Advocating for Play Therapy: A Challenge for an Empirically-Based Practice in the Philippines

Maria Caridad H. Tarroja
De La Salle University

Maria Aurora Assumpta D. Catipon
AAAI Assessment Psychologists, Inc., Quezon City, Philippines

Maria Louise T. Dey
InTouch Community Services, Makati City, Philippines

Washington C. Garcia
Ateneo de Manila University

Play therapists in the Philippines are confronted with several challenges despite the popularity of play therapy as a treatment modality. Thirty-five Filipino play therapists were surveyed online about their practice as a play therapist, the issues and challenges they encounter, and the strategies they have explored to address these challenges. Their responses were analyzed qualitatively for emerging patterns and dominant themes. Data fell into 2 general categories, namely personal challenges and collaborative challenges, where there seems to be little recognition of play therapy as an effective intervention by other professionals working with children. Strategies employed to deal with these challenges included developing competence as therapists, working with others, and conducting research. Overall, findings suggest that even after 40 years of applying play therapy in the Philippines, there is still a great need to advocate for its usefulness as an effective intervention for children. The implications of this advocacy challenge to the clinical practice and to developing an evidence-based practice are discussed.

Keywords: play therapy, Filipino play therapists, play therapy challenges, online survey, collaborative challenges

Play therapy has long been acknowledged as a developmentally appropriate and effective intervention for children with behavioral and emotional problems and in various settings (Bratton & Ray, 2000; Bratton, Ray, Rhine, & Jones, 2005). In

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Maria Caridad H. Tarroja, De La Salle University, Manila, Philippines; Maria Aurora Assumpta D. Catipon, AAAI Assessment Psychologists, Inc., Quezon City, Philippines; Maria Louise T. Dey, InTouch Community Services, Makati City, Philippines; Washington C. Garcia, Ateneo de Manila University, Quezon City, Philippines.

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Correspondence concerning this article should be addressed to Maria Caridad H. Tarroja, De La Salle University, 2401 Taft Ave., Manila, 1004 Philippines. E-mail: maria.caridad.tarroja@dlsu.edu.ph

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recent years, however, play therapists have been faced with the challenge to develop evidence-based practice (Urquiza, 2010). This challenge has been positively met with world-wide report of increase in empirical studies on the effectiveness of play therapy as an intervention for children (Baggerly & Bratton, 2010; Bratton et al., 2005; Muro, Schottelkorb, Ray, & Smith, 2006). In the Philippines, however, there is a continuing paucity of empirical research on play therapy. Thus, although many Western studies on play therapy already focus on the effectiveness and applications of play therapy, this research examines first the current issues and challenges confronting the Filipino play therapists and how they have addressed these challenges. The article also presents insights on how advocating for play therapy through research can help Filipino play therapists overcome their challenges as practitioners.

CHALLENGES AND ISSUES IN THE PRACTICE OF PLAY THERAPY

Evidence-Based Practice

Although play therapy is recognized as a widely used intervention for children, the field has been challenged to produce empirical evidence to support the practice (Phillips & Landreth, 1995). It has become imperative, therefore, to highlight the effectiveness of play therapy and increase the accountability of practitioners through a more evidence-based practice to gain the respect it deserves in the mental health field (Phillips, 2010; Urquiza, 2010). Over the years, sound qualitative and quantitative research to demonstrate the efficacy of play therapy has made steady progress (Baggerly & Bratton, 2010; Bratton et al., 2005; Muro et al., 2006).

Although play therapy was introduced in the Philippines over 40 years ago (Carandang, 2009), there is dearth in empirical research on the application of play therapy. The first document on the application of play therapy on children experiencing stresses of political conflict, economic difficulty, and social unrest came out in 1987 (Carandang, 1987). Succeeding studies were few and all were conducted by Carandang: children with Autism (Carandang, 1992), those who have experienced trauma due to natural disasters (Carandang, 1996), and the training or formation of individuals as play therapists and their methods of practice of play therapy (Carandang, 2009). Demonstrating play therapy's value through empirical research is crucial in advocating for it as an intervention tool among parents, schools, judicial systems, managed care systems, fellow mental health professionals, and other people whom play therapists work with (Bratton & Ray, 2000).

Working With Parents

Apart from conducting research, building and maintaining a respectful and empathic connection is also underscored with child-clients' caregivers (VanFleet, 2000). Studies show that this is a significant factor in successful outcomes (Cates, Paone, Packman, & Margolis, 2006). Strengthening parent–child relationships for different referral concerns through play is seen in the practice of filial therapy for

different cases and cultures (Sweeney & Skurja, 2001). Filial therapy studies have also seen strong advantages over play therapy with individual children (Ray, Bratton, Rhine, & Jones, 2001). This may be particularly effective among Asians given the family oriented culture (Sweeney & Skurja, 2001).

In the Philippines, connecting with families is considered indispensable in therapy (Carandang, 1992). Thus, regular feedback sessions with and support group for parents are deemed essential in responding both to the needs of children and their families. Moreover, the principles of child directed play therapy (Carandang, 2009), a culturally contextualized model of practice in the Philippines, are taught to caregivers, parents, house parents, psychologists, teachers, non-government organization (NGO), and government workers. Except for one study illustrating positive changes in the mother–child relationship over a 5-year follow-up in filial therapy (Llamanzares, 1988), the dearth in documentation on this particular play therapy practice suggests this may not yet be fully explored in local practice.

Play Therapy in Asian Countries

Play therapy and filial therapy as practiced in the West has also been found to be effective with children in other Eastern countries (Guo, 2005; Kim & Nahm, 2008; Lee, & Landreth, 2003; Shen, 2002). However, in Hong Kong, where play therapy is still in its initial stages of development, the public has yet to recognize the practice as a specialized mental health discipline (Siu, 2010). Seeking help and opting for play therapy or filial therapy may be initially resisted (Sweeney & Skurja, 2001). For one, some Asians tend to view play as entertainment (Siu, 2010; Sweeney & Skurja, 2001). Asian parents who value achievement and structure may find it hard to believe, for example, that unstructured, nondirective, and casual sessions (as is the case with child-centered play therapy) with their children would solve the serious concerns they are facing and, thus, would prefer more directive and skills-based interventions (O'Connor, 2005). Furthermore, Asians tend to be wary to become involved (Chang, Hays, & Ritter, 2005) and feel rather restricted when communicating to a therapist (O'Connor, 2005). Further noted is the observation of the nonconfrontational communication style among Filipinos that lead practitioners to feel that working with the client and other family members in the same session is futile (Carandang, 1987). Thus, the need to be sensitive in addressing the cultural and social context of the child and the child's family in the conduct of play therapy was emphasized in the study of how play therapy is applied in South Korea and Hong Kong (Kim & Nahm, 2008; Siu, 2010).

This article describes the specific issues Filipino play therapists have to grapple with and the strategies they have used to cope with the said challenges. With a better understanding of Filipino practitioners' challenges and strategies, this article further discusses the role of research in helping them overcome these challenges and recommends how an empirically based practice can be established in the Philippines. In doing so, the researchers aim to motivate and challenge the Filipino play therapists to conduct play therapy research.

METHOD

Using a qualitative approach, this descriptive study investigated current challenges and resources of Filipino play therapists. The present study is part of a larger, in-depth study of Filipino play therapists that focused on (a) training and supervision, (b) the practice of play therapy, and (c) current challenges encountered in the profession. Only the data regarding current challenges are presented in this study.

Participants and Procedures

Members of the Philippine Child and Play Therapy Association (Philplay) were purposively selected and invited via e-mail to participate in the study. Philplay, established in 2009, is an organization of play therapists in the Philippines. Thirty-five psychologists who made up approximately 50% of the roster of membership at the time of the study completed the online survey after it had been pilot-tested, reviewed, and revised. The total number of respondents consisted of 23 females and 12 males, with ages ranging from 25 to 62 years. The respondents had varying work experience and training in play therapy.

Instrument

The online survey instrument was patterned after Phillips and Landreth's (1995, 1998) comprehensive survey questionnaire administered to play therapists in the United States. In particular, eight structured items covering demographic information about the respondents and 11 covering practice/professional issues were adopted for the current study. Fourteen new demographic items were added by the researchers. The survey also contains open-ended questions that delved into issues and difficulties the respondents experienced and their resources for handling such challenges.

This online survey was pilot tested with 10 respondents to ensure clarity of items and repair glitches that come with circulating an online document. Adjustments were made in the phrasing and formatting of some items after the pilot-run based on the comments of the respondents. The final survey form was e-mailed to all the members of Philplay. The survey response sets were collected over a 3-month period.

Data Analysis

The responses to the open ended questions were analyzed using the constant comparison analysis, a method used in analyzing qualitative data. In this method, the researchers read through the responses, coded them, put related codes together, and categorized the latter according to themes (Leech & Onwuegbuzie, 2007). This inductive content analysis as described by Elo and Kyngas (2008) and Leech and

Onwuegbuzie (2007) allowed the researchers to code the data without predetermined categories. The researchers worked individually to analyze the survey responses and met three times to discuss before arriving at a consensus on the emerging categories. These emerging categories were then presented to some of the respondents for data checking and validation.

RESULTS

The online survey results revealed six primary challenges encountered by Filipino play therapists, four issues falling under personal challenges category, and two under collaborative challenges category. Direct quotes from the respondents are presented in italics.

Personal Challenges

Personal challenges pertain to the experiences of the person of the therapist. These include issues with the clients, the therapists' competence, the play therapy process and financial matter. Concrete examples for each of these challenges are presented.

Client Issues

Respondents reported abuse and neglect followed by relationship problems as the top cases they have worked on. Given the variety of cases handled by the respondents, some cases are deemed more difficult to deal with than others. Foremost among the challenges encountered by the Filipino play therapists was what most respondents would consider as difficult clients. In particular, clients perceived as "*slow in pace like those with developmental/cognitive impairments*" and "*highly oppositional*" appear to test the skills of practitioners. Respondents reported that they sometimes reach a point where they find themselves at a loss on what to do with these difficult clients.

Therapist Issues

Two themes emerged in the therapist issues, first of which was the issue of competence, especially in dealing with difficult clients. Therapists' competence issues included "*lack of training and insufficient knowledge*", "*not knowing what to do . . . getting stuck*", and "*not having a support group.*"

The second therapist issue involved the therapist–client relationship. Negative counter transference with the client, which may occur in all process of counseling or psychotherapy, can also be counterproductive for the play therapy process and was raised as a challenge by the respondents.

Play Therapy Process

Some challenges cited by the respondents pertain to their difficulties over how they conduct play therapy. These challenges can happen at the beginning, in the middle, at the end of, or throughout the session. Specifically, some respondents mentioned about the challenge in gaining the trust of the child and in getting stuck in the play therapy ("*no apparent gains or improvements*"). Some respondents expressed concern about the "*slow pace of the process.*"

Many expressed uncertainty about their therapy approaches and how they can contribute to the outcome. For example, more than half mentioned the need to find out which among the many strategies and approaches would work for them for a specific client.

Financial Issues

Play therapy is not a full-time job among the respondents in this study. Twenty-three respondents report that they conduct play therapy 1 to 5 hours a week, or an equivalent of about half of an 8-hr day of work. Such work hours suggest that respondents mostly do play therapy on a part-time basis. Only 12 respondents reported that they do play therapy more than 5 hours a week. Given the part-time nature of the job, most of the respondents do not earn much as a play therapist. Hence, these therapists are engaged in other jobs. Likewise, there were respondents who mentioned that the pay itself per session is low compared with what they would earn in their other jobs. Respondents are likewise faced with the dilemma of determining the reasonable professional fees as there is currently no standard rate among play therapists.

Collaborative Challenges

Although working with the circle of family and professionals around the child is recognized as an important part of play therapy intervention, respondents have cited collaboration as a challenge for the practitioner. The parties cited as particularly challenging for the Filipino practitioner are parents and allied professionals.

Working With Parents

Many respondents identified working with the parents as one of their biggest challenges. The lack of appreciation and understanding of play therapy among some parents was expressed. Some respondents reported that parents confused play with play therapy, consequently diminishing the perceived value of play therapy. Because of this apparent lack of clarity about play therapy, some parents reportedly bring their child for play therapy only because the school recommended or required it. Some parents were also uncooperative when it comes to implementing the therapists' recommendations at home. One respondent noted that the parents'

resistance and lack of commitment to doing their part in the home environment served as a block in the therapeutic process. Other parents have unrealistic expectations regarding the results of play therapy. Some respondents have claimed that they felt pressured when parents wanted to see concrete and observable changes in their child's behavior after only two or three sessions.

Working With Allied Professionals

Working with other allied professionals, which include school personnel (e.g., guidance counselors or teachers), medical doctors (e.g., psychiatrists, developmental pediatricians), and other allied professionals (occupational therapists, speech therapists, physical therapists, special education [SPED] teachers) is another source of challenge. Some respondents have experienced working with allied professionals who do not appreciate the value of play therapy. These allied professionals seem to view play therapy as an unnecessary adjunct to their own interventions, and respondents reported that there are mental health professionals who do not recommend or encourage the use of play therapy. Respondents likewise cited a lack of coordination among professionals, resulting in overlapping activities at times. Some respondents think that some allied professionals have a negative impression of play therapy because they look at it as more unstructured and free-flowing and as not skill-based like occupational therapy or speech therapy. Apparently, many allied professionals in the Philippines think of play therapy practice as mostly child-centered.

Strategies for Addressing Challenges

In addressing the above challenges, specific strategies emerged from the responses. These strategies are categorized into three: developing self as a therapist, working with others, and doing research.

Developing Self as a Therapist

More than half of the respondents mentioned the importance of developing their competence and skills as a play therapist in order to address most of the challenges they face in their practice. Developing competence can be done through informal education such as "*reading up on a case some more*," "*read(ing) books*," "*having case conferences with fellow therapists,*" *and* "*discussing with colleagues.*" More formal education would include taking some "*coursework and other related subjects,*" and "*attending trainings.*" Apart from attending trainings and other continuing professional education, some of the respondents considered case reviews very helpful when handling challenging cases. This includes evaluating the efficacy of programs put into place and reading articles related to the case.

Mentoring and supervision were activities that helped some of the respondents address the challenges they encountered. The supervision allowed the play thera-

pists opportunities to evaluate their practice and play therapy strategies. On the other hand, some practitioners also mentioned peer supervision, where colleagues learn from each other through case consultations or informal discussions.

Respondents expressed the need for support among the play therapists. This can be in the form of "*support from peers*" or a formally organized "*support group of practitioners.*" In relation to this, about half of the respondents mentioned the importance of the creation of the Philippine Association for Child and Play Therapy (Philplay) as an important development in meeting this need.

Working With Others

Regular communication and coordination with parents and other allied professionals was singled out as critical in addressing many of the challenges faced by Filipino play therapists. Many of the respondents underscored the importance of collaboration with parents and consultation with other professionals. As one play therapist explained, "*as a therapist, I can only do as much for my client . . . the responsibility for the child's well-being is shared.*"

Although one respondent admits that it is difficult and time-consuming to write progress reports for parents and other professionals, it was reported that such documentation helps greatly in keeping track of and explaining therapeutic gains. Regular parent/team conference is another identified practice that can also serve as a venue for consultation. Respondents point out that these consultations are important for these reasons: "*help (parents) establish a goal for bringing their child to therapy*" and "*educate them about parenting, discipline, play, and affirmation.*" Furthermore, regular communication is also a way of educating parents and allied professionals about what play therapy is all about. Some respondents find opportunity in communication as they can "*patiently explain what play therapy is*" and "*(give) enough background (on) how the process works*."

Conducting Research

Some respondents, on the other hand, expressed the lack of empirical evidence as an important issue in their profession. One respondent suggested starting a research on play therapy as a good strategy to address many of their concerns, particularly the challenge to have an evidence-based practice. Another respondent mentioned collecting research on play therapy and showing them to parents. In this way, questions or doubts about the efficacy of play therapy and clarifications about the therapy process itself can be addressed.

DISCUSSION AND IMPLICATIONS

Advocating Play Therapy Through Research

The many challenges that confront Filipino play therapists can be summarized into one main challenge: advocating for play therapy. The personal and collabor-

ative challenges reported by the respondents have to do with a lack of understanding and appreciation of play therapy and its effectiveness by those who are not play therapy practitioners. A potent response to this challenge is to encourage a culture of research to substantiate the claim about the efficacy of specific play therapy technique or orientation. Therefore, Filipino play therapists need to develop a more evidence-based practice to advocate for play therapy's use and efficacy. Research needs to be done by the play therapists themselves, mindful of their role as a practitioner and researcher at the same time. Integrating research and practice may be a long and difficult process, but appears to be the direction that needs to be taken. Thus, in addition to the standardized coursework to ensure the quality of the practice, clinical research skills must be included in the training of therapists. Mentoring clinical researchers as well as partnerships with skilled and knowledgeable academic researchers are critical steps to move forward in this direction (Urquiza, 2010).

In sum, the challenge is to integrate basic research work in their practice as espoused by Urquiza (2010). The Filipino play therapists, however, can start doing small steps to develop the culture of being therapists and researchers. They can start to purposively and conscientiously document their own practice, take down notes about the types of clients they see, the frequency of their sessions, and other demographic data.

Practitioners can also start looking at their specific approaches (e.g., did they use CBT, Child-Centered, Psychoanalytic) or strategies (art, music, or sand) and their impact on some outcome measures (e.g., level of aggression, anxiety, depression, social skills, etc.). Comparison among groups can be made. Small N case studies, even single subject designs in particular, have been suggested for play therapists and are recognized as valid methodology for measuring intervention outcomes (Ray & Schottlekorb, 2010).

Advocacy Through Self-Development

On an individual level, much of the client and therapist challenges that surfaced can be addressed by developing competencies through (a) standardizing coursework in play therapy (Phillips & Landreth, 1995), and (b) ensuring maintenance of the quality of play therapy services rendered through continuing personal and professional development (Fall, Drew, Chute, & More, 2007) as well as access to *International Journal of Play Therapy* online (Ryan, Gomory, & Lacasse, 2002) and other helpful references. As validated in the literature, continuously developing one's competencies through training and supervision is essential.

Advocacy Through Collaboration

Another challenge is convincing the parents and other professionals about the value of play therapy. Foremost consideration in dealing with this issue is the need for regular communication with the children's parents. This regular communication includes consulting the parents about the concerns and conditions of the child,

informing them about the progress of the play therapy sessions, and involving them in goal-setting and monitoring of the child's behaviors. A study on the African American perceptions of play therapy even revealed the importance of doing something as basic as taking time to introduce play therapy to parents to avoid possible misconceptions about the process involved in it (Brumfield & Christensen, 2011). Further exploring how to integrate the family or caregivers in actual play therapy sessions, as applied in filial therapy, for different referral concerns may not only reinforce parents' empowerment and education but also make positive and longer lasting outcomes.

Aside from the parents, there is also a need for collaboration between the play therapists and other allied professionals such as teachers and medical doctors. The collaboration may consist of consultations, dialogue, and information exchange. Through these processes, possible duplication of functions is avoided and prescribed interventions are streamlined and maximized. It is through collaborative engagements with parents and allied professionals that Filipino play therapists can slowly change the cultural bias against the important role of play in the healing of children and, hence, establish a stronger professional identity for play therapy intervention as a specialized mental health practice.

Limitations

A number of limitations are acknowledged in this study. The sample was small, nonrandomized, and identified mostly through membership in Philplay. Although the sample represented 50% of the active membership in this association at the time the survey was initiated, these members came mostly from only three out of 12 regions in the country. Moreover, the online survey also limited the respondents to practitioners with access to this technology. The nature of the instrument used also prevented the authors as well to get elaboration and explanation from the respondents. Some of the responses were brief and lacking in details. Given these limitations in the selection of the respondents and in the instrument used, the results of the survey cannot be generalized to the challenges and issues faced by all play therapy practitioners in the Philippines.

CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

The basic challenge for Filipino play therapists lies in advocating for the effectiveness of play therapy as an intervention for children. Although there are many possible strategies for this advocacy, the logical step at this point is to follow the evidence-based practice, that is, clinical practices guided by empirical research in terms of intervention methods and approaches used (Foulkrod & Davenport, 2010; Urquiza, 2010). One good way to advocate for and advance play therapy as a profession is to integrate clinical practice with research.

After examining their challenges and issues, play therapy practitioners in the Philippines can now start conceptualizing their own research, either independently

or in collaboration with other play therapists. They can look into different variables that may impact effectiveness of a method as seen in the changes in behavior of their child clients. But more scientific and rigorous research methods need to be employed, going beyond the survey and case study approaches. Samples of children that reflect well-defined diagnostic criteria for some disorders will need to be assigned randomly to thoroughly planned and carefully implemented play therapy interventions in order to test the empirical questions about their efficacy. Likewise, this article supports Phillips' (2010) recommendation to define the populations and samples precisely, measure significant variables correctly, and stay closely to the data under study when conducting play therapy research.

However, the value of qualitative research, case studies, small N or single case research design cannot be undermined. These types of studies give important and relevant findings as long as they are conducted with methodological rigor. Suggested templates for this type of research have been laid out in previous studies (Glazer & Stein, 2010; Ray & Schottelkorb, 2010; Snow, Wolff, Hudspeth, & Etheridge, 2009).

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