

A Literature Review Concerning Effectiveness of Multicultural Play Based Interventions with Children

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Abstract

Research has demonstrated that individual play therapy, group play therapy, and filial therapy are effective when working with children; however most research is focused on European American samples and worldviews. Children play out themes to express their worldview and may have distinctive themes in various cultures, but all children may struggle to feel acceptance and freedom to express themselves if they don't identify with the helper, the toys, and/or techniques being used in the intervention. This critical literature review examines the results of previous research on the effectiveness of play-based interventions in multicultural settings. Interventions with children of diverse backgrounds reviewed include: group play therapy, especially with African Americans; school based play therapy, especially with Latinos, and filial therapy, especially with Asian American samples. The paper also looks at the sparse research on the training of play therapists in multicultural issues. The results examined are generally positive, indicating that play-based interventions are an effective method of treatment with diverse children, but research is limited. There is a continued need for extensive research of multicultural play-based interventions with children.

Keywords: play therapy, multicultural, filial therapy

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Estimates are that the population of children of color will outnumber the population of European American children in the United States (US) by the year 2025 (Hinman, 2003). Play therapists need to make efforts to ensure their ability to provide culturally sensitive services to the wide variety of cultures represented in the nation's children (Hinman, 2003, p.107). As the US population becomes more diverse it is important that counselors understand the impact that racism, prejudice, acculturation, and poverty have on children of diverse backgrounds (Landreth, 2001; Ratts et al., 2015).

Play therapists need to make efforts to ensure their ability to provide culturally sensitive services to the wide variety of cultures represented in the nation's children (Ceballos, 2009; Gil & Drewes, 2005; Hinman, 2003; Kim & Nahm, 2008; Perez, Ramirez, & Kranz, 2007). As the US population becomes more diverse, it is imperative that play therapists, school counselors, and other mental health professionals take culture into consideration when working with children. Play therapists have a responsibility to work not only to

understand the worldview of the child, but also to understand their cultural context (Crenshaw & Stewart, 2015; O'Connor, Shaefer, & Braverman, 2016; Ratts et al., 2015).

There is a need for research that focuses on the effectiveness of play therapy and play-based interventions with multicultural children. The purpose of this literature review is to examine the available literature concerning the effectiveness of multicultural play based interventions with children and to examine the limitations of the studies and need for further research.

Review of Relevant Literature

The authors searched databases including PsycINFO and Academic Search Premier using terms such as multicultural, play therapy, review, study, and research. Additional references from studies that were found were considered. The authors also consulted a leading play therapy researcher with a preliminary reference list to suggest additional sources (D. Ray, personal communication, February, 17, 2016).

Systematic Reviews

To discuss the effectiveness of multicultural play-based interventions with children it can be helpful to understand the scope of research regarding the effectiveness of play therapy as a form a treatment. There have been several meta-analyses conducted regarding the use of play therapy with various populations and presenting issues.

LeBlanc & Ritchie (1999) conducted a meta-analyzis 42 studies. Only studies that used a control or comparison design group qualified for the meta-analysis, and sufficient statistical information had to be present in the original studies in order for them to be included in the meta-analysis. Studies were collected and coded for analysis using the hierarchical linear modeling (HLM) techniques. The average age of participants was 7.9 years old with a majority (65%) of participants being male. The findings of the meta-analysis show that play therapy is an effective intervention exhibiting a moderate effect size with treatment groups performing 0.66 (SE = 0.09) standard deviations better than non-treatment groups. Likewise,

treatment groups that included parent involvement performed 0.83 standard deviations above non-treatment groups, while treatment groups that did not involve parents performed 0.56 standard deviations above non-treatment groups.

Bratton, Ray, Rhine, and Jones (2005) meta-analyzed 93 studies on the effectiveness of play therapy and filial therapy with children. Studies analyzed were published between 1953-2000. The average participant age was 7 with the majority of participants being male. The overall average treatment effect was 0.80 ± 0.04 revealing a large treatment effect for play therapy interventions with children. The treatment approach had an impact on the effect with a humanistic approach ($n = 73$, $ES = 0.92$) and a non-humanistic (directive) approach ($n = 12$, $ES = 0.71$). The meta-analysis results show play therapy is a statistically viable intervention. A more recent meta-analysis examining the efficacy of child-centered play therapy (CCPT) conducted by Lin and Bratton (2015) found an estimated effect size of .47 reviewing 52 studies published between 1995-2010. Effects were greater for children from identified minority groups.

Ray, Armstrong, Balking, and Jayne (2015) conducted a meta-analysis and systematic review that examined 23 studies evaluating the effectiveness of child-centered play therapy (CCPT) in school settings for specific outcomes. To be considered for review in the meta-analysis studies had to have been published between 1970 and 2011, have kids between pre-k and seventh grade, have experimental or quasi-experimental methods and have statistics sufficient to calculate effect sizes. Studies were analyzed using independent and dependent variables, as well as control and treatment alternative groups. The results for the meta-analysis suggest that CCPT is an effective intervention used in elementary schools. The effect sizes ranged from $d = 0.21$ to $d = 0.38$, with internalizing $d = 0.21$, externalizing $d = 0.34$, total problems $d = 0.34$, self-efficacy $d = 0.29$, academic $d = 0.36$, and other problems $d = 0.38$. Children who participated in CCPT performed at 0.38 standard deviations over their peers in control groups and 0.20 standard deviations over their peers in alternative interventions. The samples for CCPT studies included a diversity of children (20 or 23 studies reporting diverse demographics), including 337 Caucasians (37%), 286 African-Americans (32%), 204 Hispanics (23%), 15 Asian Americans (2%), and 64 identified as other or international (8%). This

supports the conclusion that CCPT can be used with a variety of children from diverse backgrounds (Ray et al., 2015, p. 111-118).

Studying Play in Other Cultures

As discussed previously, play therapy is an effective intervention with children (Bratton et al., 2005; LaBlanc & Ritchie, 1999; Ray et al., 2015). It is important to understand how children in other cultures play when conducting research on play-based interventions. Chow, Cheung, & Swee (2008) conducted a study to observe the behaviors of 86 preschool to primary aged children in three public housing estate playgrounds in Hong Kong. Playground one had a free play area, playground two had swings, and playground three had climbing nets. The children were sampled in 1-minute increments. Observations were recorded to collect data on what the children chose to do (swing, climbing nets, or play area). Gender of the children and adult supervision were also documented. Observers collected 643 valid observations with an equal distribution from each gender and age. The observations determined that the majority of children played for a short period of time (mean = 7.62 minutes; SD = 7.23). The duration of their stay in the three playgrounds did not differ significantly ($F = 1.6354, p = 0.2$) and ranged from 1-36 minutes. Half of the children stayed less than 5 minutes while 75% stayed less than 12 minutes. The authors came to a few conclusions about what they observed. First, children in Hong Kong spend less time playing than children in the western world. Second, work is valued over play in Chinese culture. The authors assert that the therapist must be aware of what is valued in Chinese culture to justify using play therapy techniques with Chinese children (Chow et al., 2008, p. 332).

Oke, Khattar, Pant, and Saraswathi (1999) conducted a study to explain the effect of urban environment on children's play. Oke et al.'s (1999) study presented findings "based on ethnographic accounts of 340 episodes of child-structured play or spontaneous play in the metropolis of Mumbai and 121 spontaneous play activities in a satellite urban city of Vadodara both in western India" (p. 210). In Mumbai, 240 children (130 boys, 110 girls) between 6-12 years were observed as members of varied playgroups during their recess. Activity sampling was conducted of unorganized group play to ensure representation of play activities. Adults present were also observed

during both direct and indirect participation of children's play. The Mumbai group was middle and lower-middles class. In Vadodara 16 sets of half-hour observations were recorded with four observations for each area: Parks, middle-SES residential areas, construction sites, and lower-SES residential areas. The groups varied in size from 1-10 children. Forty-one varieties of play activities were observed including universal games such as hide-and-seek. Some play activities were modified for the surroundings such as replacing materials with items found in the space. Oke et al. (1999) observed, identified, and classified the following types of play: "catch/tag (28%), hide-and-seek (3%), ball and stick (4%), jumping, skipping, dancing (22%), paper/pencil (1%), singing (2%), pretend play (5%), and Masti/horse play (35%)" (p. 212).

Children in traditionally more affluent areas that included parks used equipment such as swings and slides and played in the presence of adults, whereas children in poor urban settings used materials seldom designed for play such as plastic bags and broken coconut shells. Children from 'disadvantaged' settings had more imaginative play than children in socioeconomically advantaged families and settings. Innovative play (using materials imaginatively) occurred 88.6% of the time for children in lower-SES areas as opposed to 54.3% of the time for higher-SES, while intended play (using materials for their purpose) occurred 11.4% of the time for lower-SES as opposed to 45.7% for higher-SES. When adults were present during play they played a restrictive role (cautioning and protecting them from harm) 79% of the time (Oke et al., 1999, p. 215-217).

The empirical data highlights the prevalence of universal play and commonality in games such as tag and hide-and-seek. Additionally, the data seems to suggest that adults often play a restrictive role in play. Observations revealed that the spaces and materials which provide maximum opportunity for innovation, may not be the safest for children, such as construction sites, and safe environments such as parks are not particularly stimulating (Oke et al., 1999, p. 218). It can be inferred that when using play therapy with a child from India that play may be symbolic and innovative, rather than intended or literal.

Edwards (2000) revisited qualitative and quantitative data collected in the original six cultures study conducted in the 1950s. The six cultures study collected data on children ages 3-10 in six samples

studied by field teams from 1954-1956 under the direction of John and Beatrice Whiting. The six communities studied were in Kenya, Mexico, Philippines, Okinawa, India, and the United States. The data was collected using a running-record procedure. Data was collected again between 1967-1975 on children between ages 5-7. Instantaneous sampling was used to collect data on 140 children. Whiting and Edwards (1988) suggested that girls and boys in different communities have different play opportunities, but did not provide much detail. However, the data received a second look that coded the observations into types of play: creative-constructive play, fantasy play, role-play, and games with rules. Each 5-minute sample that was collected could be put into a type of play that would give some insight into different cultures and play values. It was found that children in Kenya played the least among children sampled in the six cultures study. This could be due to lack of available play materials and lack of parental stimulation of play. Kenyan children scored highest in creative-constructive play. In India children's play was relatively low. Parental interaction tended to be reprimanding rather than encouraging of play. Children in India scored highest in Creative-Constructive play though scores were consistent among other types of play. Mexican children were not stimulated or encouraged to play by parental figures, however they were tolerant and noncritical of play. Role-play was most common among Mexican children while fantasy play was not seen. Children in the Philippines played with adult supervision and participated mainly in role-play and playing games. In the United States, children were encouraged to play often and spent a majority of their time play games and participating in creative-constructive play. In Okinawa, children had the highest rate of play spending a majority of time playing games. Adults, such as parents and teachers, taught children skills used in games. While there is a difference in types of play among children in the six cultures study, it was noted that central themes of self-expression, peer collaboration, exploration, rehearsal, imagination, and problem solving were present (Edwards, 2000).

Diverse Clientele and Multicultural Training in Play Therapists

Chang, Hays, & Ritter (2005) conducted a survey of 505 play therapists registered with the Association of Play Therapy who hold a Masters degree in counseling and reside in the United States to gain insight into interventions used with culturally diverse children. The participants included 134 members of the Association for Play Therapy. All five major regions of the United States were represented in the sample. The participants experience ranged from less than five years to more than twenty years. Sixty-four percent held a Masters degree, 32% had a Doctorate degree, and 4% had a Specialist degree. Eighty-five percent of participants were female. Forty-three percent reported one multicultural class in their training, while 33% reported two or more multicultural classes. Twenty-four percent reported no multicultural class experience. Surveys were mailed to 505 members. Only 149 were returned and 134 were completed for analysis. The participants completed seven-item demographic form with two open-ended questions developed by researchers. Axial coding was used as part of the inductive process (Chang et al., 2005, p.73-74).

A majority of participants reported an increase in culturally diverse clients, suggesting that the play therapist acknowledge cultural issues. However many participants did not recognize an increase in culturally diverse clients which may indicate a lack of awareness. Participants identified the need for ethnic dolls (N = 102), sand tray items (N = 23), and puppets (N = 20) to represent culture in the playroom (Chang et al., 2005, p.77).

Studies of Latino Interventions

Costantino, Malgady, and Rogler (1986) conducted a study to investigate the effectiveness of therapy designed to be sensitive to the Puerto Rican culture. Subjects participating in the study ranged in ages from kindergarten to third grade living in Brooklyn, New York and attending public school. Teachers used Constantinos Behavior Rating Scale (BRS) to rate 884 Puerto Rican students to assess maladaptive behavior in school. Of the 884 students rated only 210 participated in the study with parent consent. Parents of participants then filled out the BRS to compare student behavior at home and school. Seven Bilingual

Hispanic psychotherapists (interns) conducted treatment groups with 4-5 mother-child dyads at each grade level (K-3). Sessions were done in classrooms at participating schools after school hours for 20 weeks with 90-minute sessions. Participants were divided into four groups, no intervention, art/play therapy, cuento therapy, and adapted cuento therapy. Cuento therapy is a form of therapy adapted from folktales due to the cross-cultural nature to convey knowledge, values, and skills useful for coping with stress commonly experienced by Puerto Rican children. Adapted cuento therapy goes a step further to adapt folktales to fit with issues Puerto Rican children experience such as social judgment. Each intervention was tailored to impact specific problems common in Hispanic children such as anxiety, aggression, disruptiveness, self-control, and need for instant gratification.

Data for measuring anxiety reported the effects of adapted cuento therapy were moderate (.63) with respect to art/play therapy (1.22) relative to the no-intervention group while the original cuento therapy group differed by a small to moderate effect (.33) from the no-intervention group. Data was collected on participants one year later. During the one-year follow up only 178 of the 210 participant's data was obtained. At one year the adapted cuento group differed significantly from the art/play therapy and no-intervention groups but not from the original cuento group. When comparing art/play therapy to the original cuento therapy there was little difference, however there was significant difference when comparing art/play therapy to the adapted cuento group (.68) with the adapted cuento group being more effective. When working with Puerto Rican children a culturally sensitive therapy such adapted cuento therapy works best, but art/play therapy are also an effective form of treatment (Constantino et al., 1986, p. 642).

Multicultural Group Play Therapy

African-American boys face many challenges in society including but not limited to racism, discrimination, and educational biases (Gil & Drewes, 2005; Johnson, 2006). Baggerly and Parker (2005) identified components of the African worldview and components of building self-confidence with African American boys. The purpose of the intervention was to "address participants' emotional or behavior problems such as low self-esteem, depression, aggression, or defiance

that were not remedied by classroom guidance lessons, group activities, or behavior management plans” (Baggerly & Parker, 2005, p. 4).

The intervention was set up as child-centered group play therapy with two members per group with 22 total participants between the ages of 5-10 years old attending elementary school in a major southeastern city. Participants were referred for play therapy by parents or teachers. Parental permission for participation was obtained by explanation of the intervention and a signed consent form. Baggerly and Parker (2005) aimed to develop participant self-confidence through play therapist facilitation using components of African worldview. The results show that using components of African American worldview with African American boys through group play therapy helped build self-confidence (Baggerly & Parker, 2005, p. 11-13).

Shen (2002) investigated the effectiveness of short-term children-centered group play therapy with Chinese children in Taiwan who experienced an earthquake in 1999. The aim of study was to determine if child-centered group play therapy is effective in reducing anxiety and depression in Chinese children in Taiwan through self-report. Shen used a pretest-posttest control group design; with one experimental group of subjects receiving no treatment. The pretest was given the day before treatment began and the posttest was given the day after treatment ended. Parents of 244 children were contacted to participate in the study, only parents 65 children agreed to participate. The 65 children were then screened using the Children’s Mental Health Checklist (CMHC). Screening identified 30 children as “high risk for maladjustment” (Shen, 2002, p. 46). Of the 30 children identified as high risk, 10 were third graders (4 male, 6 female), 8 were fourth graders (4 male, 4 female), 8 were fifth graders (3 male, 5 female), and 4 were sixth graders (3 male, 1 female) (Shen, 2002, p. 46).

Following screening, the children were separated into two groups, with 15 children in an experimental group and 15 children in a control group. The control group did not receive play therapy. The experimental group included 8 boys and 7 girls with 5 third graders, 4 fourth graders, and 3 fifth and sixth graders. The instruments used were the Children’s Mental Health Checklist, Filial Problem Checklist, Revised Children’s Manifest Anxiety Scale (RCMA), and the

Multiscore Depression Inventory for Children (MDI-C). A school counselor with children-centered play therapy training provided the intervention through a small-group format in the Mandarin Chinese language in the playroom of an elementary school. Each group consisted of 3 children. The groups met for ten 40-minute sessions over a 4-week period, with meetings happening 2-3 times a week. According to participant self-report on the RMCAS the overall anxiety level in the experimental group significantly decreased compared to the control group: total RMCAS score $F(1, 27) = 10.17, p = .004$. According to the MDI-C participant self-report the experimental group significantly decreased compared to the control group: total MDI-C score $F(1, 27) = 6.28, p = .019$. The results of the study support that short-term intensive group play therapy is an effective form of treatment. The results suggest that child-centered group play therapy can be helpful internationally and interculturally in promoting the well being of children of a non-Western culture through a Western helping technique (Shen, 2002, p. 49-57).

Multicultural Play Therapy in Schools

Garza and Bratton (2005) conducted a study to examine the effects of Child-Centered Play Therapy (CCPT) compared to a curriculum-based small group intervention. The study was done in a Southwest school district. Participants selected were Hispanic, Spanish speaking K-5th students between the ages of 5-11 who were referred to counseling services by teachers and parents due to internal and external behavior problems. Participants were given the Behavior Assessment Scale for Children (BASC) and then assigned to the CCPT group ($n = 15$) or the curriculum based small group ($n = 15$). One student in the comparison group moved during the study leaving 29 participants. All parents of participants indicated that they were born in Mexico, and the majority of parents identified their child as being Hispanic. Each treatment group met once a week for 15 weeks with each session lasting 30-minutes. Bilingual Hispanic counselors provided treatment. When children spoke in English the counselors responded in English, and replied in Spanish when a child spoke Spanish. Each session was recorded. Multicultural toys were added to the playroom to identify with Hispanic culture. The testing instruments used were the Behavior Assessment System for Children-Parent Rating Scale (BASC-PRS)

and the Teacher Rating Scale (BASC-TRS). The instruments measured internal and external problems. The BASC-PRS had significant results when measuring external problems ($p = .04$) for the CCPT treatment group. The CCPT treatment group had a large effect on children's externalizing behavior ($ES = 0.78$). When measuring internal problems CCPT produced moderate treatment effect ($d = .58$) over the comparison group. Participants in the CCPT treatment group showed a reduction in anxiety when measured against the comparison group, however it was not statistically significant ($p = 0.10$). The CCPT treatment group had an overall large effect on externalizing problem behaviors and a moderate effect on internalizing problem behaviors when compared to the curriculum-based small group intervention (Garza & Bratton, 2005).

Multicultural Filial Therapy

Research studies have shown child-centered play therapy and child-parent relationship therapy to be effective with children across diverse cultures (Landreth, 2012). Lee and Landreth (2003) designed a study to determine the effectiveness of a 10-week filial therapy-training model as a method of intervention for immigrant Korean parents in the United States. The purpose of filial therapy is to train parents to be therapeutic agents in their children's lives. It is a culturally sensitive intervention for Korean American families. To gather participants flyers were hung in various Korean churches in the area. The classes were offered free of charge and had several criteria to be selected for participation such as: being an immigrant from Korean, speaking English and Korean, having a child between 2-10 years of age, not currently receiving outside therapy, willingness to attend training and videotape sessions, and a willingness to participate by filling out testing instruments and providing consent (Lee & Landreth, 2003, p. 70).

Thirty-six parents agreed to the terms of the study. Eighteen parents were randomly selected to be in the experimental group then separated into three sub-groups: a group of 10, a group of 6, and the other 2 in a separate group due to geographical location. The other 18 participants were put into the control group. The groups took place at two Korean churches and at one participant's home. Parents in the experimental group ranged from 31-45 years in age and children

ranging from 2-10 years in age. The control group contained parents ages 30-45 and children 2-10 years of age. The study took place over the course of 10-weeks. One parent from the experimental group dropped out and three parents in the control group, leaving 17 parents in the experimental group and 15 in the experimental group. English and Korean languages were utilized. Instruments used are as follows: Measurement of Empathy in Adult-Child Interaction (MEACI), Porter Parental Acceptance Scale (PPAS), and the Parenting Stress Index (PSI). Parents completed the instruments and videotaped a 20-minute play session in a non-specified playroom. The experimental group participated the Landreth 10-week filial therapy model. They met weekly for 2-hours of training for 10 weeks and practiced weekly 30-minutes play sessions with their children. Each parent videotaped one session to be reviewed. Following the 10-week experiment the battery instruments were administered again for both control and experimental groups (Lee & Landreth, 2003, p. 71-74).

The data reported was blind scored by the researcher and double-checked by the research assistant. The significance of difference between means was tested at the .05 level. The experimental group scored significantly lower on the MEAIC $F(1, 29) = 110.331, p = .000$. Parents in the experimental group scored significantly higher than the control group on the PPAS $F(1, 29) = 24.159, p = .000$. The experimental group scored significantly lower than the control group on the PSI $F(1, 29) = 6.865, p = .014$. The results support the Landreth 10-week filial therapy-training model as an effective intervention for immigrant Korean parents in the United States (Lee & Landreth, 2003, p. 75-76).

Chau and Landreth (1997) conducted a study to determine the effectiveness of filial therapy training as an intervention for Chinese parents. To gather participants for the study flyers stating “parent-child relationship training classes for Chinese Parents” were posted in three Chinese churches in three cities. Participants had to meet the following criteria: must be Chinese (American born or immigrant), able to speak and read Cantonese, Mandarin, or English, have a child between 2-10 years old not currently receiving therapy, not attending parenting classes over the last 2 years, ability to attend the 10-week training, videotape a play session, and complete all test instruments (Chau & Landreth, 1997, p. 78).

A pretest-posttest control group design was used. All volunteer parents (N = 36) who met the criteria were selected to participate in the study were assigned to a control group or an experimental group based on work and school schedules. Only the experimental group received treatment. Over the course of the 10-week treatment period all of the experimental group (N = 18) and the control group (N = 16), after two participants could not finish due to personal crisis, completed the study. The experimental group was divided into three sub-groups A (N = 8), B (N = 6), and C (N = 4). The experimental group consisted of 14 mothers and 4 fathers between the ages of 32-48. The control group consisted of 13 mothers and 3 fathers between the ages of 30-45. The children in the experimental group consisted of 9 boys and 8 girls, while the control group had 7 boys and 8 girls, both groups ranged in ages from 2-9 years. The instruments used were for both the control and experimental group were the Porter Parental Acceptance Scale (PPAS), the Measurement of Empathy in Adult-Child Interactions (MEACI), and the Parenting Stress Index (PSI).

The experimental groups met weekly for two-hour training sessions and practiced 30-minute weekly play sessions for the 10-week period. Data was analyzed and the significance of difference between means was tested at the .05 level. The experimental group scored significantly lower on the MEACI than the control group $p < .001$. On the PPAS the experimental group scored significantly higher than the control group $F(1, 31) = 53.18, p = .001$. The experimental group showed significant decrease on the PSI $F(1, 31) = 29.14, p = .0001$. The study shows the effectiveness of filial therapy with Chinese parents (Chau & Landreth, 1997, p. 81-90).

Yuen, Landreth, and Baggerly (2002) conducted a study to determine the effectiveness of filial therapy as a method of prevention and intervention for immigrant Chinese families in Canada. Fliers were posted stating “parent-child relationship enhancement classes for immigrant Chinese parents in Canada” at local Chinese churches and community agencies in the Vancouver area. Classes were offered free of charge. Participants had to meet the following criteria: be a Chinese immigrant, able to speak and read Cantonese, Mandarin, or English, have a child between ages 3-10 who is not receiving other services, ability to attend a 10-week filial therapy training, participate in a pre and post-training sessions to complete testing instruments, willingness

to conduct and videotape 30-minute weekly sessions with their child, and consent to participate form (Yuen et al., 2002, p. 67).

All 35-parent volunteers met the criteria to participate. Participants were then randomly selected for the control group or the experimental group. The experimental group consisted of 18 participants that were split into two groups A (N = 9) and B (N= 9). The other 17 participants were in the control group and received no treatment. The experimental group was comprised of 15 mothers and 4 fathers between the ages of 36-46, while the control group consisted of 11 mothers and 6 fathers between the ages of 37-45. The length of time parents had been living in Canada ranged from 1-8 years. The children in the experimental group consisted of 9 boys and 9 girls, while the control group had 10 boys and 7 girls with the average age for both groups being 6.8 years. The variables used were the Measurement of Empathy in Adult-Child Interactions (MEACI), the Porter Parental Acceptance Scale (PPAS), the Parental Stress Index (PSI), The Filial Problem Checklist (FPC), the Self-Perception Profile for Children (SPPC), and the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSAYC) (Yuen et al., 2002, p. 65-70).

Each group met weekly for a 2-hour training session for 10 weeks at a local church and conducted weekly 30-minute play sessions for the 10-week period. Data was analyzed and the significance of difference between means was tested at the .05 level. The experimental group scored higher than the control group on the MEACI $F(1, 35) = 6.580, p = .015$ and on the PPAS $F(1, 35) = 67.418, p < .001$. The experimental group scored significantly lower compared to the control on the PSI $F(1, 35) = 18.561, p < .001$ and the FPC $F(1, 35) = 13.920, p < .001$. The experimental group scored significantly higher on the PSPCSAYC $F(1, 23) = 20.219, p < .001$, but no significant difference was found of the SPPC $F(1, 12) = .287, p = .605$. The results support the effectiveness of 10-week filial therapy training model with immigrant Chinese parents in Canada (Yuen et al., 2002, p. 74-75).

In addition to research support for play therapy with Chinese children in Canada, there is support for the utilization of play therapy with Japanese children in the United States. Ogawa (2007) conducted a mixed-methods study with 10 Japanese children in Texas finding large and medium effect sizes on six measures. Highlighting the importance of cultural consciousness in play therapy interventions,

Ogawa (2007) stated “Qualitative data evidenced the importance of toy modification and flexibility in language responsiveness” (p.103).

Kidron and Landreth (2010) conducted a study to determine the effectiveness of Child Parenting Relationship Therapy (CPRT)-filial training with Israeli families. Participants were recruited by announcements and fliers posted at local schools and community centers in three cities in the southern Israel. To be eligible to participate volunteers had to meet the following criteria: must be a resident of Israel, at least 18 years of age with full or joint custody of a child between the ages of 2-10 years who is not currently receiving therapy, must be able to read, speak, and write in the Hebrew language, must be able to complete all CPRT sessions, must attend pre- and posttest sessions to complete instruments and be videotaped playing with their child, conduct 7 weekly 30-minute play sessions, sign a consent form, and have not taken a parenting class in the last 2 years. Participants were put into the experimental or control group based on their abilities to participate in the sessions. Participants who had scheduling conflicts were put in the control group who did not receive therapy. The experimental group contained 13 mothers and one father with the average parental age of 35 years. (Kidron & Landreth, 2010, p. 68-69).

The control and experimental group completed the Child Behavior Checklist (CBCL), the Parenting Stress Index (PSI), the Measurement of Empathy in Adult-Child Interaction (MEACI), and a demographic information form. In comparing the pre-posttest instruments the experimental group showed significant results. Parents in the experimental group scored significantly higher than parents in the control group on the MEACI $F(1, 22) = 257.84, p < .001$. The experimental group scored significantly lower than parents in the control group on the PSI $F(1, 22) = 12.79, p < .002$. However the experimental group did not score significantly lower than the control group on the CBCL $F(1, 22) = 3.00, p = .10$. The results show that CPRT did work in this study, however there were several limitations to the study such as nonrandom assignment of participants, participants knew if they were part of the control or experimental group which could have impacted the way they answered the instrument questions, and finally due to busy schedules some participants did not complete the required play sessions. Following the posttest participants in the control group received a three-hour CPRT training. A one year follow

up was conducted with 80% of participants reporting that they continue to use the skills taught and have play time with their children. Participants reported that limit setting and giving choices was easiest to maintain, and that they struggle with reflecting feeling (Kindron & Landreth, 2010, p. 69-77).

Discussion

Meta-analyses (Bratton et al., 2005; LeBlanc & Ritchie, 1999; Lin & Bratton, 2015; Ray et al., 2015) show that play therapy can be an effective form of treatment. The studies specifically on multicultural interventions examined had positive results showing that play based interventions are effective with diverse children (Chau & Landreth, 1997; Chow et al., 2008; Edwards, 2000; Oke et al., 1999). In studying play, Chow et al. (2008) indicated that children in China may play less than children in the United States. Additionally, children in India tend to use symbolism and innovation in play, rather than using materials for a literal or intended purpose (Oke et al., 1999). Edwards' (2000) study of six communities noted that central themes of self-expression, peer collaboration, exploration, rehearsal, imagination, and problem solving were present among each community, indicating that play is universal. There were three studies done on filial therapy with Asian cultures indicating that this might be an effective form of therapy (Chau & Landreth, 1997; Lee & Landreth, 2003; Yuen et al., 2002). Filial therapy with Israeli families had positive long-term effects at the one-year follow up (Kidron & Landreth, 2010).

When working with Latino children, Cuento therapy was shown to be effective in comparison to other play-based interventions (Constantino et al., 1986). Group play therapy results showed that group play therapy was effective in building self-confidence in African American boys (Baggerly & Parker, 2005). Group play therapy was also an effective with Chinese children in decreasing anxiety and depression after a natural disaster (Shen, 2002). School based child centered play therapy is an effective form of treatment when compared to a curriculum-based small group (Garza & Bratton, 2005) while a play intervention with ESL students may not improve reading (Lopez, 2000).

Conclusions

Cross-culturally, play had common themes such as self-expression, peer collaboration, exploration, rehearsal, imagination, and problem solving in which children from various cultures participated (Edwards, 2000). It was found that in China children play less than children in the United States, due to more value being placed on work (Chow et al., 2008). Filial therapy has had positive results in working with Asian and Israeli children and families; there has not been enough research with other minority groups.

While many of the studies reviewed had positive results, few followed up to determine the long-term effectiveness of play-based interventions. Short-term intensive group play therapy was effective (Shen, 2002); however, there is no indication of the long-term effects. Kindron and Landreth (2010) conducted a one-year follow up with families that participated in filial therapy reporting that they still used the filial skills taught during the intervention; however, this was one singular study and there was no indication of the long-term effects of interventions in the other studies reviewed.

Recommendations

For researchers. There is room for future research on specific application and modifications for play therapy with diverse backgrounds. A few studies only had one participant making it difficult to come to conclusions that can be generalized for practice (Solis et al. 2004; Edwards et al., 2007). There are further research opportunities through quantitative comparisons as well as longitudinal and qualitative studies using the procedures in this intervention (Baggerly & Parker, 2005). Larger sample sizes and post-intervention follow up to determine long-term effectiveness are necessary. The research shows short-term effectiveness of play based interventions, but there needs to be more research on post-treatment follow up. Some of the results are limited due to the self-report nature of the study, the return rate, and lack of follow-up with the respondents (Chang et al., 2005).

For practitioners. Therapists are cautioned to not over-or under-emphasize cultural variables in their work with culturally different children. Therapists are reminded to always be aware that each child is an individual, and commonly cited group values beliefs, and norms may not be relevant to or explanatory of any individual child's circumstances (Ramirez et al., 2005, p. 330). Based on the findings in literature filial therapy could be an effective intervention for Asian children (Lee & Landreth, 2003; Chau & Landreth, 1997; Yuen et al., 2002). Incorporating cuento therapy is effective with Latino children (Constantino et al., 1986).

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