicate: one cell, one regular*
- Small dollhouse: *use deep lid of box the toys are stored in—draw room divisions, windows, doors, and so forth inside of lid*
- Doll family: *bendable mother, father, brother, sister, baby, and so forth (ethnically representative)*
- Play money: *bills and coins; credit card is optional*
- Couple of domestic and wild animals: *if you don't have doll family, can substitute an animal family (e.g., horse, cow family)*
- Car/Truck: *one to two small ones (could make specific to child's needs, e.g., an ambulance)*
- Kitchen dishes: *couple of plastic dishes, cups, and eating utensils*

#### **Optional**

- Puppets: *one aggressive, one gentle; can be homemade or purchased (animal shaped cooking mittens, etc.)*
- Doll furniture: *for a bedroom, bathroom, and kitchen*
- Dress up: *hand mirror, bandana, scarf; small items you already have around the house*



#### **Acting-Out Aggressive Toys** (also promote imaginative play)

- Dart guns with a couple of darts and a target: *parent needs to know how to operate*
- Rubber knife: *small, bendable, army type*
- Rope: *prefer soft rope (can cut the ends off jump rope)*
- Aggressive animal: (e.g., snake, shark, lion, dinosaurs—*strongly suggest hollow shark!*)
- Small toy soldiers (12–15): *two different colors to specify two teams or good guys/bad guys*
- Inflatable bop bag (Bobo clown style preferable)
- Mask: *Lone Ranger type*

#### **Optional**

- Toy handcuffs with a key



#### **Toys for Creative/Emotional Expression**

- Playdough: *suggest a cookie sheet to put playdough on to contain mess—also serves as a flat surface for drawing*
- Crayons: *eight colors, break some and peel paper off (markers are optional for older children but messier)*
- Plain paper: *provide a few pieces of new paper for each session*
- Scissors: *not pointed, but cut well (e.g., child Fiskars®)*
- Transparent tape: *remember, child can use up all of this, so buy several of smaller size*
- Egg carton, styrofoam cup/bowl: *for destroying, breaking, or coloring*
- Ring toss game
- Deck of playing cards
- Soft foam ball
- Two balloons per play session

#### **Optional**

- Selection of arts/crafts materials in a ziplock bag (e.g., colored construction paper, glue, yarn, buttons, beads, scraps of fabrics, raw noodles, etc —*much of this depends on age of child*)
- Tinkertoys/small assortment of building blocks
- Binoculars
- Tambourine, drum, or other small musical instrument
- Magic wand

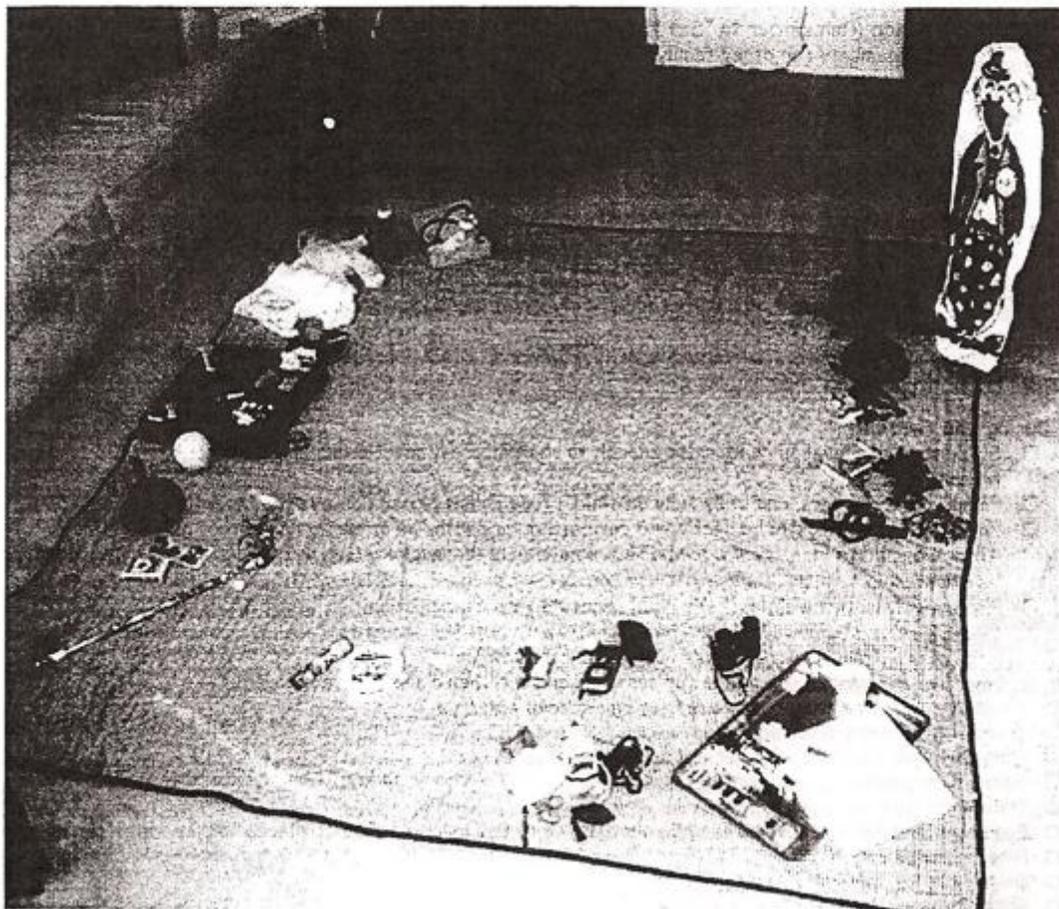


*Reminder:* Toys need not be new or expensive. Avoid selecting more toys than will fit in a box—toys should be small. In some cases, additional toys can be added based on child's need and with therapist approval. If unable to get every toy before first play session, obtain several from each category—ask therapist for help in prioritizing.

*Note:* Unwrap any new toys or take out of box before play session. Toys should look inviting.

**Good Toy Hunting Places:** garage sales, attic, friends/relatives, "dollar" stores, toy aisles of grocery and drug stores

**CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING**  
**Photograph of Toys Set Up for Play Session - Session 3**



## REFLECTING:

What is it?

- A way of *following* rather than *leading*
- Stating your observations about your child's behaviors, thoughts, needs, wishes, and feelings

Examples:

- "You're so proud of that picture"
- "You sound disappointed."
- "You're sound excited to see grandma!"
- "You're sad that your friend said those mean words."

How?

- Look into child's eyes to clue for feeling
- Put feeling word into short response starting with "You..."
- Your facial expression and tone of voice match child's (Empathy is conveyed more with nonverbal communication than verbal communication!)
- Avoid asking questions! Questions are a way of leading the relationship.

Why?

- Helps parent work at understanding child
  - Helps child feel understood
  - Communicates acceptance of their feelings and needs
  - Increases child's feelings of self-esteem and self-worth
  - Allows the space for child to feel what they feel, which allows them to go deeper and find solutions.
-

## CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING Feelings Response: Homework Worksheet - Session 1

Directions: 1) Look into child's eyes for clue to feeling. 2) After you've decided what child is feeling, put the feeling word into a short response, generally beginning with you, "you seem sad," or "you're really mad at me right now." 3) Remember the importance of your facial expression & tone of voice matching child's (empathy is conveyed more through nonverbals than verbals).



Child: (what happened / what child did or said)

\_\_\_\_\_

\_\_\_\_\_

Child Felt: \_\_\_\_\_

Parent Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrected Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Child: (what happened / what child did or said)

\_\_\_\_\_

\_\_\_\_\_

Child Felt: \_\_\_\_\_

Parent Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrected Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Child: (what happened / what child did or said)

\_\_\_\_\_

\_\_\_\_\_

Child Felt: \_\_\_\_\_

Parent Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrected Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Child: (what happened / what child did or said)

\_\_\_\_\_

\_\_\_\_\_

Child Felt: \_\_\_\_\_

Parent Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrected Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Tracking Worksheet

- *Rule of Thumb- Be a Thermostat not a Thermometer*
  - **Thermometers react to the environment-** it is your child's feelings not yours, therefore there is no need to react to behavior, it only escalates both of your responses
  - **Thermostats control the environment-** by keeping your reactions in check you control the environment, don't let behaviors escalate, and will bring your child's emotions down
- *What is Tracking?*
  - Tracking allows child to be understood without judgment and acknowledges that they have choices
  - Tracking is responding to your child's actions by simply saying what they are exactly doing
  - By tracking you are letting your child know that they have your full attention. **This can prevent acting out behaviors as they don't have to try so hard to get your attention.**
- *Rules of Tracking:*
  - Do not label an item before your child has labeled it. By doing so it allows your child to engage in imaginative play and puts them in control
    - Example- Timmy picks up a car. Mom: You decided to play with that. You are rolling it on the floor.
    - Timmy puts down the car and goes to a different toy box to play with an action figure. Mom: You changed your mind and decided to play with something different. Now you are picking up another one that is just like it and putting it next to the other one.
    - Note that this example **uses language** that makes the child feel in control. Also note that **this is not the time to control the playtime** by making your child put away the first thing they played with which may be some of our initial reactions.
- *Body language conveys interest*
  - **Get down to your child's level-** by doing so you are on an equal level with your child which empowers your child as they don't feel smaller
  - Face your child
  - Keep eyes focused on your child

- Listen with eyes and ears
- Remember to use language the child will understand
- *Join in play when invited by child*
  - Remember it is not your play time it is your child's, but you are still allowed to have fun
  - Your child is the director and you are an actor without a script follow their lead or ask for directions on what to do next or how you should act.
    - Example- Child: Hey mom you be the bad guy. Mom: Ok show me what to do.
    - Or you can use the whisper technique- Mom: What should I do next? What should I say? I am unsure of how a bad guy would act.
- *Avoid using questions*
  - Instead of asking 'What are you doing with those cars?' you can say 'You have those cars all lined up. I wonder what you are going to do with them next. You decided to use only blue cars.'
- *Avoid judgment*
  - Say a statement that doesn't have any judgment words in it
  - Example- Mom: You wanted to make sure that dog was just the way you wanted. You decided to color it brown with black spots'
- *Track what child says and does*
  - Example-
    - Mom: You decided to pick up that one. You decided to paint.
    - Child: I play with crayons at school. Mom: You have seen the crayons before. You have played with them at school'
- Tracking allows child to feel empowered and in control of their actions and emotions in a safe setting
- *Don'ts*
  1. Criticize any behavior
  2. Praise the child
  3. Ask leading questions
  4. Allow interruptions of the session
  5. Give information or teach
  6. Preach

---

  7. Initiate new activities
  8. Be passive or quiet

- *What to do when asked questions:*
  - There are different kinds of questions some are practical and require a response and some are personal or relationship questions that may not need an immediate response. But **all questions do have a purpose**. Ask yourself what is the meaning behind this question?
    - Practical- Track and then answer
      - Example- Child: How long are we going to do this? Mom: You want to know how long we are going to be in your special playtime. We will be in our special playtime for 15 more minutes.
  - Personal/ Relationship questions- these are not necessary to answer immediately. Try reflecting and tracking a few times. If questions persist you may answer.
    - Example- Child: Have you played with blocks before? Mom: You want to know if I've played with blocks before. Child: Yes, I like playing with blocks. Mom: Oh you like playing with blocks, it seems like you know a lot about them.
    - By reflecting and tracking the questions, it puts the attention back on the child and their interests instead of making the play time about you.

## Workshop 4: Limit Setting

### ACT Model

1. Acknowledge the feeling:
  - Acknowledge your child's feelings or desire (voice should convey empathy and understanding).
  - Using your child's name will help you to get their attention.
  - By acknowledging your child's feelings, you communicate understanding and acceptance of your child's feelings.
  - Communicating understanding of the feelings frequently defuses the intensity of the feelings.
  - All feelings, desires, and wishes are accepted but not all behaviors.
  - EXAMPLE: (empathically) "Anthony, I know you'd really like to have the candy..."
2. Communicate the limit
  - Be specific and clear- make it simple!
  - Debates and long explanations are avoided.
  - EXAMPLE: "but candy is not eating for before dinner."
3. Target acceptable alternatives
  - Provide an alternative to your child so that he or she can express the original action.
  - Provide one or more choices.
  - Your child gets a sense of having control and feeling understood.
  - EXAMPLE: "you can choose to have a piece of fruit now or choose to have piece of candy after dinner"

---

### Examples

Example 1: During the special play time, your child aims a loaded dart gun at you,

A: "I know you'd like to shoot me" (Acknowledge your child's feeling or intention)

C: "but I am not for shooting" (Communicate limit)

T: "you can shoot the bop bag or the doll (pointing at each)." (Target acceptable alternatives)

Example 2:

Your child wants to watch just 30 more minutes of television before he goes to bed because his favorite Go Diego, Go special is coming on next.

A: "I know you are disappointed that you can't watch Go Diego, Go right now"

C: "but it's time for bed"

T: "We can borrow Go Diego, Go from the library, and you can watch it tomorrow after school."

Example 3:

Your child begins to throw a football as hard as possible at the light fixture because he is angry

A: "I know you are angry and you want to throw the ball"

C: "the ball is not for throwing inside the house."

T: "You can go to back yard and throw the ball until your anger goes away. And come back inside when your anger goes away."

Bratton, Landreth, Kellam, & Blackard (2006).

Giordano, Landreth, & Jones (2005).

## Workshop 4: Limit Setting

### Practice

Practice 1. During special play time:

Chris has been playing with a small toy; he picks up the toy, looks at you, and then laughs and says, "I am going to throw him away, because he's been bad."

A: I know you really want to \_\_\_\_\_

C: But \_\_\_\_\_

T: You can \_\_\_\_\_

Practice 2.

Your family needs to leave, but your child wants to keep playing with other kids at the park and ignores your call.

A: I know you really want to \_\_\_\_\_

C: But \_\_\_\_\_

T: You can \_\_\_\_\_

Describe a situation in which you think you might need to set a limit during the special play time.

A: \_\_\_\_\_

C: \_\_\_\_\_

T: \_\_\_\_\_

Describe a situation in which you think you might need to set a limit in your everyday life.

A: \_\_\_\_\_

C: \_\_\_\_\_

T: \_\_\_\_\_

### What to do affect A-C-T

After you've followed the three step A-C-T process with empathy and firmness;

1. If a child's plea is repeated, DO NOT DISCUSS!!
2. If you think the child doesn't understand your response, say "I've already answered that question. You must have some question about my answer."
3. If you think the child understands, say
  - a. "I can tell you'd like to discuss this some more, but I've already answered that question."
  - b. "I can tell you don't like my answer. If you are asking again because you want me to change my mind, I will not."
  - c. Do you remember the answer I gave you a few minutes ago when you asked that same question?" If child answers, "no, I don't remember," then say, "Go sit down in a quiet place and think. I know you will be able to remember."

### What to do when limit setting does not work????

1. Look for natural causes for rebellion: fatigue, sickness, hunger, stress, and so forth.
2. Remain in control, respecting yourself and the child.
3. Set reasonable consequences for disobedience: Give your child choices. Example: if you choose to watch TV instead of going to bed, then you choose to give up TV all day tomorrow.

# CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

## Esteem Building Responses:

Developing Your Child's Sense of Competence - Session 7

👉 **Rule of Thumb:** "Never do for a child that which he can do for himself."

When you do, you rob your child of the joy of discovery and the opportunity to feel competent.  
You will never know what your child is capable of unless you allow him to try!

Parents help their child develop a positive view of "self," not only by providing their child with love and unconditional acceptance, but also by helping their child feel competent and capable. Parents help their child feel competent and capable by first allowing the child to **experience** what it is like to discover, figure out, and problem-solve. Parents show faith in their child and their child's capabilities by allowing him to struggle with a problem, all the while providing encouragement (encouragement vs. praise is covered in detail in Session 8). For most parents, allowing children to struggle is hard—but a necessary process for children to truly feel capable. The next step in helping children develop a positive view of self as competent and capable is learning to respond in ways that give children credit for ideas, effort, and accomplishments, without praising.

### Esteem-Building Responses to Use in Play Sessions:

"You did it!"

"You figured it out."

"You like the way that turned out."

"You decided..."

"You decided that was the way that was supposed to fit together."

"You know just how you want that to look."

"You're not giving up—you're determined to figure that out."

"You've got a plan for how..."

**Example 1:** Child works and works to get the lid off the playdough and finally gets it off.  
Parent response: "You did it."

**Example 2:** Child works and works to get the lid off the playdough, but can't get it off.  
Parent response: "You're determined to figure that out."

**Example 3:** Child struggles to get the dart to fit into the gun and pushed in all the way and finally gets it in.  
Parent response: "You figured it out."

**Example 4:** Child spends time drawing, cutting, and gluing a nondescript piece of "art" and shows you with a smile when he is finished.  
Parent response: "You really like the way that turned out."

**Example 5:** Child is carefully setting up army soldiers and telling you all about a battle that is going to take place, what is going to happen, and how one side is going to sneak up, and so forth.  
Parent response: "You've got a plan for how that side is..." or "You've got that all planned out."

Note: If your child tends to ask you to do things for him without trying first, ask the therapist to role-play how to return responsibility to your child to do things he is capable of figuring out for himself.

\*\*\*\*\*

### The Struggle to Become a Butterfly: A True Story (Author Unknown)

A family in my neighborhood once brought in two cocoons that were just about to hatch. They watched as the first one began to open and the butterfly inside squeezed very slowly and painfully through a tiny hole that it chewed in one end of the cocoon. After lying exhausted for about 10 minutes following its agonizing emergence, the butterfly finally flew out the open window on its beautiful wings.

The family decided to help the second butterfly so that it would not have to go through such an excruciating ordeal. So, as it began to emerge, they carefully sliced open the cocoon with a razor blade, doing the equivalent of a Caesarean section. The second butterfly never did sprout wings, and in about 10 minutes, instead of flying away, it quietly died.

The family asked a biologist friend to explain what had happened. The scientist said that the difficult struggle to emerge from the small hole actually pushes liquids from deep inside the butterfly's body cavity into the tiny capillaries in the wings, where they harden to complete the healthy and beautiful adult butterfly.

Remember: WITHOUT THE STRUGGLE, THERE ARE NO WINGS!

## CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

### Encouragement vs. Praise - Session 8

#### 👉 Rule of Thumb: "Encourage the effort rather than praise the product"

**Praise:** Although praise and encouragement both focus on positive behaviors and appear to be the same process, praise actually fosters dependence in children by teaching them to rely on an external source of control and motivation rather than on self-control and self-motivation. Praise is an attempt to motivate children with external rewards. In effect, the parent who praises is saying, "If you do something I consider good, you will have the reward of being recognized and valued by me." Overreliance on praise can produce crippling effects. Children come to believe that their worth depends upon the opinions of others. Praise employs words that place value judgments on children and focuses on external evaluation.

**Examples:** "You're such a good boy/girl." *The child may wonder, "Am I accepted only when I'm good?"*  
 "You got an A. That's great!" *Are children to infer that they are worthwhile only when they make As?*  
 "You did a good job." "I'm so proud of you." *The message sent is that the parent's evaluation is more important than the child's.*

**Encouragement:** Focuses on internal evaluation and the contributions children make—facilitates development of self-motivation and self-control. Encouraging parents teach their children to accept their own inadequacies, learn from mistakes (mistakes are wonderful opportunities for learning), have confidence in themselves, and feel useful through contribution. When commenting on children's efforts, be careful not to place value judgments on what they have done. Be alert to eliminate value-laden words (good, great, excellent, etc.) from your vocabulary at these times. Instead, substitute words of encouragement that help children believe in themselves. Encouragement focuses on effort and can always be given. Children who feel their efforts are encouraged, valued, and appreciated develop qualities of persistence and determination and tend to be good problem-solvers. *Note: Parent's voice should match child's level of affect; if child is excited about getting an "A" on a test, parent responds likewise with excitement in her voice, "You're really proud of that!" Use after-the-event celebrations (based on child's pride in achievement) instead of rewards (external motivators to get the child to achieve) to recognize achievement. In the above example, the parent could add "Sounds like something to celebrate; let's make a cake!" or "You choose the restaurant, my treat!"*

#### Encouraging Phrases That Recognize Effort and Improvement:

"You did it!" or "You got it!"  
 "You really worked hard on that."  
 "You didn't give up until you figured it out."  
 "Look at the progress you've made..." (Be specific)  
 "You've finished half of your worksheet and it's only 4 o'clock."

#### Encouraging Phrases That Show Confidence:

"I have confidence in you. You'll figure it out."  
 "That's a rough one, but I bet you'll figure it out."  
 "Sounds like you have a plan."  
 "Knowing you, I'm sure you will do fine."  
 "Sounds like you know a lot about \_\_\_\_\_."

#### Encouraging Phrases That Focus on Contributions, Assets, and Appreciation:

"Thanks, that was a big help."  
 "It was thoughtful of you to \_\_\_\_\_" or "I appreciate that you \_\_\_\_\_"  
 "You have a knack for \_\_\_\_\_. Can you give me a hand with that?"

#### In summary, encouragement is:

1. Valuing and accepting children as they are (not putting conditions on acceptance)
2. Pointing out the positive aspects of behavior
3. Showing faith in children, so that they can come to believe in themselves
4. Recognizing effort and improvement (rather than requiring achievement)
5. Showing appreciation for contributions

Adapted from Dinkmeyer, D., & McKay, G.D. *The Parent's Handbook*. (1982). Circle Pines, Minn: American Guidance Service.

## CHILD-PARENT-RELATIONSHIP (C-P-R) TRAINING

### Common Problems in Play Sessions - Session 6

**Q:** My child notices that I talk differently in the play sessions and wants me to talk normally. What should I do?

**A:** Say, "I sound different to you. That's my way of letting you know I heard what you said. Remember, I'm going to that special class to learn how to play with you." (The child may be: saying he notices the parent is different; having a surprise reaction to the verbal attention; annoyed by too much reflection of words; or saying he notices the difference in the parent's reflective-type responses. The child may also be saying he doesn't want the parent to change, because that will mean he must then change and adjust to the parent's new way of responding.)

**Q:** My child asks many questions during the play sessions and resents my not answering them. What should I do?

**A:** We always begin by reflecting the child's feelings. "You're angry at me." Sometimes a child feels insecure when a parent changes typical ways of responding and is angry because he doesn't know how to react. Your child may feel insecure and be trying to get your attention the way he has done in the past. Your objective is to encourage your child's self-reliance and self-acceptance. "In our special playtime, the answer can be anything you want it to be." For example, your child might ask, "What should I draw?" You want your child to know he's in charge of his drawing during the special playtime, so you respond, "You've decided to draw, and in this special playtime, you can draw whatever you decide." Our objective is to empower the child, to enable the child to discover his own strengths.

**Q:** My child just plays and has fun. What am I doing wrong?

**A:** Nothing. Your child is supposed to use the time however she wants. The relationship you are building with your child during the special playtimes is more important than whether or not your child is working on a problem. As your relationship with your child is strengthened, your child's problem will diminish. Your child may be working on issues through her play that you are not aware of. Remember the lesson of the Band-Aid. What you are doing in the playtimes is working, even when you don't see any change. Children can change as a result of what they do in play sessions with parents or play therapists, even though we are not aware of what they are working on. Your job during the special playtimes is to follow your child's lead and be nonjudgmental, understanding, and accepting of your child. Your empathic responses will help your child focus on the issues that are important to her.

**Q:** I'm bored. What's the value of this?

**A:** Being bored in a playtime is not an unusual happening because parents have busy schedules, are on the go a lot, and are not used to sitting and interacting quietly for 30 minutes. You can increase your interest level and involvement in your child's play by responding to what you see in your child's face and asking yourself questions such as "What is he feeling?" "What is he trying to say in his play?" "What does he need from me?" or "What is so interesting to him about the toy or the play?" and by making more tracking responses and reflective responses. The most important thing you can do is continue to be patient with the process of the play sessions.

**Q:** My child doesn't respond to my comments. How do I know I'm on target?

**A:** Usually when you are on target, your child will let you know. If she doesn't respond to a reflection, you may want to explore other feelings she might be having or convey that you're trying to understand. For example, if you have reflected "You really are angry!" and your child doesn't respond, you might say, "... Or maybe it's not anger you're feeling, maybe you're just feeling really strong and powerful." If your child still doesn't respond, you might say, "Maybe that's not it either. I wonder what it could be that you're feeling."

**Q:** When is it okay for me to ask questions, and when is it not okay?

**A:** Most of the time, questions can be rephrased as statements, for example, "I wonder if that's ever happened to you" instead of "Has that ever happened to you?" The only type of questions that are okay in play sessions are spoken as "stage whispers," as in "What should I say?"

**Q:** My child hates the play sessions. Should I discontinue them?

**A:** Communicating understanding is always important. Say, "You don't want to have the special playtime. You would rather do something else. Let's have the special playtime for 10 minutes, then you can decide if you want to have the rest of the special playtime or do something else." This response helps your child to feel understood and to feel in control. A child in that position in a relationship is much more likely to compromise. In most cases, a child will get started playing and will decide to have the rest of the playtime.

**Q:** My child wants the playtime to be longer. Should I extend the session?

**A:** Even though your child is having lots of fun, the time limit is adhered to because this promotes consistency, affords you an opportunity to be firm, and provides your child with an opportunity to bring himself under control and end a very desirable playtime. Use A-C-T limit setting, being sure to acknowledge your child's feelings. For example, you can say, "You're really having fun and would like to play a lot longer, but our special playtime is over for today. We will have another special playtime next Tuesday." If your child persists, you could say, "Joey, I wish we had more time, too, but our 30 minutes are up for today. We'll get to have another playtime next Tuesday."

**Q:** My child wants to play with the toys at other times during the week. Is that OK?

**A:** Allowing your child to play with these toys only during the 30-minute playtimes helps to convey the message that this is a special time, a time just for the two of you, a fun time. Setting the toys apart makes the playtime unique and more desirable. Another reason is that this time with your child is an emotional relationship time; the toys become a part of that emotional relationship during which your child expresses and explores emotional messages through the toys because of the kinds of empathic responses you make. This same kind of emotional exploration cannot occur during other playtimes because you are not there to communicate understanding of your child's play. Additionally, being allowed to play with these toys only during the special playtimes helps your child learn to delay his need for gratification. If you are having trouble keeping your child from playing with the special toy kit, try storing it out of sight on the top shelf of your closet. If that doesn't work, lock it in the trunk of your car.

**Q:** My child wants me to shoot at him during the play session. What should I do?

**A:** Set the limit. If your child says, "I'm the bad guy, shoot me," say, "I know you want me to shoot you, but you're not for shooting; I can pretend you're the bad guy getting away, and I'll catch you, or you can draw a picture of the bad guy getting shot."

**Q:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Things to Remember:

1. Reflective responses help children to feel understood and can lessen anger.
  2. In play, children express what their lives are like now, what their needs are, or how they wish things could be.
  3. In the playtimes, the parent is not the source of answers (reflect questions back to child: "Hmm—I wonder").
  4. Don't ask questions you already know the answer to.
  5. Questions imply non-understanding. Questions put children in their minds. Children live in their hearts.
  6. What's important is not what the child knows, but what the child believes.
  7. When you focus on the problem, you lose sight of the child.
  8. Support the child's feeling, intent, or need, even if you can't support the child's behavior.
  9. Noticing the child is a powerful builder of self-esteem.
  10. Empower children by giving them credit for making decisions: "You decided to\_\_\_\_\_."
  11. One of the best things we can communicate to our children is that they are competent. Tell children they are capable, and they will think they are capable. If you tell children enough times they can't do something, sure enough, they can't.
  12. Encourage creativity and freedom—with freedom comes responsibility.
  13. "We're about to institute a new and significant policy immediately effective within the confines of this domicile."
  14. When we are flexible in our stance, we can handle anger much more easily. When parents are rigid in their approach, both parent and child can end up hurt (remember the stiff arm!).
  15. When unsure of what to say to child or what to do, ask yourself, "What action or words will most preserve the relationship or do least harm?" Sometimes walking away and saying nothing, or telling the child, "I need to take a time-out to cool off, and then we can talk," is best. Always remember: "Nothing at this moment is more important than my relationship with my child."  
(Also applies to spouses, significant others, etc.)
- 
16. Live in the moment—today is enough. Don't push children toward the future.

APPENDIX D  
WEEKLY PROCESS NOTES

1. Goal for today
2. Activities
3. One thing I learned today
4. Favorite part about today's session
5. How I can use this at home

APPENDIX E  
POST-WORKSHOP INTERVIEW QUESTIONS

1. Do you feel you've gained something from these workshops? If so, what?
2. What did you like about the workshops? What did you not like?
3. Have you seen any changes in yourself, your child, or your relationship with your child? If so, what?
4. What are some things you learned from the workshop that you would like to continue doing?
5. Do you feel the workshops were relevant to your life circumstances?
6. Do you feel the group facilitators were responsive to your needs? If so, how?
7. Do you feel the group facilitators were respectful and understood you? If so, how?
8. What changes would you make to the workshop to fit your needs?

## LIST OF REFERENCES

- Amatea, E. S., Smith-Adcock, S., & Villares, E. (2003). From family deficit to family strength: Viewing families' contributions to children's learning from a family resilience perspective. *Professional School Counseling, 9*(3), 177-189.
- Attree, P. (2005). Parenting support in the context of poverty: A meta-synthesis of the qualitative evidence. *Health and Social Care in the Community, 13*(4), 330-337.
- Axline, V. M. (1969). *Play therapy* (rev. ed.). New York: Ballantine Books.
- Baggerly, J. (2006). Service learning with children affected by poverty: Facilitating multicultural competence in counseling education students. *Journal of Multicultural Counseling and Development, 34*, 244-255.
- Bratton, S. C., Landreth, G. L., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents*. New York, NY: Routledge.
- 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.
- Conger, R. D., & Conger, K. J. (2002). Resilience in Midwestern families: Selected findings from the first decade of a prospective, longitudinal study. *Journal of Marriage and Family, 64*, 361-373.
- Crosnoe, R., Mistry, R. S., & Elder, G. H. (2002). Economic disadvantage, family dynamics, and adolescent enrollment in higher education. *Journal of Marriage and Family, 64*, 690-702.
- Drewes, A. A. (2005). Suggestions and research on multicultural play therapy. In Gil, E. & Drewes, A. A. (Eds.), *Cultural issues in play therapy* (pp. 72-95). New York, NY: The Guilford Press.
- Edwards, N. A., Ladner, J., & White, J. (2007). Perceived effectiveness of filial therapy for a Jamaican Mother: A qualitative case study. *International Journal of Play Therapy, 16*(1), 36-53.
- Evans, G.W. & English K. (2002). The environment of poverty: Multiple stressor exposure, psychophysiological stress, and socioemotional adjustment. *Child Development, 73*(4), 1238-1248.
- Fraser, M., Richman, J., & Galinsky, M. (1999). Risk, protection, and resilience: toward a conceptual framework for social work practice. *Social Work Research, 23*(3), 131-143.

- Gainesville HIPPY. (2010). *Florida HIPPY Demographics Program Report 2009-2010*. Gainesville, FL: Gainesville HIPPY.
- Garza, Y., & Watts, R. E. (2010). Filial therapy and Hispanic values: Common ground for culturally sensitive helping. *Journal of Counseling & Development, 88*(1), 108-113.
- Gil, E. (2005). From sensitivity to competence in working across cultures. In Gil, E. & Drewes, A. A. (Eds.), *Cultural issues in play therapy* (pp. 3-25). New York, NY: The Guilford Press.
- Guerney, L. (2000). Filial therapy into the 21<sup>st</sup> century. *International Journal of Play Therapy, 9*(2), 1-17.
- Guerney, L. (2001). Child-centered play therapy. *International Journal of Play Therapy, 10*(2), 13-31.
- Hinds, S. (2005). Play therapy in the African American "village". In Gil, E. & Drewes, A. A. (Eds.), *Cultural issues in play therapy* (pp. 115-147). New York, NY: The Guilford Press.
- Hinman, C. (2003). Multicultural considerations in the delivery of play therapy services. *International Journal of Play Therapy, 12*(2), 107-122.
- Landreth, G. L., Bratton, S. C. (2006). *Child parent relationship therapy (CPRT): A 10-session filial therapy model*. New York, NY: Routledge.
- Lyon, A. R., & Budd, K. S. (2010). A community mental health implementation of Parent-Child interaction therapy (PCIT). *Journal of Child and Family Studies, 19*, 654-668.
- Orthner, D.K., Jones-Sanpei, H., Williamson, S. (2004). The resilience and strengths of low-income families. *Family Relations, 53*(2), 159-167.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.
- Sangganjanavanich, V. F., Cook, K., & Rangel-Gomez, M. (2010). Filial therapy with monolingual Spanish-speaking mothers: A phenomenological study. *The Family Journal, 18*, 195-201.
- Schwarzbaum, S. E. (2004). Low-income Latinos and dropout: Strategies to prevent dropout. *Journal of Multicultural Counseling and Development, 32*, 296-306.
- Sheely, A., & Bratton, S. (2010). A Strengths-Based Parenting Intervention with Low-Income African American Families. *Professional School Counseling, 13*(3), 175-183.

Solis, C. M., Meyers, J., Varjas, K. M. (2004). A qualitative case study of the process and impact of filial therapy with an African American parent. *International Journal of Play Therapy*, 13(2), 99-118.

Tidwell, R. (2004). The 'no-show' phenomenon and the issue of resistance among African American female patients at an urban health care center. *Journal of Mental Health Counseling*, 26(1), 1-12.

Werner, E. E. (1996). Vulnerable but invincible: High risk children from birth to adulthood. *European Child and Adolescent Psychiatry*, 5 (Suppl. 1), 47-51.

## BIOGRAPHICAL SKETCH

Kristina was born in Miami, FL. She lived in Miami her entire life until moving to Gainesville, FL to complete her undergraduate degree. She graduated from the University of Florida December 2008 with a Bachelor of Science in psychology. She began a Master of Arts in Education degree in marriage and family counseling January 2009. She completed her M.A.E. in marriage and family counseling December 2011.