

Explore the Limitations and Applications of Localized Implementation in Child Parent Relationship Therapy (CPRT): from the Perspectives of Program Execution and Learning Processes

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ABSTRACT

This thesis explores the limitations and applicability of Child Parent Relationship Therapy (CPRT) in localized practice, analyzing and providing suggestions from the perspectives of program execution and learning processes. The thesis begins by emphasizing the importance of parent-child relationships for children's psychological, social, and emotional development, highlighting that parental support promotes children's self-confidence, problem-solving skills, and the establishment of good social relationships. In recent years, more practitioners have been using CPRT to enhance parent-child interaction and promote parent-child relationships. Landreth's ten-session CPRT training model emphasizes that children can express their inner emotions and thoughts through play in a safe and supportive environment, thus fostering self-growth and problem-solving abilities. This model aims to teach parents therapeutic play techniques, making them agents of therapy. However, there are several challenges and limitations in its local implementation.

Firstly, cultural differences pose a major challenge. The disparity between Western individualism and Eastern collectivism affects the implementation of CPRT, with the authoritative role of Chinese parents often conflicting with the child-centered therapeutic concept. Secondly, in terms of program execution, it is recommended to introduce CPRT from a growth perspective to eliminate parents' stereotypes about play and therapy. Regarding the frequency and timing of sessions, adjustments should be made to accommodate different families' needs, enhancing parents' willingness to participate. For accessibility, it

is suggested to use schools as a base to promote CPRT, thus increasing accessibility for families of various socioeconomic statuses.

In terms of learning processes, Chinese parents often find it difficult to express emotions and set limits, so it is recommended to increase practices in emotional understanding and expression and to use localized teaching materials. Leaders should be culturally sensitive, providing support and encouragement to reduce anxiety and pressure during video supervision. In summary, CPRT groups offer the benefits of enhancing parent-child relationships and psychological education. To better promote it locally, flexible adjustments in recruitment, frequency, timing, and accessibility are necessary, along with developing group leadership methods suitable for the local culture to increase participation willingness and accessibility for service recipients.

Keywords: play therapy, child parent relationship therapy, filial therapy, parent-child relationship, school counseling

Introduction

Children's development and growth are influenced by numerous factors, among which parents play a critical role as significant others. The quality of the parent-child relationship is vital to a child's overall development and is regarded as an important foundation for the child's psychological, social, and emotional maturity. Parental love and support not only provide a stable and safe environment for growth in daily life but also help children build self-confidence, problem-solving skills, and healthy relationships with others. The quality of the parent-child bond plays a key role in multiple areas, such as emotional regulation, academic performance, and self-control. In the past, most parenting education focused on lectures, information dissemination, and parental counseling. However, in recent years, more practitioners in Taiwan have adopted the approach of parent-child play therapy to help parents better understand their children, develop diverse parenting skills, and enhance the effectiveness of parent-child interactions, thereby promoting healthier parent-child relationships. This article reviews past literature, explores the applicability and limitations of Landreth's ten-session parent-child play therapy training model in local practice from the perspectives of program implementation and learning processes, and summarizes relevant recommendations for modifications. The findings provide a reference for future researchers and practitioners to develop more localized approaches to parent-child play therapy.

Landreth's Ten-Session Parent-Child Play Therapy Training Model

In Taiwan, the work model for parent-child play therapy primarily follows G. Landreth's ten-session parent-child play therapy training model. This model teaches parents interactive skills used in play therapy, promotes parents' awareness, acceptance, and positive responses to their children's emotions, and enhances parent-child relationships through practical exercises during parent-child playtime and supervised discussions within training groups (Bratton & Landreth, 2006). The ten-session parent-child play therapy training model is grounded in child-centered play therapy theory, which emphasizes that children possess an inherent instinct for self-growth and maturity. When children are in a safe, accepting, and supportive therapeutic relationship, they can freely express and reveal their inner emotions and thoughts through play materials. By experiencing the therapist's accepting responses, they gain deeper insights into their emotions and behaviors, ultimately developing problem-solving skills and taking responsibility for their actions. The

relationship between the therapist and the child is the cornerstone of this approach (Axline, 1969), enabling children to unlock their potential for self-direction, transitioning from maladaptive states toward healthier development. Landreth (2012) believes that even children without emotional or behavioral problems, along with their parents, can benefit from learning effective ways to improve their relationships. Extending therapeutic techniques from professionals to parents can improve the psychological well-being of future generations.

Limitations and Revised Perspectives on Local Implementation

Parent-child play therapy was developed in a Western cultural context, and applying it in Taiwan presents specific limitations and challenges. If issues related to its applicability are not addressed, it may reduce the accessibility of professional services, increase dropout rates among group participants, and ultimately affect the effectiveness of the therapy. From a cultural perspective, Western cultures are largely individualistic, with therapeutic goals focusing on individual development and psychological health needs. In contrast, Eastern cultures are more collectivist, emphasizing not only individual needs but also the relationship between the individual and the group. These cultural differences affect how adults perceive children's behaviors and whether they can successfully implement the techniques used in parent-child play therapy. Cai Yihua and Lin Miaorong (2023) explored the roles and responsibilities of parents, noting that the child-centered approach of parent-child play therapy, where children lead the interaction, may conflict with the values and roles of Chinese parents. The traditional authority of parents in Chinese culture tends to create interaction patterns characterized by "guidance," "explaining children's behavior," and "being unaccustomed to expressing emotions" (Hu Taili et al., 2002; Ye Guanghui et al., 2006). These interaction patterns hinder therapeutic progress in parent-child play therapy groups (Winek et al., 2003). Additionally, previous studies have highlighted difficulties in the execution of parent-child play therapy groups in Taiwan, particularly in terms of program implementation and the learning process of participants. These factors affect whether the therapy can reach a more diverse audience and whether participants can consistently attend the sessions (Shi Yuli et al., 2010; Zeng Renmei, 2008; Zeng Renmei & Luo Minghua, 2007). Based on a review of past literature and personal practical experience, this article further explores the applicability and limitations in terms of program implementation and the learning process, and offers related revisions for future reference.

1. Program Implementation

(1) Recruitment and Promotion

Traditional Chinese parenting emphasizes the values of "morality" and "learning" (Ye Guanghui et al., 2006), which may lead parents to misunderstand and stereotype play (Cai Yihua & Lin Miaorong, 2023). The stigma associated with the term "therapy" may also discourage parents from signing up. Previous scholars have suggested introducing parent-child play therapy from a developmental perspective, clearly explaining the benefits of the therapy in promotional materials (Lin Yuxuan & Wu Liyun, 2017). In recent years, parents have gradually shifted from a singular focus on academic achievement to embracing a more diverse approach to education that values the development of multiple skills. Practitioners in the recruitment stage can refer to the 20 therapeutic factors of play therapy proposed by Schaefer and Drewes (2013) to illustrate its benefits. Factors such as promoting communication, enhancing emotional regulation, improving social skills, and strengthening individual strengths align with the current developmental needs of children. Framing parent-child play therapy from the perspective of skill development may reduce the impact of stigma and increase participation.

(2) Frequency and Scheduling

Past research suggests that a ten-week (ten-session) duration is appropriate for implementing this training model. However, depending on the target audience's limitations and needs, flexible adjustments to the schedule, including reducing the number of sessions, may be necessary (Hong Shuya & Zhuo Wenjun, 2001; Zeng Renmei & Gao Shuzhen, 2005; Zeng Renmei & Luo Minghua, 2007; Landreth, 2012). The duration of the sessions is a key factor in participants' continued involvement and retention. For some single-parent or disadvantaged families, caregivers may face economic and life pressures, making it difficult for them to commit to the long-term learning model. Long working hours and challenges in taking time off also hinder participation in multi-week training programs (Lin Yuxuan & Wu Liyun, 2017; Zhang Kailing & Li Yueting, 2013). Previous scholars have adapted the ten-week group model into short-term intensive training (3-5 weeks), finding that intensive parent-child play therapy can lead to therapeutic progress in a shorter time, making it suitable for crisis intervention and families with specific issues (Wang Chunqi, 2013;

Smith & Landreth, 2003). One-on-one training models may also be more suitable for certain groups and situations (He Meixue, 2003; Glazer-Waldman & Kottman, 1994). In my experience working in schools, ten-week groups (lasting over two months) often lead to parental fatigue toward the end. Many parents of children with emotional and behavioral issues in secondary counseling cases have low motivation to change their parenting functions. When faced with a long-term intensive course, low-motivation parents may feel resistant. Even if they are invited to participate, they may lose motivation to continue if they do not see immediate results or feel a sense of accomplishment, leading to a sense of frustration (Shi Yuli et al., 2010). In terms of scheduling, parent-child play therapy groups involve various tasks, such as explanations and demonstrations, practice and role-playing, sharing and discussion, supervision and feedback. Each session, lasting only 120 minutes, is packed with multiple objectives. Local research has found that parents' feelings of frustration often need to be supported and empathized with, which can take up more group time (Liu Xiujun et al., 2019). I have also observed in practice that for many parents lacking social support, the group becomes an important support system and emotional outlet.

Therefore, careful planning of group time is a significant challenge. Overall, the number of sessions and time allotted affects participants' assessment of whether they can complete the program. Completion feasibility is a key factor in an individual's willingness to continue learning. I suggest that an eight-week program is more aligned with the general population's preferences, and each session should not exceed two hours. For parents with full-time jobs, setting aside a three-hour time slot on weekday evenings or weekends can be a burden. In addition, execution could be shifted to a long-term, less frequent training model (Zeng Renmei, 2008) or integrated with school counseling work, such as one-on-one parental consultations (He Meixue, 2003), providing greater flexibility in the number of sessions and hours.

(3) Accessibility for Participants

Since psychotherapy was introduced from the West, local mental health care practices naturally differ from those abroad. Even though Taiwanese society increasingly values mental health, the willingness to seek professional mental health services in community institutions is still influenced by socioeconomic status and resource distribution. In Taoyuan, where I work, parents of children with emotional and behavioral issues rarely seek paid psychological counseling or related group

courses in community institutions. Families in economically disadvantaged or vulnerable situations are even less likely to access professional parent-child play therapy services without financial assistance or free resources. In non-metropolitan areas with fewer community counseling institutions, schools remain the most accessible support system for many families. For low-socioeconomic-status families, school counseling resources are also a relatively affordable option. In line with local educational practices, most Taiwanese parents prefer to first address their children's emotional and behavioral problems through school resources. Therefore, I believe that the parent-child play therapy training model is suitable for promotion through schools, integrated with school counseling programs, such as group counseling, parent consultations, and parenting seminars (He Meixue et al., 2005). By consolidating administrative funding and having school counseling personnel (school psychologists or full-time counselors) lead the programs, schools can serve as service agencies, increasing accessibility for families of different socioeconomic backgrounds, allowing families across various social strata to benefit.

2. Learning Process

(1) Difficulties in Learning Skills

Past studies have indicated that many Taiwanese parents experience difficulty learning certain techniques during parent-child play therapy training due to cultural differences. The inability to demonstrate child-centered attitudes and responses creates pressure and guilt, leading to participant dropout (Zeng Renmei, 2008).

A. Reflective Responses

Chinese culture's discomfort with emotional expression makes it difficult for parents to learn reflective responses, particularly in recognizing, understanding, and conveying their understanding of their children's emotions. Previous research has identified several obstacles to mastering these techniques: unfamiliarity with this mode of expression, difficulty identifying children's true emotions, a lack of emotional vocabulary, and uncertainty about the depth and frequency of responses (Lin Yuxuan & Wu Liyun, 2017; Zeng Renmei, 2008). Difficulties in recognizing and responding to emotions also affect how parents respond to non-verbal interactions, hindering the development of an accepting and understanding relationship between parent and child.

B. Setting Limits

Past research has found that Taiwanese parents often struggle with learning limit-setting techniques (Lin Yuxuan, 2015; Lin Yuxuan & Wu Liyun, 2017; Zeng Renmei, 2008; Zeng Renmei & Luo Minghua, 2007). The authoritative and instructional role of traditional Chinese parents leads them to adopt a more prohibitive stance when dealing with children's aggressive and rule-breaking behavior (Zeng Renmei, 2008). This stance often results in "excessive" or "premature" limit-setting, as parents feel compelled to stop inappropriate behavior immediately. However, the purpose of limit-setting in play therapy is to promote children's internal self-control, allowing them to choose and take responsibility for their actions and develop appropriate ways to express their intentions, rather than simply stopping the immediate behavior (Ray, 2011). Traditional Chinese parenting views limit-setting as a technique that may not fulfill its therapeutic purpose and can evoke negative feelings in parents, such as anxiety, helplessness, or a sense of being an ineffective manager (Ray, 2023). Therefore, continuously clarifying the purpose and role of limit-setting during the learning process is essential. In terms of technical language, the limit-setting technique in child-centered play therapy consists of three steps: Acknowledge (acknowledge the feeling), Communicate (set the limit), and Target (point out other options) (Landreth, 2012). Taiwanese parents, who struggle with recognizing and understanding children's emotions, often skip the first step (acknowledging the feeling) and go directly to the second step (setting the limit). When children's feelings and intentions are not understood, they are less likely to cooperate with the limits set. Thus, in local implementations of parent-child play therapy, the focus should be on practicing emotional understanding and expression, increasing opportunities for live demonstrations and role-playing (Lin Yuxuan & Wu Liyun, 2017; Zeng Renmei, 2008). During reflective response training, more live and video demonstrations should be incorporated (Zeng Renmei, 2008). Additionally, providing a diverse range of emotional vocabulary and facial emotion cards can serve as scaffolding to address unfamiliarity with emotions (Lin Yuxuan, 2015). Most importantly, the Landreth parent-child play therapy training manual and materials are designed based on Western cultural expressions. Revising the program's language and examples to use more localized expressions will help Taiwanese parents apply the techniques more naturally (Wang Chunqi, 2013; Zeng Renmei, 2008). I believe that because Taiwanese parents tend to "state the limit" first when faced with their children's behavior, adopting the limit-setting framework

from Adlerian play therapy—"state the limit-reflect the feeling-generate alternative acceptable behaviors"—may allow parents to state the limit first and then reflect the emotion. By flexibly applying multiple theoretical strategies, local parents may be less likely to feel stuck when unsure how to respond emotionally and less anxious or frustrated when they cannot respond to their children's behavior.

(2) Leading Style of Group Facilitators

A. Supervision and Learning of Techniques

Parent-child play therapy training groups involve multiple tasks, such as explanations and demonstrations, practice and role-playing, sharing and discussion, supervision, and feedback. Group facilitators play various roles, including educator, guide, catalyst, observer, supervisor, and consultant, and their leading style influences participants' engagement and learning outcomes (He Meixue et al., 2005; Zeng Renmei & Luo Minghua, 2007). Previous studies have pointed out that parents' frustrations in practicing parenting skills need to be heard, understood, and supported, making supervision discussions particularly important (Liu Xiujun et al., 2019). During supervision, the therapist highlights parents' changes and strengths, inviting parents to notice different aspects of their children and to encourage their children's efforts (Zeng Renmei & Gao Shuzhen, 2005). Parents can also gain more understanding of themselves and their children through discussions of the play sessions (Wang Chunqi, 2013). Therefore, supervision plays a crucial role in promoting learning in parent-child play therapy groups. However, Chinese cultural pressures to achieve, concern over one's performance, and attention to the authority of the teacher pose challenges to learning play therapy techniques and conducting supervision (Zeng Renmei, 2008; Cai Yihua & Lin Miaorong, 2023). The parent-child play therapy training model requires parents to conduct a play session with their children at home each week, record it, and bring the recording to the group for supervision discussions. Many participants feel anxious about not performing well, exposing family issues, or being sensitive to the feedback from facilitators, worrying that they are not "good parents" (Zeng Renmei, 2008), which leads to resistance and stress regarding video supervision. If highly motivated parents experience such feelings, parents with lower levels of motivation will feel this even more. Therefore, how to handle local parents' feelings about video supervision is crucial to reducing dropout rates and ensuring successful local

implementation of the model. Based on my practical experience, a safe group atmosphere and a sense of non-evaluative reward are key factors in encouraging video submission. A sense of safety is the foundation for members' willingness to open up in the group, relying on group cohesion and the passage of time. In the framework of Landreth's ten-session training model, video supervision begins in the fourth week. With only three meetings before this, some participants may not yet feel secure enough in the group. Facilitators can adjust the timing of video supervision, starting with demonstration videos or verbal sharing to encourage discussion before inviting different participants to present their videos based on their supervision motivation. A smaller group size can help create a safer environment. When group sizes are smaller, participants may feel less anxious about "public displays" and "being evaluated." For local parents, once they feel they are among "their own people," their anxiety about video submission will gradually decrease. Furthermore, when participants experience non-evaluative discussions and see the potential to learn new ways of responding to their children through supervision feedback, the sense of reward can increase their willingness to participate in supervision. As past research has stated, facilitators must possess cultural sensitivity, understanding the cultural factors that interfere with skill learning, focusing on parents' progress and strengths, and encouraging members to make simple attempts. By fostering support among participants, parents can gain the strength to grow through the group's supervision discussions (Cai Yihua & Lin Miaorong, 2023; Zeng Renmei & Gao Shuzhen, 2005).

B. Emotional and Personal Issue Support for Members

Parent-child play therapy groups can provide psychological support for participants. Past research has found that women in Chinese culture bear considerable pressure, especially in female-dominated groups, where participants easily form supportive connections, with the group becoming an outlet for emotional expression (Zeng Renmei, 2008). I have observed similar patterns in practice: participants often naturally talk about and express emotions and stress that they cannot share at home, even when the group's primary focus is on their children's issues. These discussions are often accompanied by emotions stemming from parent-child interaction experiences, as well as other family and life stressors, such as differences in parenting approaches with their partners, the authority of elders' opinions, and the challenge of balancing work and family roles. In groups addressing specific issues (e.g., domestic violence or children witnessing violence), even though parent-child play therapy has positive therapeutic effects, environmental

factors and the emotional stress they create can affect the sustainability of the therapy's benefits (Wang Chunqi, 2013). Most Taiwanese parents seek psychological counseling resources for their children's problems, but few proactively seek help for personal issues. Especially for families lacking social support and facing high-risk factors, the group becomes a vital source of support in their difficult lives. Thus, facilitators in these groups are not only responsible for helping participants improve their skills but also play a critical role in fostering emotional support. This aspect of group leadership is essential for the local application of parent-child play therapy.

Although parent-child play therapy groups are designed to be psychoeducational, when participants reveal personal emotional issues, facilitators need to offer brief support during group sessions and, afterward, help parents become aware of their personal difficulties and provide them with related resources (Lin Yuxuan & Wu Liyun, 2017). Parents' stress, negative emotions, and personal issues not only affect their learning but also lead to dropout (Shi Yuli et al., 2010). How facilitators balance psychoeducation and emotional support is a critical issue in group leadership. When working with groups experiencing high levels of emotional stress, facilitators must not overlook the role of emotional support in helping participants learn skills. I believe that in the local context, parent-child play therapy group facilitators must flexibly adjust the group's tasks and role distribution based on the nature and needs of participants. When working with high-emotional-support-need populations, reducing the number of participants allows the facilitator to effectively balance the psychoeducational and emotional support functions of the group.

Conclusion

Parent-child play therapy groups empower parents to become therapeutic agents, offering the dual benefits of parenting education and child play therapy. This makes it highly suitable for local counseling practice and promotion. This article has reviewed and organized the applicability and limitations of the program implementation and learning process in the context of local practice. It suggests that the recruitment, frequency, scheduling, and accessibility of parent-child play therapy groups must be flexibly adjusted to account for the characteristics of the local audience and service population. Future facilitators of parent-child play therapy should also develop group leadership styles that suit the nature and needs of local participants, adapting to the cultural context. Through various levels of adjustment, parent-child play therapy groups can be structured in a more localized

manner, which will enhance participation willingness and accessibility across different social strata, allowing families from all walks of life to benefit from this approach.

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