FAMILY THERAPIST TRAINING CREDENTIALING AND WORKING WITH CHILDREN: A MODIFIED DELPHI STUDY REVIEWED

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FAMILY THERAPIST TRAINING CREDENTIALING AND
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ABSTRACT

This qualitative Delphi study explored the importance of training for credentialing of marriage and family therapists and, more specifically, training family therapists to include children in family therapy. The purpose of this study was to understand how the inclusion of children impacts therapy outcomes and why marriage and family therapists need additional training and credentialing standards to work with children. A thorough literature review on children in family therapy, play therapy literature, and a synthesis of these two fields have been provided. Expert panelists provided insight based on theory and experience to address the research question: What training objectives and methods are identified by practicing marriage and family therapists working with children to encourage success in training and including children in family therapy? In addition, this study explored two additional areas: (a) if the inclusion of children in family therapy is essential to the principles of cornerstone family therapy theories; and (b) if training for credentialing of marriage and family therapists needs to change to promote further confidence and competence among family therapists including children in therapy.

A discussion of the findings, limitations of the study, and implications for therapists and training programs, and direction for further research are addressed after the conclusion of the study.
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CHAPTER I
INTRODUCTION

Marriage and Family Therapists (MFTs) specialize in working with the whole family system, including each family member in successful treatment (Ackerman, 1970; Hayley, 1973; Minuchin, 1974; Satir, 1983; Sori, 2000; Whitaker, 1981). Family therapists see that “The client is the relationship that exists between each parent and child and among all the family members” (VanFleet, 2011, p. 18). The founding fathers and mothers of family therapy communicate the importance of including each member of the family for successful treatment outcomes (Ackerman, 1970; Hayley, 1973; Minuchin, 1974; Satir, 1983; Sori, 2000; Whitaker, 1981). While each member is included in the therapy process, the family therapist needs to meet the developmental needs of each family member. Children are often times excluded in the family therapy process due to the family therapist’s lack of confidence and competence working with children (Johnson, 1995; Korner & Brown, 1990; Sori, 2000).

Family therapy training programs need to further train students to provide systemic and developmentally appropriate treatment to each member of the family system. Therefore, expanding MFT training in the areas of child development and play therapy seems to be important. Play is essential to the development of children, contributing to cognitive, physical, social, and emotional well being (Davies, 2011; Gil, 2014). Play therapy seems to be important for incorporation into family therapy, to
work systemically and developmentally appropriately with each family member. Through play, family therapists can provide a developmentally appropriate environment, helping the youngest members of the system express family concerns when they developmentally do not have the language nor the verbal sophistication to express these thoughts and feelings (Gil, 2014). By becoming more knowledgeable in how to include children from a developmentally appropriate way in the therapy process, family therapists will provide more effective family treatment, adhering to the foundational standards of the family therapy field.

**Growing Field**

The field of marriage and family therapy is growing (Bureau of Labor Statistics, U.S. Department of Labor, 2014). By 2022, the Bureau of Labor Statistics predicts this occupation will grow by 30.6% (Bureau of Labor Statistics, U.S. Department of Labor, 2014). With the field growing, it is important for family therapists to obtain appropriate and effective training for credentialing for working with the entire family system. Training programs need to expand with the growing field and provide the appropriate education to MFT students in preparation for doing systemic family therapy. In MFT, when children are involved in therapy, the family is involved. According to the National Institute of Mental Health (2014), one out of five children is experiencing a mental or emotional health disorder. With this high number of children impacted by mental and emotional disorders, as well as a fast growing field of MFTs, it seems imperative that MFTs receive the appropriate training needed to not only serve the adults but also the children through developmentally appropriate ways in the family therapy process.
The purpose of this chapter is to provide an overview of family therapy and the importance of including children in family therapy. Also, an introduction to the importance of the knowledge of play therapy among family therapists is discussed. Using current research and statistics, the researcher will discuss the appropriate training needs for MFTs working with children in family therapy. The chapter will conclude with a summary of the proposed research related to MFTs including children in family therapy.

**Statement of the Problem**

There are no standards identified by the Council on the Accreditation of Marriage and Family Therapy Education (COAMFTE) and often also no consistent MFT Program standards set forth to insure that MFT students learn how to work in developmentally appropriate ways with children in the context of the family. MFTs call themselves family therapists, yet do not have the training to work with the youngest members of the family, the children, when conducting family therapy sessions.

There are previous studies that have examined the training programs for MFTs and the credentialing received to work specifically with children and their families in therapy. Sori (2000) completed a celebrated study examining these issues, focusing on MFT training. Sori surveyed an expert panel of family therapists who utilized play therapy and included children in therapy. Sori found that the panelists generally believed children should be involved in the therapy process. The study also revealed different training procedures and policies recommended by the panelists such as course content areas (development, application of play therapy theories, family and play, assessment and treatment of childhood disorders, and specific family issues) to be
included as well as important skills needed by therapists working with children (playfulness, rapport between adults and children, and therapy skills with children) (Sori, 2000). The past study finally examined recommend resources regarding books, chapters, and articles and training methods to be used in a graduate course for family therapy. This study was groundbreaking in examining the awareness of development and needs for children when being included in family therapy. This study provided clear expectations and guidelines for training programs such as theoretical and practical child-focused training (Sori, 2000).

Fifteen years later, the question arises, of whether or not there have been changes in the MFT field and more specifically the training of family therapists as to when to include children in family therapy. The researcher looks to re-examine Sori’s original question: “Can family therapy truly be family therapy if one subgroup – children – are largely left out of the treatment process?” (Sori, 2000). A replication study was completed by the researcher to examine the current training procedures of MFT programs following the COAMFTE standards and guidelines for preparing MFTs to include children in family therapy.

**Conceptual Framework**

MFTs working in the family and including children in the therapy process are unique and therefore it is important to look at these families through a distinctive framework.

**Family Therapy**

Ackerman (1970) was one of the first family therapists to include children in family therapy. Ackerman (1970) began working with children as a psychiatrist, but
quickly realized the importance of including families in the therapy process. Following the work of Ackerman (1970), Whitaker (1981) and Satir (1972) were two of the most creative theorists who also included children in family therapy sessions. Whitaker was one of the first theorists to note the importance of play therapists treating the whole family and family therapists using play (Keith & Whitaker 1981; Ruble, 1999).

Whitaker did not suggest specific descriptions of play used with families, however was open to incorporating play into practice and experientially used the self in session (sitting on the floor, de-triangulating members, laughing) (Gil, 1994; Gil, 2014). Satir (1972) also included the whole family during the family therapy process using Family Sculpts, in which the family creates a physical and symbolic creation of themselves. This allowed for attention to family interactions and interpretations according to each family member.

Though there are several key figures in the MFT field who are proponents of the importance of including children in family therapy, for the purpose of this study Minuchin’s Structural Family Therapy Model (1974) will be focused upon throughout this paper, due to the theory’s support of including children in family therapy and understanding the importance of play. Structural Family Therapy takes into consideration the whole family system that includes the children. Other family theorists, such as Haley and the Strategic Family Therapy model (Minuchin & Montalvo, 1967) were similar to Structural Family Therapy in advocating for the inclusion of children in family therapy. Minuchin invited every member of the family to the first family therapy session. Minuchin used play materials such as small chairs and toys in his family therapy sessions (Nichols & Schwartz, 2004; Zilbach, 1986). Structural and strategic
therapy approaches are similar, in that both look at the different subsystems, hierarchies, and family organizational patterns, and both encourage the whole family, including the children, to be part of the family therapy session, rather than family subsystems.

**Structural Family Therapy Framework**

Sori’s (2000) study used the Structural Family Therapy model regarding the importance of including children in family therapy. Researchers have argued that the founding theorists of family therapy urge the importance in the inclusion of the whole family system. Johnson, as stated in Sori (2000) commented as follows:

> Therapists choose to focus on individuals or certain dyads based on their theoretical orientation and their ideas about family problems (Johnson, 1995). As Johnson states, family therapy to these therapists means thinking systemically, regardless of who is in the therapy room. The belief seems to be that this type of conceptual inclusion is adequate to resolve systemic and child issues. (p. 2)

There are significant concepts and interventions that cannot be started and completed without the inclusion of each family member, which includes the children.

Sori (2000) also stated,

> …Structural Family Therapy…concepts such as parental hierarchy, generational boundaries, cross-generational coalitions, and parental detouring of conflicts through children, could not exist apart from children…based both in theory and in the practice of assessing and treating whole families. (p. 17)

The different components of Structural Family Therapy that are usually examined in the realm of family therapy are subsystems, hierarchies, and patterns (Minuchin, 1974). Subsystems in a family are ways in which the family differentiates based upon generations, genders, or common interests. Each subsystem is then comprised of rules (covert or overt) and coalitions (covert or overt). The individual or family would benefit
from the entire system in attendance at therapy and the family therapist working with the family to identify these different structures, rules, and coalitions. Hierarchies are natural organizations and distributions of power in any organizational system. Hierarchies form through repetitive interactional sequences and unresolved symptoms. These family organizational patterns are frequently observed by Structural and Strategic MFTs. When all members of the family are involved in sessions, all members behave differently. The MFT works with the whole family system to change the style of interactions and interrupt negative patterns of structure (Gerhart & Tuttle, 2003; Minuchin & Fishman, 1981; Nichols & Schwartz, 2004).

Again, to gain a full understanding of the relationship dynamics and patterns in the family, the MFT needs to include all members, according to Minuchin. “Without the child, the therapist would not have been able to observe and utilize Mother’s criticism and Father’s gentle play” (Zilbach, 1986, p. 33). Minuchin (2014) stated: “from the beginning…I insisted that all children accepted for therapy come in with their families, and that child therapy was family therapy” (p. 67). Minuchin worked to guide families to understand that problems are relational and not stemming from one individual. A student of Minuchin reflected upon observing Minuchin’s work: “I saw that when you keep asking relational questions and really see family members as interconnected, you develop a family rather than an individual story. Minuchin was asking about functions. It was clear to me at that point…” (Minuchin, 2014, p. 149).

**Structural family therapy skills.** There are important attributes to including children in the family therapy process. Family therapists need to have skills to assess
developmentally the needs of children while including them in therapy. Sori (2000) stated that

young children may also not be able to share their fears or anxieties with their parents because they may lack the cognitive and language skills necessary to communicate complex emotions. A well-trained family therapist should possess the skills to do an independent assessment of a child's emotional functioning and of the degree of openness in the communication between parents and children, apart from parent and/or teacher reports. Family therapy skills should include ways to improve family communication, despite children's verbal limitations. Family therapy sessions may be the only way some families can learn how to talk to each other about such difficult issues as serious illnesses, death and dying, or divorce. (p. 4)

Minuchin also noted that the symptoms of the problem are often discussed in the literature, such as eating disorders or attention deficit hyperactivity disorder; literature focusing specifically on the label of “children” is rarely discussed (Sori, 2000). By following a Structural Family Therapy framework, a MFT will be able to effectively include each member of the system in the family therapy process and use the appropriate skills, interventions, and awareness of concepts proposed by Minuchin.

It is an ethical consideration to work in the best interest of the client and in cases of MFT, the whole family is the client. The MFT may miss significant relationship dynamics and negative interactional patterns or family factors that are impacting healthy family functioning when not assessing the whole system.

With all of the benefits of including children in family therapy to assess structure and relationships, there are some recommended circumstances in which including children is developmentally inappropriate. Johnson (1995) stated that young children may have difficulty engaging in a full therapy session, that children are not able to understand or verbally communicate with adults, and that children should be excluded
with developmentally inappropriate subject matter such as parents discussing sexuality or disciplining disagreements. When a family therapist looks to include a child in the family therapy process, the MFT needs to be knowledgeable and competent on the appropriate ways to include children effectively.

**Play Therapy**

Play therapy is a popular and effective treatment method used when working with children. Gil (1994) stated, “family therapists and play therapists share a noble trait: They are by far the most creative and dynamic therapists in existence” (p. 34). It is important for MFTs to have knowledge on how to work with children for the effective inclusion of children in family therapy. Ackerman (1970) discussed the importance of engaging children in family therapy. Family therapists need to work with the family to address the needs of each member. Ackerman stated that

> a strange paradox marks the question of the participation of children in the family therapeutic interview. The central importance of the question is self-evident; without engaging the children in a meaningful interchange across the generations, there can be no family therapy. And yet, in the daily practice of this form of treatment, difficulties in mobilizing the participation of children are a common experience. It is all the more surprising to realize, therefore, that there is not a single publication devoted to this special theme... I feel a certain responsibility to confront the question and hope that others will do likewise. (p. 403)

This quotation has been used by several researchers in the mental health field that work with children and deem the importance of including children in family therapy (Johnson, 1995; Sori, 2000).

Children are different than adults, physically, emotionally, mentally, and socially (Davies, 2011; VanFleet, 2011). Children do not have the necessary life experiences to relate to adults such as buying a car, buying a house, being in a romantic relationship.
Piaget (1952) proposed different stages of development in which children learn and think. More specifically Piaget proposed: a sensorimotor stage (birth-2 years old; child differentiates self from objects), pre-operational stage (2-7 years old; child uses language to represent objects and child is egocentric), concrete operational (7-11 years old; child can think logically), and the formal operational stage (11 years and older; child can think logically and hypothesize about future) (Atherton, 2013). Children are similar to one another throughout these different stages of development (Broderick & Blewitt, 2006).

With these different stages of development, children are not yet “developmentally ready” to obtain the skills necessary to communicate and understand like adults. Children below the age of 10 do not have the ability to fully participate in “talk therapy” (Davies, 2011). By the age of 10, children have approximately 10,000 words in their vocabulary, however they are not yet able to develop the emotional meaning behind many words (Davies, 2011). Children are often able to describe their day but are not able to consciously reveal distressing feelings (Davies, 2011). However, between the ages of 8 and 10, children will cognitively develop the ability to recognize the meanings of words (Davies, 2011). Since language and cognition is a developmental process, it is important to remember that toys are a child’s words, and the language of the younger child is play (Landreth, 2002).

Since younger children are developmentally not ready to communicate like adults, it appears to be important to incorporate play therapy into family therapy sessions. According to the literature (Gil, 2014; Landreth, 2012; Davies, 2011) between the ages of 3 and 6, play represents experiences for children and is used as an exploration of reality. After the age of 6, children will often internalize fantasy play and
are focused on physical skills and intellectual competence through ritualized play and hobbies (Davies, 2011). Play is essential to childhood development (Davies, 2011; Gil, 2014; Landreth, 2012). More specifically, children communicate through play as adults communicate through the use of language (Landreth, 2012). The Association for Play Therapy (2014) stated that

play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children (Carmichael, 2006; Landreth, 2002; O'Connor & Schaefer, 1983). The curative powers inherent in play are used in many ways. Therapists strategically utilize play therapy to help children express what is troubling them when they do not have the verbal language to express their thoughts and feelings (Gil, 1991). In play therapy, toys are like the child's words and play is the child's language (Landreth, 2002). Through play, therapists may help children learn more adaptive behaviors when there are emotional or social skills deficits (Pedro-Carroll & Reddy, 2005). The positive relationship that develops between therapist and child during play therapy sessions can provide a corrective emotional experience necessary for healing (Moustakas, 1997). Play therapy may also be used to promote cognitive development and provide insight about and resolution of inner conflicts or dysfunctional thinking in the child (O'Connor & Schaefer, 1983; Reddy, Files-Hall, & Schaefer, 2005). (APT, 2014, para. 4)

Play therapy is an evidenced based treatment that promotes positive outcomes for children and families (Bratton et al., 2005; Leblanc & Ritchie, 2001). There are various play therapy approaches, which can occur as directive (therapist directs) or non-directive (child directs). Directive approaches might utilize Cognitive Behavioral Therapy interventions and techniques to help with problem solving and the development of positive coping skills (Knell, 1998). Non-directive approaches stem from the work of Rogers (1942) and Axline (1947) and allow for the child to lead the session (Landreth, 2012). Other approaches will include other members of the family system. The Filial
Therapy approach to treatment incorporates play specifically between the parent and child subsystems (Guerney, 2001).

**Filial Therapy**

Various forms of play therapy assist in engaging the parents in the therapeutic process. Filial Therapy seeks to engage parents as therapeutic agents, teaching them effective skills to engage and respond to children (Gil, 2014). Filial Therapy was founded by Bernard and Louise Guerney in the late 1950s. The term “filial” is a Latin term meaning sons or daughters and translates into parent-child. Filial Therapy was originally developed as a form of family group therapy and has since grown into different theories meeting different family needs. Filial Therapy takes into account each member’s contribution to presenting problems to therapy and works to strengthen the relationship between the parent and the child. The relationship becomes the client (VanFleet, 2011). According to Sories, Maier, Beer, and Thomas (2015), in order for therapy for the family to be effective when children are included, play therapy needs to be used successfully. Other family therapists have worked to incorporate attention to working with children at universities across the United States. Volker Thomas is currently teaching family therapy students to use play based interventions with the family (Sories et al., 2015). Volker Thomas is a prominent family therapist specifically looking at the MFT students’ preparedness to work with children as part of the larger family systems sessions using play. Though there are MFTs incorporating play in training MFTs, training standard need to be consistent across MFT training programs.

**Summary.** Working from a conceptualized framework is important when working with families and children to ensure that consistency and change occur.
Minuchin’s Structural Family Therapy examines families from an interactional perspective, taking into account each member’s role and perception of family issues. When including play in family work, the child is treated as an equally important family member. Play ensures positive interactions between each family member and allows for each member’s perspectives, meanings, and realities to become present (Gil, 1994). The awareness of childhood development and the knowledge and application of engaging children and family through the use of play may be a difficult task for family therapists due to the lack of training for credentialing. The next section of this chapter will briefly examine training standards among MFT specific training programs and including children in family therapy.

Training Standards

To further examine the confidence and competency of MFT and including children in family therapy, the different training for credentialing in most accredited MFT programs will be assessed. The researcher will examine only the American Association for Marriage and Family Therapy’s (AAMFT) accrediting body, the Commission on Accreditation from Marriage and Family Education (COAMFTE) in this paper. According to the COAMFTE, there are representative guidelines and standards provided to COAMFTE approved training programs. The COAMFTE only requires courses to be taken on family development and lifespan development (AAMFT, 2014). There are not any specific courses required on child development or including children in family therapy. Sori (2000) shared a quotation from an interview with Minuchin.

We used to have them do a session with the family that was live supervised. Live supervision was for me, the most active and economical way of training people to see children and families. That means that it’s not the use
of demonstrations, live or video demonstration. Clearly that is very useful. But to have live and videotaped supervision of the students, because then instead of engaging the students intellect, or left brain into thinking about the process of therapy, you engage the student’s right brain in terms of how to interact, how to respond to the situations in therapy. So I would say that in terms of training methods, to me there is one large gap. That is, I don’t see the way in which it is put here, that we are having supervision. (p. 243-244)

It is important for the COAMFTE and training programs to consider the development of the MFT and the developed competencies and comfort levels with including children in family therapy. There are no set guidelines on how to teach MFTs to effectively work with children as proposed through the COAMFTE. There are also no set guidelines for ensuring AAMFT approved supervisors have the appropriate training to supervise family therapists working with children.

There are some universities that provide play therapy classes or child-based classes and certificates in addition to family therapy degrees, however they are not a COAMFTE requirement. The researcher completed several intensive searches to verify that currently no programs exist that require family therapy trainees to take required coursework learning how to include children in family therapy sessions. The researcher used several search engines using a variety of term combinations. Examples include: play therapy in AAMFT programs, play and family therapy programs, family therapy and children programs. The researcher also used the AAMFT websites search engine for accredited universities and verified the coursework requirements for each university finding consistent requirements for coursework in working with children.
The researcher provides recommendations to the field of MFT and the COAMFTE regarding training family therapist and AAMFT supervisors to effectively work with children and the family in family therapy sessions.

**Overview of Proposed Research**

The goal of this qualitative research study was to replicate the 2000 study completed by Sori and to examine any changes made during the 15 years in the training for credentialing of MFTs and the inclusion of children in family therapy. Furthermore, this study obtained recommendations for training family therapists and including children in the therapy process. There is minimal required training provided to MFTs and the inclusion of children in family therapy.

**Research Goals**

This research addresses this gap by providing the appropriate recommendations for MFT training programs provided by family therapy and play therapy experts using a Delphi methodology.

Qualitative research is useful when exploring the perspectives and meaning of a specific subject area, according to expert panelists (Linstone & Turoff, 2002; Stone Fish & Busby, 2005). The Delphi methodology was used specifically to gain insight into MFT expert opinions in the area of including children in family therapy and MFT training procedures needed to include children. The Delphi method served as a way to gain important knowledge for the advancement of the MFT field (Stone Fish & Busby, 2005). For the purpose of this study, the researcher surveyed 10 panelists who are practicing using a systemic framework and specialize in working with children and family. The qualifications for what defines these panelists as experts will be further
discussed in Chapter III. These panelists provided expert opinions into the training and credentialing needed for family therapists, focusing on the inclusion of children in family therapy.

**Research Question**

The research question posed is: What training objectives and methods are identified by MFTs working with children to encourage success in training and including children in family therapy (Sori, 2004)? Specifically, the researcher used the following questions:

1. What are the most important individual, couple, and family issues for which you would NOT include children in family therapy sessions?

2. What are the most salient content areas that should be included in a graduate course in MFT?

3. What are the most important books, chapters, and/or articles that should be included as required readings in a graduate course on children in family therapy?

4. What are the most important skills for MFTs to develop in order to work successfully with children in family therapy?

5. What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?

6. Describe the most useful play therapy techniques and how they can be successfully integrated with family therapy.

7. What changes have you seen in the family therapy field in training therapists to work with children in your work with children?
A comprehensive literature review described in more detail in Chapter II revealed no changes in the educational requirements for training MFTs working with children. The Delphi method was utilized for this study, which will be further discussed in Chapter III.

It is hoped that the outcomes of this research study will influence MFT training and family therapy and including coursework on working with children.

**Subjectivity Statement**

Qualitative studies propose a subjectivity statement on behalf of the researcher to ensure awareness of biases throughout the research process. The researcher has had biases from the beginning of the study due to her interest in play and play therapy as a marriage and family therapist.

Throughout my life I have always had a special relationship with children. My family often referred to me as a “kid magnet.” I always had fun babysitting and visiting with my cousins and being playful. It was not until I finished my studies as a marriage and family therapist and took a Filial Therapy course that I began to analyze my own style of play growing up. I found that my parents and grandparents incorporated significant amounts of “free play” in my childhood. My parents naturally incorporated many of the techniques often used by play therapists, such as restating, reflecting feelings, returning responsibility, and setting limits (Landreth, 2012). At the time, my parent’s allowance of their living room as our Barbie dreamland and dance studio seemed like a hindrance; however, I have learned what a truly important sacrifice this was for my sister and me. The kitchen table was not only a place to eat and socialize, but it was a craft table as well, with glitter still stuck in the wood finish. My parent’s
patience with play and creativity really shaped my patience, respect, and love for working with kids. My parents have used cooperation, encouragement, and a focus on the parent-child relationship throughout my life.

I also have a strong memory of the adult relationships that I had when I was younger with my parents, grandparents, and teachers and the impacts these have made on me. I remember what it was like to be a child and the respect or lack of respect that an adult might have had. After reading and learning the work of theorists like Minuchin, Satir and Whitaker, and Landreth, learning about myself as a therapist, and having a strong play based childhood, I truly understand the importance of learning about children and including them as members to the family therapy process.

**Operational Definitions**

The following definitions are used throughout this research study to describe significant concepts in both the family therapy and play therapy fields.

**American Association of Marriage and Family Therapy (AAMFT).** The national professional association for the field of marriage and family therapy. The association “…facilitates research, theory development and education. We develop standards for graduate education and training, clinical supervision, professional ethics and the clinical practice of marriage and family therapy” (AAMFT, 2014).

**Association for Play Therapy (APT).** The national professional association that promotes “…the value of play, play therapy, and credentialed play therapists by advancing the psychosocial development and mental health of all people and sponsoring and supporting those programs, services, and related activities” (APT, 2014).

**Child.** Defined as, a young human being below the age of 12.
**Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).** Defined as a

specialized accrediting body that accredits master's degree, doctoral degree, and post-graduate degree clinical training programs in marriage and family therapy throughout the United States and Canada. COAMFTE's mission is to promote best practices for Marriage and Family Therapy educational programs through the establishment, review and revision of accreditation standards and policies, and the accreditation of graduate and post-graduate educational programs (COAMFTE, 2014, para. 1).

**Delphi Method.** A qualitative method used for research. This methodology surveys a panel of experts in a specific field and subject manner. The panelists are each asked a series of questions. The responses will be coded and themes will be developed from the interviews. The panelists will be provided the themes and feedback will be allotted by the experts. Multiple rounds of coding and theme development will be completed to ensure clarification until saturation is reached (Linstone & Turoff, 2002; Stone Fish & Busby, 2005).

**Family.** Families-of-origin are groupings of individuals who “have a shared history and a shared future. [The family members] encompass the entire emotional system of at least three, and frequently now four or even five, generations held together by blood, legal, and/or historical ties,” (Carter & McGoldrick, 1999, p. 1). Also defined as any individuals or family groups who provide “support, regulation, nurturance, and socialization” to each other (Minuchin, 1974, p. 1). In the study, the family is also defined as two or more individuals with one or more children who may or may not be living together, and consider themselves family (Sori, 2000).

**Play Therapy.** "The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play
to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (APT, 2014, para. 1).

**Summary**

This chapter offered an overview of the research related to family therapy and including children in family therapy. Additionally, this chapter discussed the importance of including children in family therapy and the appropriate knowledge of play therapy and filial therapy needed by MFTs. Past and present research presented asserts that family therapists need to expand comfort levels with the inclusion of children in family therapy. The foundation of family therapy emphasizes the significance of including children in family therapy. Training programs need to provide better quality preparation procedures in the area of working with children in family therapy.

In an attempt to further the MFT field and improve the services of the children and families involved in family therapy treatment, this investigation is an expansion of Catherine Sori’s 2000 study of *Training family therapists to work with children in family therapy: A modified Delphi study*. Sori proposed significant factors in the importance in training protocols for including children, however over the past fifteen years, trends have not changed. The researcher created a comprehensive review of the literature to further examine the importance of including children in family therapy.
CHAPTER II
REVIEW OF THE LITERATURE

This chapter will focus on a comprehensive literature review, focusing on topics related to children and marriage and family therapists. More specifically, the benefits of the inclusion of children in the family therapy process, the effectiveness of treatment involving children in family therapy, and the appropriate training for family therapists involving children in family therapy will be reviewed. This review is an expansion of the 2000 study completed by Sori who examined training recommendations for the inclusion of children in family therapy. This researcher looked to replicate this study by exploring the evolution of the field of family therapy and the proposed need for training among family therapists and the inclusion of children in family therapy. In the previous study, Sori (2000) utilized a Delphi method, specifically surveying an expert panel of marriage and family therapists. Sori’s study examined seminal articles and the inclusion of children in family therapy. This researcher has examined current literature on the inclusion of children in family therapy and the need for further educational requirements for family therapists. The review of the literature for this study will summarize the important research related to the variables measured in this study, and build on the previous study.

The researcher used The University of Akron’s library website and search engines to locate electronic journals from psychology databases and order books for this
The researcher explored over 25 journals from the family therapy and play therapy fields. The researcher most commonly used the combination of the following terms: *family play therapy, play therapy, families in play, family therapy training, play therapy training, children and therapy, including children, and excluding children.* The researcher also consulted with a librarian specializing in electronic resources for the family therapy and counseling fields to ensure all possible searchers were completed. The researcher also used electronic databases located on the AAMFT website and the Association for Play Therapy’s website for additional resources and references.

The framework for this investigation is the Structural Family Therapy model incorporating aspects and references from foundational theorists such as Ackerman, Whitaker, and Satir. These theorists were known to incorporate children in the therapy process frequently. The Structural Family Therapy model stresses the importance of each member’s presence through the therapy process, and with the family therapy field continuing to grow (Northey, 2002), an ecological model is significant when working with the family. This study, using the Structural Family Therapy model examined current changes and trends pertaining to the inclusion of children in family therapy.

The researcher, as indicated above, expanded Sori’s (2000) study, further examining the field of family therapy and working with children. Sori researched the following claims:

(1) the inclusion of children is widely inaccurate; (2) MFTs perceive their training with children as adequate; (3) there is a need for the development of theoretical and practical guidelines for training; (4) there is a need for competency training; (5) there is a balance needed in practical and theoretical training; (6) there is a need for training workshops; (7) and there is a need for play therapy training. (Sori, 2000, p. 10)
More specifically, this researcher will work to review these claims 15 years later, to see what, if any changes have occurred in the field of family therapy.

**Structural Family Therapy and Development**

Minuchin (1981) emphasized the importance of including the whole family in the therapy process. This researcher will work from a Structural lens due to the attention to development among beginning therapists in this approach. Structural Family Therapy models are used by developing therapists due to the ecological view of the structure of the family and incorporation of specific techniques and interventions (Colapinto, 1988). Structural Family Therapy adheres to the structure and roles in the family system. The Structural family therapist will work to recognize each member’s impact on dysfunction. “Exploring the multiple identities of family members allows them to view themselves from a wider perspective and opens up alternative ways of relating to one another” (Minuchin, 2014, p. 7). Structural family therapists are also trained to look at “the dance” between the members, observing verbal and nonverbal communication exchanges (Minuchin, 1981; Minuchin & Montalvo, 1967). Training novice family therapists from a Structural perspective is key due to the developmentally parallel processes between the therapist and client, the ecological view and incorporation of interventions, and focus on the entire family system and each unique member.

**Understanding Children and Communication**

This section will examine the literature specifically related to how children communicate differently than adults. It is important to approach family therapy differently when working with children. Children possess different characteristics and thought processes than adults. Landreth is a play therapist who advocates for the
importance of the understanding of children. “Children must be approached and understood from a developmental perspective. They are not miniature adults. Their world is one of concrete realities, and their experiences often are communicated through play” (Landreth, 2012, p. 7). Family therapists need to recognize these differences and incorporate them in family treatment. Landreth (2012) asserted that the therapist is the one who is supposed to be well adjusted, to have coping skills, to know how to communicate effectively at all levels, and to possess a developmental understanding of children. When the therapist says, ‘tell me about it,’ young children are placed at a disadvantage of having to accommodate to the therapist. (p. 9)

Involving the child in the context of family therapy consists of a parallel process in which the parent needs to understand the differences in the communication between the parent and child subsystem. Oftentimes, this researcher hears, “…talk to them!” on behalf of the parents presenting their children to therapy. The researcher asserts a need for the understanding of the communication gap between adults and children that needs to be learned with the inclusion of children in family therapy. “Because children’s language development lags behind their cognitive development, they communicate their awareness of what is happening in their world through their play. In play therapy toys are viewed as the child’s… – a language of activity” (Landreth & Bratton, 2006, p. 99).

Bratton, Ray, Rhone, and Jones (2005) reported, “Most children below the age of 11 lack a fully developed capacity to form abstract thought, which is a prerequisite to meaningful verbal expression and understanding of complex issues, motives, and feelings” (p. 376).

There are several significant studies that examine family communication specifically related to children. Miller-Day, Pezalla, and Chestnut (2013) examined
family communication and the exclusion of children (under the age of 18) in these processes. Miller-Day, Pezalla, and Chestnut (2013) examined the general field and history of communication over time, discussing the ethical stipulations with using children in the research setting; conducting a content analysis of 229 major scholarly journals in the fields of communication examining how often children are represented in communication research and what methods, theories, and topics are guiding communication research with children.

The study concluded that 4% of the articles addressed children as communicators, implying “…when we focus almost exclusively on studies of ‘adult’ communicators, we lose site of the role of children in family communication and human communication in its entirety” (Miller-Day et al., 2013, p. 160). They proposed the question: “If a life span approach to understanding human communication is interested in promoting physical, psychological, and social health across the life span – how can we neglect to include children? (Socha & Yingling, 2010)” (Miller-Day et al., 2013, p. 160). Miller-Day et al. recommended that a further understanding of the child’s role in the family and socialization is significant to examine in the future.

In a similar study completed by Lobatto (2002), the researchers interviewed children following family therapy and concluded that children in the therapy process have difficulties understanding the process. Lobatto asserted that “since children and adults have differing levels of linguistic and cultural competence, cognitive ability and power to consent to ‘treatment,’ the possibility of enabling such mutual exchange may be problematic” (p. 331). Lobatto interviewed six children (two girls and four boys) in regard to their family therapy experiences. The children’s ages ranged from 8 to 12
years old. It was found that children like to be involved in family meetings, however did not like it when they were the focus. The study also revealed that children are aware of the dynamics in the therapy room: alliances, judgment, and validation. Lobatto (2002) finally argued the need for family therapists to be trained in the appropriate ways to include children to feel adequate in voicing their opinions from a nonjudgmental presence of the therapist and their parents.

To end that, Wark, Thomas, and Peterson (2001) proposed using a model that discusses the developmental levels of children and incorporating this into family therapy when working with children, discussing Internal Family Systems (IFS) and using this model with developmentally appropriate interventions for children. They asserted according to the IFS model, the identification, acknowledgement, and expression of children’s parts promotes emotional problem solving and healthy development (Schwartz, 1995). If children are encouraged to learn about and to accept their carried parts and to develop the Self for the leadership role, they may avoid much of the difficulty that adults can have…a developmentally sensitive application of the model for use with children that is appropriate to their cognitive abilities is needed. (p. 190)

Wark, Thomas, and Peterson (2001) took into account both Piaget and Erikson’s theories of cognitive development and psychosocial development, as well as Harter’s (1983) work with children and emotional development. What these researchers do acknowledge is the difference between the child and the adult in the therapy process and the necessity for family therapists to be educated on these communication perceptions and differences.

**Summary.** The preceding studies examined the important differences in communication between children and adults. Children communicate differently than
adults when included in family therapy. Family therapists need to be knowledgeable about these differences when including children in therapy.

**Inclusion Practices and Seminal Studies**

Communication is an important concept when including children in family therapy, but has only been briefly discussed over the past decades. This section will provide a general overview of cornerstone studies examining inclusion practices of children in family therapy. Over the last 15 years, the inclusion of children in the family therapy process has declined (Korner & Brown, 1990; Lund, Schindler, Zimmerman, & Haddock, 2002; Miller & McLeod, 2001; Sori & Sprenkle, 2004). According to Johnson & Thomas (1999), “…some of the basic tenets of family therapy theory suggest that without the presence of all family members, at least at initial sessions, family therapists miss important information and opportunities for intervention” (p. 117). There are three seminal studies that are the foundation for this study: Korner and Brown’s (1990) study, *Exclusion of children from family psychotherapy*; Johnson and Thomas’s (1999) study, *Influences on the inclusion of children in family therapy*; and Sori’s (2000) study *Training family therapists to work with children in family therapy: A modified Delphi study*. These studies focus on the family therapy field and why the claims to include children are significant.

Korner and Brown (1990) examined the differences between family therapists who included children in therapy versus those who excluded children. The researchers discussed the importance of including children in the therapy process and stated: “…children as members; the therapist will better understand system dynamics; children bring honesty and zest” (p. 420). The study found that therapists feel incompetent and
lack confidence when working with children and including them in the therapy process. The study surveyed 173 AAMFT members using the Family Therapy Questionnaire, eliciting background information and the family therapists’ beliefs and practices regarding the treatment of children. The study found that the exclusion of children is common. The study found that 40% of family therapists exclude children and 31% invited children to the session without including them. It was found that family therapists often categorize themselves as “couples therapists” rather than family therapists. Many family therapists focus on the marital dyad. The researchers also found that family therapists were lacking graduate school training in the areas of coursework, training, and supervision with children. The study finally suggested that further research is needed as to why family therapists exclude children.

Following Korner and Brown’s study, researchers Johnson and Thomas (1999) expanded the study by examining what criteria family therapists use when they decide to include children in sessions. This study surveyed 143 family therapists using the Family Therapy Questionnaire-Revised to measure inclusion practices and comfort levels. The study concluded with a low response rate in which the researchers hypothesized a low response rate warranted a low interested on behalf of family therapists and the inclusion of children. The study found that most family therapists base their decisions on including children in therapy based upon comfort and preference. The study also found that family therapists include children more with internalizing behaviors (quiet) than externalizing behaviors (aggression) and would include children of single parent homes over two parent homes. The study finally suggested that family therapists need to
integrate general systems theory in the inclusion of children in family therapy (Johnson & Thomas, 1999).

Sori (2000) and Sori and Sprenkle (2004) expanded the work of Korner and Brown (1990), the dissertation of Johnson (1995) as a precursor to Johnson and Thomas’s study, and the work of Johnson and Thomas (1999). Sori (2000) also used the research presented by Cederborg (1997) which examined recorded tapes of family therapists working with children where children only spoke approximately 3% of the time during family session.

Sori (2000) used the Delphi Method to survey 24 professional panelists who were qualified to work with children, possessing strict qualifications in the family therapy field and working with children and family therapy. Sori sent several questionnaires and made four telephone interviews. The past study also had the opportunity to interview Minuchin in regards to including children in family therapy. Sori examined questions related specifically to training for credentialing of family therapists and the inclusion of children in family therapy.

Sori discussed that the panelists believe children should be included in family therapy (except when adult sexual issues or sensitive information, such as parental illness are involved). “Panelists emphasized that children are affected by parental problems, so that even when they are initially excluded for the above reasons, they should be included at some point to assess how these adult problems are affecting them” (Sori & Sprenkle, 2004, p. 483).

The past study also examined the following areas in relation to training and working with children: development, application of theories, therapist knowledge, play
in development and therapy, play in family therapy, assessment and treatment of childhood disorders, specific family issues, trauma, abuse, and separation from parents, and contextual issues (educational issues and diversity).

Sori (2000) found that an emphasis on children is needed in training to work with families and that the COAMFTE needs to promote more child-focused training in required coursework, with more specific hours devoted to children and families at different developmental stages. Sori also asserted that more child focused supervision to improve comfort levels is needed.

The study further recommends utilizing the readings suggested by all panelists when working with children, the emphasis on practical skills when working with children (how to talk to children, engage children and adults to understand each other), with the inclusion of inductive (videos, observation, and supervision) and deductive (lectures and demonstrations) models of training. Sori (2000) finally recommended that two family play therapy techniques be endorsed: nonverbal art techniques and family mural drawings with an emphasis on creativity and playfulness through training, per the panelist recommendation. Sori’s study will further be discussed in Chapter III due to the focus of the replication of her study.

**Summary.** The author utilizes the work of Korner and Brown (1990), Johnson and Thomas (1999), Sori (2000), and Sori and Sprenkle (2004) as seminal studies in the inclusion of children in family therapy. There are several researchers who have conducted further research on children and inclusion in family therapy over the last 15 years. These researchers look to investigate further the importance of including children in the family therapy process.
Sori (2000) began her research proposing the need for change in the competency and comfort levels of family therapists working with children. Both old and new research suggested the need for further competency and comfort levels among family therapy fields. This researcher worked to re-examine these issues by conducting a replication study based upon the work of Sori. With the field of family therapy changing, beginning therapists have an ethical responsibility to become competent in including children in family therapy.

**Inclusion Practices and Current Studies**

Although there is a gap in the literature today regarding the study and benefits of including children, there are existing articles further discussing the topic. These articles are over 10 years old, however, demonstrating a need for update research in the areas of family and play therapy and working with children.

Lund, Zimmerman, and Haddock (2002) examined the literature prior to 2000 discussing the inclusion of children in family therapy in the context of a literature review. They argue for the inclusion of children based upon the advocacy of the founding family therapy theorists. Lund, Zimmerman, and Haddock (2002) reviewed the work of Korner and Brown (1990) and Johnson and Thomas (1999). Theoretical aspects of including children (why therapists are reluctant; advantages of including children; why play is important; theoretical orientations; and diversity issues), Structural aspects of including children (ages of inclusion; presenting issues included; structure of treatment), and practical techniques when including children (materials needed; creating a safe environment for children and adults; and specific techniques for children) was also reviewed.
The literature review asserts that it is advantageous to include children in therapy and the use of the review to promote further comfort and competency for family therapists including children. Lund et al. (2002) stated, “once therapists make the shift to incorporate children into their practice, they may find themselves astonished at the richness, wisdom, and catalytic affect that children can bring to therapeutic process” (p. 453).

Other researchers have examined the need to continue to investigate the importance of including children in the family therapy process as well. Miller and McLeod (2001) discussed the importance of including children in the family therapy process. They review the work of the founding family therapists and the importance of including all members in the system. They further discuss statistics found in the AAMFT in which “…AAMFT participants claimed families formed only 12% of their caseload; the remaining caseload divided as 49% individuals, 23% couples, and 15% combination” (Doherty & Simmons, 1996, p. 375). The history of family theorists and the importance of involving the whole family is further reviewed and it is asserted that the system is impacted by the individual members in that system. “As the child’s behavior escalates, the circular nature of family systems theory can be easily understood as the family, in turn, experiences stress of the…problematic behavior” (Miller & McLeod, 2001, p. 378).

The review also examines the personal comfort level of the therapists including children by examining a study completed by Johnson and Thomas (1999). The researchers add the physical work setting as a contributor to therapist comfort (evening/after school hours). Miller and McLeod (2001) finally reviewed the pros and
cons to include children. They report the pros as including children as the child’s positive drive to self-expression, a better view of family dynamics, parents becoming more responsible for the future, and finally children can be spontaneous and curious adding to the openness of therapy. The cons of including children, according to the researchers, are too many interactions in the session, interrupted energy level and pacing of the therapist, therapists needing to adapt their approach, therapist being uncomfortable with incorporating play techniques, potential harm to the child from the content of the session, and difficulties with the parents receiving benefits from the session (Miller & McLeod, 2001).

Finally, Miller and McLeod (2001) proposed questions for therapists to address in regard to including children in family sessions. These questions address theoretical concerns (i.e., “what is my definition of family counseling?”), training concerns (i.e., “am I competent to work with children?”), and child concerns (i.e., “can children feel safe in my office with their families present?”). Miller and McLeod (2001) concluded their proposal by suggesting that therapists evaluate the issues of including children to ensure best practices. They recommended a need for a continuation of research and expansion of training needs.

**Summary.** Though there are literature reviews of a collection of previous studies completed about the competency and confidence of family therapists and the inclusion of children in family therapy, there is still a need for further studies containing actual research based evidence on this importance. There is also a need for more updated studies that focus on family and play therapy and the inclusion of children in family therapy.
Training and Current Studies

Along with the importance of the inclusion of children in family therapy, there are several researchers examining the same issues in regard to training methods and training needed to include children in family therapy that Sori examined prior to 2000. Raimondi and Walters (2004) completed a study examining what training is needed for family therapists to work with children. They proposed, “…having the entire family system participate in therapy sessions would also mean including the youngest members of the family, “the children,” in the family therapy process” (Raimondi & Walters, 2004, p. 225). The study argued that ignoring any part of the system is a “…failure to adopt a truly systemic approach” (Raimondi & Walters, 2004, p. 226). The study looked to investigate program director and therapist perceived competence in selected child-related content areas; program director and therapist perceived ratings of the relevance of using these content areas; and program director and therapist perceived interest in the level of training in these content areas. The study reviewed literature from 1988-2001, causing the author to assert that there exists a problem approximately 15 years later.

The study surveyed 27 program directors and 184 clinical members of the AAMFT. In regard to competency, both the program directors and family therapists rated themselves highly in the content areas of family structure, family violence, parenting, and handling child behavior in the session; both groups rated themselves low in the content areas of play therapy, child therapy, assessment instruments for children, DSM knowledge for children, psychotropic medication for children, and play therapy techniques. In regard to relevancy, both groups reported working with diverse families, structure, family violence, parenting issues, child behavior in session, and ethical issues
related to children as relevant. Both groups rated relevancy low in the areas of the
history of play therapy, child therapy, and family play therapy, assessment instruments
for children, dealing with resistance from families with including them in play, and
understanding equipment needed for a play therapy room. Regarding topics of interest,
both groups rated family structure, family violence, parenting issues, child behavior in
session, and understating ethical issues related to children as high. Both groups reported
a lower interest in the history of play therapy, child therapy, and family play therapy, the
use of assessment instruments for children, and knowledge of the equipment needed for
a play therapy room (Raimondi & Walters, 2004).

Raimondi and Walters (2004) argued the importance of an interest in history of
play therapy, child therapy, and family play therapy.

Understanding how much importance the founders of the field of family therapy
(i.e., Nathan Ackerman, Virginia Satir, Carl Whitaker) placed on the inclusion of
children in the systemic therapy process provides a basis and an argument for
why child inclusive family therapy is so important to basic tenets, ethics, and
survival of the field of family therapy. This historical knowledge helps us to
reconfirm what it mean to truly be a ‘family therapist’. (p. 223)

The study finally concluded that training programs serving families would
benefit from basic training of play therapy skills and how to implement these into their
argued the importance of a needs assessment in order to fill in training gaps and to
ensure quality care for children and their families.

Similarly, Ruble, Walters, Yu, and Setchel (2001) completed a study
investigating the relationship between therapists’ perceived knowledge level in the area
of child development and their actual knowledge level. The study argued that mental
health therapists do not receive adequate training for working with children. The study looked at reported adequacy and actual knowledge, not just reported knowledge. Ruble, Walters, Yu, and Setchel (2001) surveyed 159 subjects (45 marriage and family therapists) using open-ended questions and a Likert Scale to assess child development knowledge. The respondents perceived themselves as more knowledgeable in regard to child development, however the researchers found that the respondents’ child development knowledge fell below average. The study recommended that training programs examine the amount of actual practice time with children and families to improve actual knowledge of child development to better work with children and families.

More recently, other researchers examined the impact of sole-focus training with working with children. Carnes-Holt and Weatherford (2013) completed a study examining the effects of a 2-day play therapy training session for mental health professionals, specifically in rural areas, hypothesizing “…the participants would finish the training with increased positive attitudes, knowledge, and skills in play therapy” (p. 82). There were five participants, all of whom have obtained a master’s or higher degree in a mental health related field and were employed in a rural area providing mental health related services to children. The participants completed the Play Therapist’s Attitude-Knowledge Skill Survey (PTAKSS; Kao & Landreth, 1997) throughout the training process. The study found that following the two day training there was a significant increase in knowledge and skills for play therapy. The study proposed that further training is needed in the realm of play therapy for mental health professionals working with children. This researcher asserts that trainings like these are needed to
further expand competencies and confidence when working with children as family therapists.

Further, a study conducted by Weir, Fife, Whiting, and Blazewick (2008) examined the lack of clarity in training and level of preparedness for family therapists to work with families, specifically with adoption, foster care, and child welfare issues. This study examined the core competencies of The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the requirements for training in human development, family development, family dynamics, and the clinical treatment of families, asserting a need for further sole-focus training procedures for graduates. The study proposed changes in COAMFTE and CACREP programs with incorporating different course modules focusing on services and agency work, which most graduates endure following graduation. In this, the researcher again asserts a need for specifically focused training on including children in the therapy process.

**Summary.** There is a gap in the literature specifically discussing the importance of ethical considerations and the lack of training of MFTs and working with children. There is a need for further training and credentialing of family therapists and including children in family therapy. The following studies will further explore the importance of learning the developmental attributes and effective techniques for including children in therapy.

**Brief History of Play Therapy**

There is a need for play therapy training among family therapists. A brief history of play therapy will be reviewed for further understanding of the evidenced-based practices that might be utilized by family therapists when including children in the
family therapy process. Play therapy has a unique and extended timeline beginning, in
the 1700s with a discussion on child development. It was not until the 1900s that Freud
(1928) and Klein (1932) used play as a substitute for communication (Bratton, Ray,
Rhone, & Jones, 2005). Structured approaches to treatment were then followed by
nondirective approaches by Guerney (2001), and Landreth (1991) (Bratton, Ray, Rhone,
& Jones, 2005).

Bernard and Louise Guerney developed Filial Therapy in the 1960s, marking an
innovative way to involve the parents as therapeutic agents in the play therapy process.
Garry Landreth developed a briefer model of family work during the 1990s (Bratton,
Ray, Rhone, & Jones, 2005). The researcher is currently using the work of Guerney and
Guerney and Landreth in her practice with families and observes positive results and
reporting from the families (both parents and children) measure by achieved treatment
goals and self-report by the parents and children.

In the 1980s-1990s, play therapy grew in the context of Gestalt Play Therapy
(Oaklander, 1989), Adlerian Play Therapy (Kottman, 1995), ecosystemic play therapy
(O’Connor, 2000), and prescriptive play therapy (Schaefer, 2001). “Though these
treatment methodologies and theoretical schools] may differ philosophically and
technically, they all embrace the therapeutic and developmental properties of play ‘to
help [children] prevent or resolve psychosocial difficulties and achieve optimum growth
and development’” (APT, 2011, p. 20)” as cited in Bratton, Ray, Rhone, and Jones
(2005, p. 377). Play therapists work from evidenced-based approaches in the realm of
child development. Family therapists need to be aware of the developmental lens that
children are working from in order to effectively involve them in family therapy.
Play therapy is a significant area of expertise that requires unique credentialing. Play is the language of children and toys are the words (Landreth, 2012). If family therapists deem every member in the system as important, then every member’s needs must be addressed. Family therapists need to learn how to work with children developmentally, in order to include children effectively and confidently in family therapy.

**Specific Play Training and Current Studies**

Family therapists are in need of training specifically in the realm of play therapy and filial therapy, due to the differences in development and language children possess. Research has been conducted surveying members from the Association for Play Therapy and the American Association for Marriage and Family Therapy. It reveals that play therapists are working with families and family therapists are working with children. A study conducted by Ryan, Gomory, and Lacasse (2002) surveyed the characteristics and attributes of 891 play therapists. The study revealed that 88.5% of play therapists worked with family issues in their practice, indicating the need for play and family training. A study conducted by Northey (2002) surveyed 292 marriage and family therapists showing 28% in a private practice setting and 15% in an institutional setting working with children, with the highest population less than 18 years old.

Haslam and Harris (2011) presented a contrary study based upon play therapists and their comfort and competency involving families in play sessions. “Because play therapy is often seen as a child-focused medium, this approach appears to be caught in this dialectic tension between child versus family-based therapies” (Haslam & Harris, 2011, p. 52). Haslam and Harris (2011) discussed play therapy more frequently
researched in the family therapy field focusing on exclusion and family therapist’s lack of acceptance of play therapy. The study examined how family-minded play therapists work with children; what attitudes they hold regarding the integration of play and family therapies; what integration barriers exist; and what are play therapists’ appraisals of graduate programs and trainings for integration.

Haslam and Harris (2011) surveyed 295 members from the Association for Play Therapy, examining the play therapists’ attitudes in working with families and children. It was found that 94% of the participants deemed involving the family as effective in treatment; 93% of cases involved family factors; and 82.2% of the participants who agreed that it was possible to integrate both play therapy and family therapy. These results confirm the research by Sori (2004) and the reluctant attitudes of family therapists to incorporate play in their practice (Haslam & Harris, 2011). Even though the respondents deemed the integration as effective, only 63.3% believed play therapy in family therapy would be effective. These trends highlight the lack of confidence and competence exhibited by professionals (Haslam & Harris, 2011). This study also described the self-defined clinical role of the professionals, with 53.8% defining themselves as a play therapists and 43.7% defining themselves as integrating play and family therapy (see Table 1). Finally, Haslam and Harris (2011) discussed an overall lack of training in integrating play and family therapy, with 43% reporting adequate training and concluding that training needs to increase in the integration of play and family therapy to better meet the needs of clients.
Table 1. Percentages of professionals working with play and the family

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of involving families</td>
<td>94.0%</td>
</tr>
<tr>
<td>Effectiveness of involving families</td>
<td>90.0%</td>
</tr>
<tr>
<td>Agree it is important to integrate</td>
<td>82.2%</td>
</tr>
<tr>
<td>Effectiveness of play in family therapy</td>
<td>63.3%</td>
</tr>
<tr>
<td>Role as play therapist</td>
<td>53.8%</td>
</tr>
<tr>
<td>Role as play and family therapist</td>
<td>43.7%</td>
</tr>
</tbody>
</table>

Note. Table 1 created by researcher.

The Benefits of Play for Children

Considering this need to integrate play and family therapy, several studies have found that there are benefits for play with children and the family to improve the family therapy process. Willis, Walters, and Crane (2014) discuss the importance of including children in therapy to enhance the relationship and experiences of the family in family therapy and how play based interventions will allow for integrating work with children and the family.

Willis, Walters, and Crane (2014) presented a literature review focusing on the previous work of Johnson (1995), Korner and Brown (1990), and Sori (2004). They also review play as a natural language for children and discuss the developmental contexts of play and language for children. The study looked to address the questions related to play based interventions and the child’s ability to move to talk therapy and whether or not a relationship exists between the therapy process and the therapy outcome.

Willis, Walters, and Crane (2014) surveyed 16 therapists who worked with 30 families. A variety of questionnaires were used to measure behaviors and experiences,
and qualitative assessments were competed via videotaping and coding, finding that the therapists used verbal techniques most, followed by experiential techniques, and techniques using a prop.

The study found that incorporating children in the context of therapy using play based techniques allowed for more talking time in the session. Incorporating play allowed for more motivation, less anxiety, and better relationships between both the therapist and the family. In this study, “…therapists who used more playful activities may have strengthened the child’s alliance because the child viewed them as more fun and exciting than therapists who used a predominately talk-based approach” (Willis, Walters, Crane, 2014, p. 298). Overall, Willis, Walters, and Crane (2014) found that using play-based techniques and interventions allows for increased child participation and positive outcomes for the family.

Family therapists working with the family may understand the importance of utilizing play therapy to reach the developmental needs of children. There are benefits including play in the therapeutic process to reach the whole family, including adults.

**The Benefits of Play for Adults**

The benefits of play for children are boundless, however the benefits of play for adults are also significant in the family therapy process. Play therapy in the whole family allows for reduced resistance to the therapy process, improved communication between all members, family connectedness, and joy (Gil, 1991; Gil, 2014).

Several researchers challenge the importance of play for adults in therapy. According to Garza, Watts, and Kinsworthy (2007), it is crucial to involve parents in the therapy process for children (p. 277). Garza et al. reviewed the U.S. Surgeon General’s
report regarding mental health and the need to work from a family perspective and argued that children are often times excluded from the therapy process. This study also thoroughly discussed Filial Therapy, an evidenced-based approach to working with children and parents. This study utilized a case study in a Filial Therapy context to examine the improved strengths in the parent-child relationship. It was found that through filial sessions, not only did the parent-child relationship strengthen, but there were behavior changes for both parties. The mother became more empathetic, understanding, and accepting, and the child became less frustrated and more confident in his play and problem solving skills (Garza et al., p. 280, 2007).

Furthermore, Bratton et al. (2005) conducted a meta-analytic review of treatment outcomes examining 93 controlled outcome studies over five decades to assess the overall efficacy of play therapy and to determine factors that might impact its effectiveness (p. 376). The study found a strong relationship between treatment effect and the inclusion of parents and treatment duration. Bratton et al. (2005) found specifically that humanistic approaches were slightly more effective than non-humanistic approaches, and that filial play therapy conducted by parents was more effective than play therapy conducted by a professional. It was concluded that play therapy is effective in responding to the child’s developmental needs.

Moreover, Rotter and Bush (2000) provided a brief literature review examining the importance of involving children in the therapeutic process, discussing the importance of family therapists adhering to a systemic orientation, according to significant figures in the field such as Whitaker, Ackerman, Satir, and Minuchin, involving the whole family in therapy. Rotter and Bush (2000) also argue that current
family therapy training programs do not provide adequate training for including children and briefly discussed the importance of play in the context of family therapy due to the communication barriers between adults and children.

**Summary.** It is beneficial to involve play in family therapy sessions. Play is a significant part of development for children. Play also improves the barriers between the parent and child relationship. Since play is the language of children (Landreth, 2012), family therapists have an ethical responsibility to obtain the appropriate knowledge of effective techniques to include children in family therapy.

**Ethical Responsibility**

Family therapists have an ethical responsibility to provide quality and competent work from a nondiscriminatory assessment. Family therapists follow professional standards proposed by The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), an accreditation body for MFT training programs in the United States and Canada. COAMFTE provides standards of required coursework to address the various content areas needed for family therapists to provide quality services. These areas include: theoretical knowledge, clinical knowledge, individual development and family relations, professional identity and ethics, research, and additional learning (AAMFT, 2014).

Family therapists also follow a set of ethical codes provided by the American Association for Marriage and Family Therapy (AAMFT). These codes provide a set of professional standards for family therapists to follow in the areas of: responsibility to clients, confidentiality, professional competence and integrity, responsibility to students and supervisees, research and publication, technology-assisted professional services,
professional evaluations, financial arrangements, and advertising. The AAMFT ethical
codes also promote the following core values embodied by the AAMFT: (1) acceptance
of diversity; (2) training and advancement of knowledge and skills; (3) responsiveness in
service to members; (4) diversity and equity in practice, research, education, and
administration; (5) integrity in ethical and honest behaviors; (6) innovation and the
advancement of knowledge of therapy (AAMFT, 2012).

Ethics are critical in the context of therapy. They are taught at the
commencement of many training programs. The researcher asserts that many family
therapists are not providing quality care in family therapy practice and working with
children. The knowledge, skills, and credentialing to work with children and the whole
family are not being obtained according to accreditation standards. When training
programs do not provide appropriate educational requirements for working with
children, family therapists cannot competently and confidently include children and
therefore are discriminating, not advocating for the family therapy field, not working
from a secure scope of practice, and finally not providing the best services in
responsibility for the family.

Summary. Ethics are essential in the context of therapy. It is unethical for
family therapists to provide services without the appropriate training and credentials. To
work specifically with children, play therapists are required to have 35 hours of
supervision and over 150 hours of instruction (APT, 2012). There needs to be changes
in the training standards for family therapists to ethically treat children in the context of
family therapy.
Research Questions

Based upon the literature reviewed, incorporating a review of both seminal and current studies, this study will expand the following research questions, replicated from Sori’s 2000 study.

Past and current research shows that children are being excluded from family therapy sessions, and included in the realms of incompetency and low comfort levels among family therapists. Sori argued that theoretical or practical guidelines were nonexistent 15 years ago and the author asserts still remain nonexistent today. This agrees with Sori’s assumptions that “…it is beneficial for all family members when children are physically included and actively engaged in the therapy process” (Sori, 2000, p. 38).

The following questions will be a replication based upon the proposed research questions from Sori’s 2000 study. The author used these questions in the context of a Delphi methodology.

Question 1: What are the most important individual, couple, and family issues for which you would NOT include children in family therapy sessions?

Past and current research both suggest that current family therapy graduate programs do not provide adequate training for family therapists to work with children in the family. The following questions examine what experts deem most useful in regard to children included in family therapy.

Question 2: What are the most salient content areas that should be included in a graduate course in family therapy?
Question 3: What are the most important books, chapters, and/or articles that should be included as required readings in a graduate course on children in family therapy?

Past and current research also suggests that family therapists do not feel competent or confident including children in family therapy sessions or working with children. The fourth research question will “…identify those child-related skills that would be most beneficial and most crucial for therapists to develop” (Sori, 2000, p. 39).

Question 4: What are the most important skills for therapists to develop in order to work successfully with children in family therapy?

The fifth proposed question expands upon the fourth question in inquiring what methods of training will increase comfort levels for family therapists and teach important skills for working with children.

Question 5: What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?

“Finally, we know that many of the founding fathers of family therapy implemented play therapy in their family therapy work” (Sori, 2000, p. 40). Sori (2000) and Johnson (1995), found that family therapists deem their play therapy training as inadequate. The author will finally examine play therapy techniques that are most useful and how they can be successfully incorporated into family therapy sessions (Sori, 2000, p. 40).

Question 6: Describe the most useful play techniques and how they can be successfully integrated with family therapy.
Question 7: What changes have you seen in the family therapy field in training therapists to work with children in your work with children?

Summary

It is evident that the training for credentialing of family therapists needs to be improved to ensure competency and confidence among family therapists and the inclusion of children in family therapy. The research asserts the importance of examining specific credentialing recommendations for family therapists. The benefits of the knowledge of development and play therapy will provide effective therapeutic outcomes in family therapy. The literature supports a need for change in credentialing and training protocols, however there have been no changes in the last 15 years following the commencement of this research.
CHAPTER III
RESEARCH METHODS

This chapter focuses on the purpose of this research as well as the methods that the researcher utilized to conduct this study. First, the research goals and research questions are discussed. Second, methods of data collection are defined. The researcher then provides data collection methods of data analysis. Finally, an exploration of and summary of the research methods are discussed.

Research Goals

The goal of this research was to explore the current training credentials for family therapists and working with children as a follow up to Sori’s (2000) study. This research attempts to replicate Sori’s (2000) study, *Training family therapists to work with children in family therapy: A modified Delphi study*, examining whether or not training procedures have changed 15 years later for family therapists. More specifically, this study will “…attempt to identify what factors MFT training programs [still] need to include when designing coursework and other types of training in this area” (Sori, 2000, p. 41) of working with children.

The researcher aimed to address this gap by surveying experts in the family therapy field who utilize play therapy and are specialists in working with children. The researcher gathered information from an exploratory methodology examining the perspectives of professionals in the field of family therapy and children.
Replication

The researcher used a qualitative research approach using the Delphi methodology in replicating the study completed by Sori in 2000. According to McKubre (2008), “…replication is defined in terms of production and that the key test…is consistency, not identicality” (p. 1). Minor modifications were made to the researcher’s replication due to the changes in today’s technology, access to panelists, and following the true, proposed nature of a Delphi study (see Table 2).

Table 2. Modifications of Sori’s (2000) study

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Sori’s Study (2000)</th>
<th>Replication Study (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant contact</td>
<td>Website</td>
<td>Email</td>
</tr>
<tr>
<td>Number of participants</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Phases of contact and interviewing</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Phase 1</td>
<td>Open-ended Delphi questionnaire</td>
<td>Telephone interviewing</td>
</tr>
<tr>
<td>Panelist qualifying degree for participation</td>
<td>MA, MS, PhD, PsyD, MD</td>
<td>Masters, Doctorate</td>
</tr>
</tbody>
</table>

The previous study utilized a website for the completion of the study and for contact with the panelists. Due to the dependable and available access to email and reliable telephone contact, this researcher used email and telephone only.

The researcher also modified the sample size provided by the original study. The researcher is looking to replicate the study to seek consistency in the MFT field, not identicality of Sori’s study (McKubre, 2008). Sori (2000) used 24 panelists in the
completed study. This researcher will use fewer than 24 panelists, staying in proposed limits from The Board of Regents University of Wisconsin (2002), which used 8 to 12 participants.

The researcher also began phase one of this study with telephone contact and interviewing, followed by supplemental emails for clarification and coding. Sori’s (2000) study began with open-ended Delphi questionnaires, followed by several occasions of telephone contact. Both Sori’s (2000) study and this study used identical research questions and examine the same problem. These three modifications were made for this research study as compared to Sori’s study. All other research procedures and questions were replicated and are described further in this chapter.

Research Question

The researcher utilized the same research methods and questions that Sori used to examine any changes 15 years later. The research question posed was: What training objectives and methods are identified by family therapists working with children to encourage success in training and including children in family therapy (Sori, 2004)? Specifically, the researcher used the following questions:

1. What are the most important individual, couple, and family issues for which you would NOT include children in family therapy sessions?

2. What are the most salient content areas that should be included in a graduate course in family therapy?

3. What are the most important books, chapters, articles, and/or training videos that should be included in a graduate course on children in family therapy?;
4. What are the most important skills for therapists to develop in order to work successfully with children in family therapy?

5. What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?

6. Describe the most useful play therapy techniques or therapies using play and how they can be successfully integrated with family therapy.

7. What changes have you seen in the marriage and family therapy field in training family therapists to work with children?

The literature supports that there are currently no changes in the educational requirements and training for family therapists and working with children, and currently no changing trends in the lack of set training standards in family therapy training programs. The Delphi method was utilized to better define and clarify the need for further training methods for family therapists and working with children.

**Methods of Data Collection**

The Delphi method is a qualitative form of data collection surveying a panel of experts in a specific subject matter and exploring a particular research question(s) further. Commonly, qualitative research “…is a form of inquiry that analyzes information” and “…is used to capture expressive information not conveyed in quantitative data about beliefs, feelings and motivations” (Berkwits & Inui, 1998, p. 195).

Based upon the context of this study and due to the replication of Sori’s (2000) study, the Delphi was an appropriate choice of methodology. According to Yousuf (2007), “the technique was named after the ancient Greek Oracle at Delphi from which
prophecies were given…an ‘oracle’ refers to a statement from someone of unquestioned
wisdom and knowledge or of infallible authority” (p. 1).

The Delphi originated in the 1950’s during defense research by the Air Force in a
study surveying a group of experts (Linstone & Turoff, 2002; Yousuf, 2007). This
approach was used throughout the 1960’s, surveying experts specifically in the defense
community and healthcare communities. In 1964, Gordon and Helmer published the
Rand Paper, examining long-range trends in science and technology (Linstone & Turoff,
2002). This was the “official” commencement of the use of the Delphi methodology.

Today, the Delphi methodology is used to gain an understanding of a particular
topic of curiosity (Linstone & Turoff, 2002; Stone Fish & Busby, 2005). This approach
allows the researcher to gather information anonymously, without face-to-face
interaction. The Delphi method first arrived in the family therapy field in the 1970’s
when Winkle conducted a study examining Structural and Strategic family therapy
theories, providing some information proposed by an expert panel semi-resolving the
dilemma (Stone Fish & Busby, 2005).

There are several strengths gained while utilizing the Delphi approach. The
information obtained from a Delphi approach also allow for smaller sample sizes, less
professional “jargon,” bridging the gap between clinicians and researchers, and is an
easy way for non-researchers to learn about a specific subject matter (Stone Fish &
Busby, 2005).

There are also several limitations that accompany the use of the Delphi method.
According to Linstone and Turoff (2002), the Delphi method fails as a methodology
when the investigator imposes bias to the participants prior to the commencement of the
study; when poor techniques are used in summarizing and interpreting results; when disagreements are not explored (participants may drop out); or when participants are not compensated for their time. Linstone and Turoff also suggest limitations in “virtual” communications due to the researchers’ inability to monitor respondents and misunderstandings and miscommunications with language and logic (p. 7). The researcher was strategic in obtaining participants for this study based upon the strengths and limitations of the Delphi method which will further be discussed in Chapter V.

**Sampling**

Participant selection in a qualitative approach to research requires a careful sampling of participants, and panelists in the Delphi approach will need to meet specific qualifications in the area of family therapy and children. “This method ensures that the participants have had some depth of experiences with the phenomenon of interest and can provide meaningful information for the purpose of the study” (Wang, 2008, p. 276). Selecting panelists in a Delphi study requires credentialing based upon expert knowledge and experience. The researcher looked to obtain between 8-12 panelists in order to acquire a strong understanding of the proposed research questions and research subject matter. The researcher began this research by creating a list of 20 possible participants, which expanded to 40 possible participants. This list was created of well-known researchers, clinicians, and professors in the field that already qualified with the credentials needed for this study.

The researcher acquired 10 participants who volunteered to participate in all. Hsu and Sandford (2007) discussed small sample sizes as having a “representative pooling of judgements regarding the target issues” and large sample sizes potentially
having low responses, drop outs, and long respondent times (p. 4). To correctly replicate the study completed by Sori (2000), the researcher would have needed 24 panelists. There is not an established amount of participants specifically required to complete the Delphi method, however general qualitative research usually examines 8 to 15 participants to ensure consistency across cases and to add minimal new information (Wang, 2010).

Sori recruited panelists through a specially created website and then followed up with telephone calls. This researcher sent requests via email. This researcher had originally planned to use listservs (American Counseling Association, Ohio Counseling Association, American Association of Marriage and Family Therapy, Association for Play Therapy) and social media (Facebook) as well; however, found participants successfully through email. As the panelists were obtained, they were asked to recommend additional panelists to participate, which caused the snowball effect to occur in the sampling procedure. This researcher also consulted with a dissertation committee member who has years of experience as a play therapist. This researcher’s proposed list of possible participants was verified by this committee member.

Criteria for Participation

The Delphi method proposes a careful selection of panelists examining specific criteria based upon the panelists’ knowledge and expertise in a particular subject matter. The researcher carefully selected the panelists based upon the knowledge and interest presented by the specified criteria. The following criteria will be replicated from Sori’s (2000) study: (a) a national reputation for expertise regarding children in family therapy, and (b) a particular area of specialty regarding children in family therapy. To
further replicate Sori’s (2000) study, each panelist must meet at least three of the following criteria which would qualify as having a nationally known reputation according to this study.

1. Have published at least two articles or books on treating children in family therapy.
2. Have at least 5 years of clinical experience in treating children in family therapy.
3. Have at least three years of experience teaching the treatment of children in family therapy.
4. Have made at least one presentation on children in family therapy at a national conference or local conference.
5. Possess a qualifying degree (Masters or Doctorate) in the field of marriage and family therapy, psychology, social work, child development, education, medicine, or psychiatry.

**Solicitation of Participants**

The researcher began this study by obtaining the appropriate approval from The University of Akron’s Institutional Review Board (IRB). The panelists were obtained from across the United States. Once the expert panelists had responded, the researcher presented a formal email requesting participation and presented the initial research paperwork (consent, demographic questionnaires, and initial research questions). The panelists were asked to agree to participate in the study using an online signature consent form.
Finding the participants of this study was tedious, yet exciting. The researcher felt privileged to have contact with so many leaders in the marriage and family therapy and play therapy fields. The researcher sent personal emails to over 40 possible panelists. The researcher interacted with many prominent experts in the family and play therapy fields. The experts provided the researcher with additional names and the contact information of other possible participants.

Following the agreement to participate, the first round of interviews via telephone commenced. The second and third rounds of contact were conducted via email. The researcher was located in Strongsville, Ohio.

**Incentives for Participation**

The researcher provided a minimal incentive option for each panelist following the completion of the study. The panelists will be permitted to receive a $10 gift card to Amazon.com or the researcher will provide a donation of $10 to the Foundation for Play Therapy, a national fundraising organization through the Association for Play Therapy that provides funding for play therapy research and play therapy programming awareness (APT, 2012). The panelists received the gift card or donation confirmation via email at the conclusion of the study.

**Description of Sample**

This Delphi study consisted of 10 expert panelists. The panelists work in both clinical and academic settings and are all supervisors in the mental health field. Each panelist possesses a specialty in play therapy and working with families. Although each participant is very similar in their background and specialty in the mental health field, they all provided their own unique experiences and expertise, which allowed for rich and
substantial data for this study. The researcher interviewed one male and nine females ranging in age from early-30s to late 60s. The majority of the participants identified as Caucasian; the other participants identified as Hispanic/Latino. The majority of participants were LMFTs which was not a requirement for participation, but simply happened, via the participants that were willing to participate in this study. Due to the small fields of family therapy and play therapy, the demographics of each participant were limited for anonymity. Table 3 provides a summary of the demographic information for each participant.

Table 3. Demographic summary of participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Highest Degree</th>
<th>License</th>
<th>Years using Systemic Framework</th>
<th>Years Working with Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>MS</td>
<td>LMFT</td>
<td>30</td>
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<tr>
<td>2</td>
<td>Male</td>
<td>PhD</td>
<td>LMFT, RPT</td>
<td>9</td>
<td>5</td>
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<tr>
<td>3</td>
<td>Female</td>
<td>PhD</td>
<td>LMFT, RPT-S</td>
<td>30</td>
<td>30</td>
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<tr>
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<td>Female</td>
<td>PhD</td>
<td>LMFT, RPT-S</td>
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<td>LMFT, RPT-S</td>
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<td>6</td>
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<td>MSW</td>
<td>LCSW, RPT-S</td>
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<td>15</td>
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<tr>
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<td>LMFT</td>
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<td>MA</td>
<td>LPC, RPT-S</td>
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<tr>
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<td>PhD</td>
<td>LMFT, RPT-S</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

Note. Licensure details are further discussed in Chapter IV.

Procedure

The Delphi methodology includes different phases of interviewing, surveying, coding and theming, and follow-ups. This study had three different phases. Phase 1 consisted of initial interviewing and phone contact. Phase 2 consisted of the emailing of
codes and themes to the panelists. Finally, Phase 3 consisted of follow-up emails and possible further clarification of the original interviews.

**Interviewing**

Interviewing is a critical part of the Delphi approach. Interviewing allows for the researcher to learn from the panelists and answer the proposed research questions. Interviews can be structured or unstructured. The researcher used a semi-structured interview process; utilizing the same questions per each panelist. The researcher allowed each panelist to answer the questions based upon their own discretion. Qualitative interviews involve both a speaker and a listener in which each role leads the other (Chiseri-Strauter & Stone, 1997). The researcher used an outlined set of questions and then allow the panelists to construct their own ideas, beliefs, and meanings. The researcher used the basic therapy skills such as open-ended questions, silence and listening, and probing questions throughout the interviews (Hill, 2009). Each phase of this Delphi study used semi-structured or unstructured interviewing.

The first phase consisted of seven open-ended questions (which are listed in Appendix B). The interview questions were replicated from Sori’s 2000 study. These questions are related specifically to family therapists and including young children in the therapy process and their own training credentialing. The second and third phases of the study were more structured, as the panelists were presented the codes obtained from the first phase and transcriptions. The panelists were asked to provide feedback and clarification based upon the initial interviews.
Audio Taping and Transcription

The researcher used audio taping during the semi-structured interviews to assure quality data analysis of the discussions. The researcher used some dictation software to assist with transcription and then personally transcribed each interview, verifying accuracy of the software.

Phase 1: Qualitative Interviews

The first phase consisted of phone calls in which the researcher conducted a semi-structured interview utilizing the research questions previously discussed. These calls were recorded for transcription. Once phone contact was made, the researcher transcribed the conversations. Following the transcriptions, the researcher completed several rounds of coding procedures. Once the interviews and transcriptions were completed, phase 1 was concluded.

Phase 2: Email Codes

The second phase consisted of the researcher emailing each panelist the transcriptions and coding for each interview, which included a cohesive list of merged themes developed from all of the participants responses per each research question. Coding develops themes of recurrent patterns and relationships found in the interviews. The coding was sorted into priori codes, which was the list of the themes and patterns present for each question used from the interviews. The panelists were asked to review the information and provide any additional thoughts or feedback based upon the original interviews. This is called “member checking” which increased the credibility and trustworthiness of the data (Wang, 2010). Emailing was used as a system of
organization and allowing each panelist to respond at their leisure. Once the researcher received the panelists’ responses, further coding began.

**Phase 3: Follow-up Emails**

The final phase of this study was similar to the second phase. The researcher again emailed each panelist the revised coding and requested any additional thoughts or feedback. The panelists emailed the researcher with feedback and saturation began to be assessed. Sori (2000) completed a fourth and fifth phase of follow-up, qualitative interviews, reporting saturation and redundancy and an interview with Salvador Minuchin. Due to the redundancy reported by Sori (2000) and the impossibility for contact between the researcher and Minuchin, this researcher did not conduct a fourth or fifth phase.

**Method of Analysis**

The researcher used a constant comparison analysis to further merge the participants research question responses into one cohesive list. The researcher also used the concepts of rigor and trustworthiness as well as an audit trail to reduce biases.

**Constant Comparison Analysis**

The researcher used constant comparison analysis throughout the study. Constant comparison analysis is a method of data analysis that compares the received coding and themes throughout the obtained interviews until no new codes emerge. All of the participant responses were merged together question by question to develop a cohesive list of themes. The researcher had two colleagues that did not possess a specialty in using play therapy re-code and review the data to ensure decreased researcher biases.
Rigor and Trustworthiness

Rigor and trustworthiness are two important concepts in qualitative research. “These parallel criteria are intended to very loosely achieve the same purposes as internal validity, external validity, reliability, and objectivity in quantitative research” (Morrow, 2005, p. 251). Rigor is defined as study credibility (Morrow, 2005). To achieve rigor, the researcher looked to gain credibility though careful selection of panelists based upon the previously mentioned criterion. Validity was attained through not implying that the research findings are generalized to other populations. The researcher only looked for validity in the family therapy field. This credibility and validity can be achieved by the panelists reviewing the themes presented in the interviews. This again is called “member checking” in which the researcher will provide the panelists with the themes and transcriptions of the interviews for interpretation and a cohesive list was developed per research question. To achieve trustworthiness in the study, the researcher worked to become aware of personal biases or beliefs throughout conducting the research (Morrow, 2005).

Audit Trail

Audit trails are also a significant component of qualitative research. According to Morrow (2005) an audit trails includes

…the process through which findings are derived should be explicit and repeatable as much as possible. This is accomplished through carefully tracking the emerging research design and through keeping an audit trail, that is, a detailed chronology of research activities and processes; influences on the data collection and analysis; emerging themes, categories, or models; and analytic memos. The audit trail may then be examined by peer researchers, a student’s advisor, or colleagues in the field. (p. 252)
The researcher kept detailed summaries, notes, and journals documenting all steps and procedures throughout the study to ensure a credible audit trail. The audit trail also allowed for accountability with possible researcher bias. Journaling occurred in order for the researcher to stay aware of possible biases as a marriage and family therapist and as a future play therapist. Journaling throughout the data collection also allowed for a neutral stance and for valid results.

**Summary**

The literature on training for credentials for family therapists and working with children is minimal. According to accreditation standards proposed by The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), family therapists are not required to learn how to include children in therapy, and therefore are not ethically treating children and lack a competency and confidence in working with children. The goal of this study was to replicate Sori’s 2000 study examining the training protocols for family therapists. Sori (2000) completed this study 15 years ago; this researcher attempted to identify any changes that have been made in the credentialing of family therapists today.

Again, the following research question was posed: What training objectives and methods are identified by family therapists working with children to encourage success in training and including children in family therapy (Sori, 2004)? Specifically, the researcher used the following questions:

1. What are the most important individual, couple, and family issues for which you would NOT include children in family therapy sessions?
2. What are the most salient content areas that should be included in a graduate course in family therapy?

3. What are the most important books, chapters, articles, and/or training videos that should be included in a graduate course on children in family therapy?

4. What are the most important skills for therapists to develop in order to work successfully with children in family therapy?

5. What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?

6. Describe the most useful play therapy techniques or therapies using play and how they can be successfully integrated with family therapy.

7. What changes have you seen in the marriage and family therapy field in training family therapists to work with children?

To address these questions, the researcher used a qualitative methodology, the Delphi method. The Delphi method surveyed experts in the family therapy field who work with children. The panelists participated in three rounds of semi-structured interviewing. The researcher analyzed coding, following the transcription of the interviews and allowed the panelists to discuss clarifications and to provide feedback. This study is hoped to provide insightful guidance for the family therapy field and the ethical and appropriate training credentials needed for family therapists to work with children.
CHAPTER IV

RESULTS

The goal of this research was to explore the current training credentials for family therapists and working with children as a follow up to Sori’s (2000) study. This research replicated Sori’s (2000) study, *Training family therapists to work with children in family therapy: A modified Delphi study*, and in addition examined how training procedures have changed 15 years later for family therapists. More specifically, this study “…attempt[ed] to identify what factors MFT training programs [still] need to include when designing coursework and other types of training in this area” (Sori, 2000, p. 41) of working with children.

This researcher addressed this replication by surveying experts in the family therapy field who utilize play therapy and are specialists in working with children and families. The researcher gathered information from an exploratory methodology examining the perspectives of professionals within the field of family therapy with children. A qualitative Delphi methodology was conducted to create these findings. Expert panelists provided professional guidance and insight related to including children in family therapy. The results of this study are an integral component of this research as it is a step towards exploring quality care for families within the family therapy field working with children. The results of this study also allow for a better insight into the appropriate training credentials and requirements for graduates from marriage and
family training programs to follow to allow for competent and confident work with children in family therapy sessions.

This chapter provides a review of the purpose of this study and the results of this qualitative study. The proposed research reasoning, participants, methodology, analysis as it was conducted and concluded are discussed. Additionally, presentation of data and results of the analysis are provided specifically looking at themes that have emerged throughout the interviewing process and data analysis.

**Review of Research Questions**

The research question posed was: What training objectives and methods are identified by family therapists working with children to encourage success in training and including children in family therapy (Sori, 2004)? More specifically, the researcher posed the following questions:

1. When is it inappropriate to include children in family therapy sessions? More specifically, what issues are inappropriate for children to be included in family therapy sessions?

2. What are the most important subject areas that should be included in a graduate course in family therapy related to children?

3. What are the most important books, chapters or articles, and videos that should be included in a graduate course on children in family therapy?

4. What are the most important skills for therapists to develop in order to work successfully with children in family therapy?

5. What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?
6. Describe the most useful play therapy techniques and techniques using play and how they can be successfully integrated with family therapy.

7. What changes have you seen in the family therapy field in training therapists to work with children in your work with children?

A comprehensive literature review supports that there are currently no changes from 15 years ago in the educational requirements and training for family therapists and working with children. Furthermore, there are currently no changing trends in the lack of training within family therapy training programs regarding consistent standards for working with the whole family. The Delphi method was utilized to better define and clarify the need for further training methods for family therapists and working with children.

**The Researcher**

The researcher believes strongly in the importance for family therapists to have a foundational background in the area of working with children to effectively and ethically include children in family therapy sessions. As supported in the literature (Sori, 2000; Sori & Sprenkle, 2004), there are many factors from development to appropriate theory and intervention use that are needed for family therapists to have when working with children and families ethically and efficiently. The topic of children in family therapy has been explored for years; however, professionals within the family therapy and play therapy fields have not been surveyed recently regarding the most effective and significant training credentialing and methods needed for a family therapist to feel confident and competent when working with children and families.
This researcher asserts that family therapy training programs do not have consistent requirements for training regarding the inclusion of children in family therapy as cited in Chapter II and the review of the literature. Family therapy training programs need to further train students to provide systemic and developmentally appropriate treatment to each member of the family system. MFT training in the areas of child development and play therapy is important. Play is essential to the development of children, contributing to cognitive, physical, social, and emotional well being (Davies, 2011; Gil, 2014). Play based treatment and understanding is important for incorporation into family therapy, to work systemically and developmentally appropriately with each family member. Through play, family therapists can provide a developmentally appropriate environment, helping the youngest members of the family system express family concerns when they developmentally do not have the language to express these thoughts and feelings (Gil, 2014). By becoming more knowledgeable in how to include children from a developmentally appropriate way in the therapy process, family therapists will provide effective family treatment, adhering to the foundational standards of the family therapy field.

This researcher has for a long time been passionate regarding working with children. The researcher pursued a family therapy degree in order to further understand family, couples, and parenting dynamics in order to systemically provide the best treatment for the child. The researcher further learned the natural language of children is play and playful approaches to treatment can engage and effectively improve the quality of life and relationships within the family system. This researcher hopes to impact the field of family therapy by beginning at the most foundational stage of training the family
therapist. This researcher hopes that this study provides further insight into the importance and effectiveness regarding the most significant procedures to include children in family therapy.

The researcher played an important role in the data collection procedures. As noted, this study was conducted utilizing a qualitative Delphi method. This study had three different phases. Phase 1 consisted of initial interviewing and phone conference contact. Phase 2 consisted of the emailing of codes and themes to the panelists. Phase 3 consisted of follow-up emails and possible further clarification of the original interviews.

This researcher used a semi-structured interview process in the first phase; utilizing the same questions per each panelist. The researcher allowed each panelist to answer each question based upon their own discretion describing both professional and personal experiences and recommendations for counselor trainees within the family therapy field. Some interviews lasted longer than others depending on the flow, time, and additional conversation throughout the interviews. There were several portions of each interview that were not included in the data collection procedures and were not measurable.

The researcher may have had some biases during the coding process due to the researcher’s background in both marriage and family and play therapy fields. The researcher also possesses a strong passion for the positive effects of play and including children in family therapy, which also may have impacted results. To reduce these issues, two additional raters coded the data to ensure more reliable results. The
researcher also kept a journal and notes and communicated with advisors throughout the research process as a reflection and awareness to possible biases impacting the data.

**Description of the Sample**

This Delphi study consisted of 10 expert panelists; refer to Table 1 in Chapter III for detailed demographic information regarding the panelists. Each of the panelists was interviewed utilizing a semi-structured interview protocol and previously developed research questions (see Appendix B). All 10 of the panelists participated in the complete study. The panelists are referred to numerically to ensure confidentiality of each participant. Anonymity of each participant is important within this research due to the richer understanding of data that the reader may receive and also due to the closeness of the family therapy and play therapy fields. For a better understanding of each participant’s individuality, a detailed description of each participant is presented.

**Participant 1**

Participant 1 was a female in her 50s. She lives in Western region of the United States and holds a master’s degree in counseling psychology. She is currently a licensed marriage and family therapist and practices, consults, and provides workshops and presentations to professionals and parents. Participant 1 has been practicing from a systemic theory, using play based theories and interventions for 13 years and has over 30 years of experience working with children. She frequently uses attachment theories, non-directive and filial therapy theories, and incorporates Theraplay (2015) into her work with children and families.
Participant 2

Participant 2 was a male in his 30s. He currently lives in South region of the United States and has a doctorate degree in counseling with a specialty in couple and family counseling. He is currently a licensed marriage and family therapist, licensed professional counselor, and a registered play therapist. Participant 2 completes research, presentations, and is an assistant professor. He has been practicing family therapy for 9 years and has been utilizing play therapy for 5 years. Participant 2 frequently uses Child-Parent Relationship Therapy, Child Centered Play Therapy, and Theraplay into his work with children and families.

Participant 3

Participant 3 was a female in her 60s. She currently lives in Eastern region of the United States and has a doctoral degree in family therapy. She is currently a registered play therapy supervisor, registered art therapist, licensed marriage and family therapist, and a child counselor. Participant 3 is a universal speaker and supervisor. She has authored countless foundational books and articles within the marriage and family and play therapy fields. She is the founder and creator of several reputable treatment and training institutes. Participant 3 has 30 years of experience in using systems theories and play therapy theories. She works from an integrative, humanistic lens.

Participant 4

Participant 4 is a female in her 40s. She currently lives in Mid-Eastern region of the United States and has a doctoral degree in counselor education with a specialization in family therapy. She is currently a registered play therapy supervisor, licensed marriage and family therapist, and licensed professional counselor. She currently works
as an assistant professor and provides clinical supervision. She also frequently presents and writes within the family and play therapy fields. She has been utilizing systems theory for 11 years and has been practicing play therapy for 17 years. She also has an extensive background in working with children within the school counseling and teaching realms. Participant 4 uses a Structural Family Therapy approach, dyadic approaches, and experiential play therapy models when working with children and families.

**Participant 5**

Participant 5 was a female in her 60s. She currently lives in Mid-Eastern region of the United States and has a doctoral degree in child development and family studies with a specialization in family therapy. She is currently a licensed marriage and family therapist. She is a full professor and has held various directing positions within working with children and family centers. She has numerous publications and has completed foundational research within the areas of family and play therapy. She has been using systems theory for 23 years and has been using play therapy theories for 22 years. Participant 5 has an extensive background in assessment and intervention. She works from a family play therapy model, integrating Structural and Bowenian theories, and attachment theories.

**Participant 6**

Participant 6 was a female in her 40s. She currently lives in Eastern region and has a master’s degree. She is currently a licensed social worker in two states and a registered play therapy supervisor. She works specifically with children and families.
She has over 15 years using systemic and play therapy theories. Participant 6 works as a supervisor and consultant to trainees and other professionals. She incorporates eclectic and prescriptive play therapy models, attachment-based family therapy models, and trauma-focused (TFCBT and CT) models into her work with children and families.

**Participant 7**

Participant 7 was a female in her 50s. She currently lives in Mid-Eastern region of the United States and has a doctorate degree in family therapy. She is currently a licensed marriage and family therapist and specializes in working with children and parents. She has over 25 years of experience and multiple reputable publications and presentation credentials. She works as an associate professor and has directed several treatment and training programs for marriage and family therapist. Participant 7 incorporates attachment work and Theraplay into her practice as a supervisor and therapist.

**Participant 8**

Participant 8 was a female in her 30s living in the Western region of the United States. She has a master’s degree and is a licensed counselor and registered play therapy supervisor. She is also a certified Gestalt therapist, a Level II EMDR practitioner, senior facilitator of the Demartini Method, and has created her own model of play therapy based upon neuroscience, attachment, regulation, and mindfulness. She is an internationally known speaker and has published countless foundational works within play therapy and parenting. Participant 8 is also a supervisor of trainees who incorporates mindfulness and regulation within the supervision process. She has over 15 years of experience in counseling and in play therapy.
Participant 9

Participant 9 was a female in her 60s. She lives in Central region of the United States and has a doctorate in counselor education and has two master’s degrees. She currently is a licensed mental health counselor and registered play therapy supervisor. Participant 9 has an extensive history within education and counseling children and families. She has developed her own model of therapy incorporating individual and play therapies. She currently presents at conferences and trainings, teaches, and provides supervision and consultation. Participant 9 also supervises current trainees within the areas of children, parenting, and families. She has been using systems and play theories for over 30 years and works from an Adlerian approach.

Participant 10

Participant 10 was a female in her 50s living in Eastern region of the United States. She holds a doctorate degree and is a licensed psychologist, certified Filial Therapy therapist, registered play therapist-supervisor, and Certified Dog Behavior Consultant. She has authored countless world-renowned publications and is an internationally known speaker and supervisor. She has over 35 years of experiences in the areas of family, play, Filial Therapy, and parenting work. She has co-authored and consulted with cornerstone theorists and founding clinicians in the fields of family therapy, play therapy, and Filial therapy.

Presentation of Data

This Delphi study was conducted using three rounds. The first round of interviews were recorded, transcribed, and coded to develop consistent themes. Each
code was in response to identical questions provided to each panelist. The questions asked of each panelist were:

1. When is it inappropriate to include children in family therapy sessions? More specifically, what issues are inappropriate for children to be included in family therapy sessions?

2. What are the most important subject areas that should be included in a graduate course in family therapy related to children?

3. What are the most important books, chapters or articles, and videos that should be included in a graduate course on children in family therapy?

4. What are the most important skills for therapists to develop in order to work successfully with children in family therapy? (e) What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?

5. Describe the most useful play therapy techniques and techniques using play and how they can be successfully integrated with family therapy.

6. What changes have you seen in the marriage and family therapy field in training therapists to work with children in your work with children?

7. What changes have you seen in the family therapy field in training therapists to work with children in your work with children?

Each panelist was provided a brief overview of the proposed study and reminded of the confidentiality, policies, and procedures of the study. Each semi-structured interview was conducted via telephone, recorded, and then transcribed. The researcher
and two doctoral-level marriage and family therapist peers coded the transcription for themes.

Findings and Themes

Once themes were developed, the researcher categorized each theme per question. These themes were coded to make meaning and for the development of patterns and connections to occur between each response. Each panelist was then emailed a list of themes based upon the initial interviews. The panelists were asked to review the themes, provide responses and clarify or revise the themes. Of the 10 panelists, 10 responded to the themes as being complete and comprehensive. The panelists provided further clarification, edits, and insights based upon the themes from round one via email. The themes based on round two were provided also via email to the panelists.

After reviewing the round two themes, the panelists stated that the themes were complete. Five of the panelists offered further clarifications and recommended additional themes that needed to be included. The researcher coded the responses and developed final themes. The final themes and discussion are shown in Table 4.

Findings for Research Question 1

*When is it inappropriate to include children in family therapy sessions? More specifically, what issues are inappropriate for children to be included in family therapy sessions?*

The findings for research question 1 included these related to childhood development, parenting issues and couples issues, and individual adult problems. Each
of these themes will be expanded upon to provide clarity on what issues are inappropriate for children to be included with during family therapy sessions.

Table 4. Summary of themes per research question

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ 1. When is it inappropriate to include children in family therapy sessions? More specifically, what issues are inappropriate for children to be included in family therapy sessions?</td>
<td>- Child’s need for information</td>
</tr>
<tr>
<td></td>
<td>- Empowerment of the parent</td>
</tr>
<tr>
<td></td>
<td>- Couples, marital, and co-parenting issues; individual parent issues</td>
</tr>
<tr>
<td>RQ 2. What are the most important subject areas that should be included in a graduate course in family therapy related to children?</td>
<td>- Child development and life cycle</td>
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<tr>
<td></td>
<td>- Systemic conceptualization</td>
</tr>
<tr>
<td></td>
<td>- Playfulness and communication</td>
</tr>
<tr>
<td>RQ 3. What are the most important books, chapters or articles, and videos that should be included in a graduate course on children in family therapy?</td>
<td>- Foundational works</td>
</tr>
<tr>
<td></td>
<td>- Video demonstrations</td>
</tr>
<tr>
<td></td>
<td>- Other recommendations</td>
</tr>
<tr>
<td>RQ 4. What are the most important skills for therapists to develop in order to work successfully with children in family therapy?</td>
<td>- Therapist attributes</td>
</tr>
<tr>
<td></td>
<td>- Four therapist skills identified</td>
</tr>
<tr>
<td>RQ 5. What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?</td>
<td>- Engagement with children</td>
</tr>
<tr>
<td></td>
<td>- Videos and live supervision</td>
</tr>
<tr>
<td>RQ 6. Describe the most useful play therapy techniques and techniques using play and how they can be successfully integrated with family therapy.</td>
<td>- Models of therapy (including techniques and interventions)</td>
</tr>
<tr>
<td>RQ 7. What changes have you seen in the marriage and family therapy field in training therapists to work with children in your work with children?</td>
<td>- Availability of resources</td>
</tr>
<tr>
<td></td>
<td>- New approaches and special topics</td>
</tr>
</tbody>
</table>
Developmentally appropriate information. Over the three rounds, the 10 participants came to the consensus regarding when it was inappropriate to include children in family therapy sessions. All of the participants originally had agreed that children do need information in a developmentally appropriate way and would rather include children in family therapy sessions. All 10 of the participants did feel that at most points during the course of therapy, all members of the system should be involved.

The foundation of family therapy revolves around including all members of the system within the therapy process (Ackerman, 1970; Minuchin, 1974; Satir, 1983; Sori, 2000; Whitaker, 1981). Participant 1 had stated: “I'm not sure that there's any issue that would rule out children being in a session because children need information about just about any situation, but how and when they are brought in, and who else is in the session with the child would be very situationally dependent.”

The participants also discussed how children are exposed to many issues and this is the life they live in, creating an importance for family therapist to not underestimate the information that children know. This would reflect the systemic perspective of therapy according to the participants and family therapy theory. Minuchin (2014) has clearly stated that all members are to be included in family therapy sessions. These findings also correlate with Sori’s study (2000) regarding developmentally appropriate information that needs to be conveyed to children. Sori (2000) stated, “A well-trained family therapist should possess the skills to do an independent assessment of a child's emotional functioning and of the degree of openness in the communication between parents and children, apart from parent and/or teacher reports” (p. 4). In each of the
examples provided, the 10 participants discussed and agreed that developmentally appropriate information needs to be conveyed to children.

After the panelists had discussed the importance of including children in family therapy sessions, each panelist discussed when a family therapist should exclude a child from family therapy sessions. These themes of exclusion included times when the therapist needs to empower the parent, couples, marital, and co-parenting issues, domestic violence issues, and when the parent presents with their individual issues.

**Empowering the parent.** The 10 participants also agreed on empowering the parent without the child in the room. Ten participants discussed the importance of empowering the parent. Empowering the parent allows for the parent to take control and improve the hierarchy between the parent and child dynamics. Participant 5 commented as follows:

…get them to be a united front and create some rules and consequences that they both can agree to and that they both will follow through with. I think it's good to do that without the children there, because it sets a boundary around the parents and it's working then to develop cohesion with the parents together. Then, of course, you'd bring the kids back when the parents are ready to explain them to them. That's the second reason.

Power within the relationship is significant from a Structural Family Therapy perspective. Parents with appropriate power will reduce tension and anxiety between the parent and child subsystems (Minuchin, 1974). Seven of the participants commented on avoiding correcting the parent in front of the children and not undermining the parents’ authority. It was also discussed that it is important for the child to feel secure and not question their parents throughout the course of therapy.
Skill building and teaching the parents was also discussed by the panelists as important to do without the children in the room. This also allows the therapist to shape the parent’s competence. Shaping competence and highlighting strengths is another significant technique used with the Structural Family Therapy approach (Gehart & Tuttle, 2003). One participant indicated the importance of didactic teaching and working with the parents to develop skills with avoiding correcting the parents in front of the children.

Empowering the parent was a significant theme discussed and agreed upon as an important time when children should be excluded from family therapy. The panelists also discussed the importance of excluding children when couple, marital, and co-parenting issues occurred.

**Couples, marital, and co-parenting issues.** The participants all agreed that it was not developmentally appropriate for children to be included in family therapy sessions when there are specific issues related to the couple or co-parents. Several panelists also found it important to exclude children when new stepfamily dynamics and custody issues, along with when spontaneous break-ups or separations are being discussed. It was indicated that new stepfamilies need time to build attachment and cohesion in a new couple’s relationship, as well as promote healthy boundaries and rules. The participants all agreed of the importance of working with the different subsystems such as the new co-parents and step-siblings and then coming together as a family. This would all fit into the Structural Family Therapy approach due to the idea of healthy and functioning boundaries between each of the subsystems (Minuchin & Fishman, 1978).
Other couple’s issues such as financial issues, drug issues, infidelity issues, and sexual issues were also all agreed upon to times that children should be excluded from family therapy sessions. There are also times when family violence is better managed in separate sessions. Issues related to domestic violence were believed as inappropriate issues for children to be included in therapy with by five of the participants. The effects of violence on each member of the system are different. A parent processing his or her own trauma needs to be completed without the presence of the child; and a child processing trauma may be traumatic for the parent (Lieberman & Van Horn, 2008).

Issues related to couples, marriage, and co-parenting are important times when children are to be excluded from family therapy sessions. The panelists discussed several reasons when couples and co-parents need to have adult based sessions. Also topics such as domestic violence within the family needed to be processed separately by the family members. Participant 8 commented on when to re-include a child within the family therapy process during times of domestic violence.

Even if there is a really big issue like let's say there's been some violence in the family and a repair has to happen. It can totally happen but I don't think it's appropriate to put the kid into the session when that level of intensity is in the process of being worked through…If this doesn't feel safe then I would spend more time working with the parents, prepping them, getting them to a place where when the child comes in it can really be a productive experience.

There are other individual parent issues that the participants continued to discuss as inappropriate for children to be a part of in family therapy.

**Individual parent issues.** Finally, the themes of individual parent issues emerged from the first research question. The 10 participants agreed that there are some individual parent issues that may come up in therapy that are inappropriate for children
to be part of. These issues may pertain to parents processing their own trauma, parental unhappiness, parents discussing terminal illness, parents deciding how to tell child about “coming out,” and a parent processing their own grief. One participant indicated the importance of processing intense grief and how to talk about this with a child in a developmentally appropriate way. Adults and children process issues in different developmental ways. Often times the parents may be emotionally unavailable to the child while they are working through their own issues (Davies, 2011). The family therapist must be able to gauge when a parent needs their own therapy services before including the child.

In summary regarding Research Question 1, the finding were that the panelists agreed on the themes presented regarding inappropriate times for children to be included in family therapy sessions. The panelists also agreed that generally all members of the family should be included in therapy and that secrecy is not effective in family therapy. It is not surprising that the responses were based upon childhood development and what topics are not developmentally appropriate for children to be included in. Children are cognitively, emotionally, mentally, and physically different than adults. Developmentally, children cannot yet make sense of many issues presented by adults in therapy, which may cause harm to the child and family dynamics. In most cases, it is up to the therapist’s discretion on structuring the session so it appropriate for all members of the family.

Findings for Research Question 2

*What are the most important subject areas that should be included in a graduate course in family therapy related to children?*
Research Question 2 discussed the most important subject areas that should be included in graduate level course on family therapy. All of the participants discussed several themes related to child development, systemic conceptualization, and playfulness and communication. Family therapy trainees learn about development, working from a systemic conceptualization, and about communication patterns, however do not learn how to incorporate these subject areas in a graduate course in family therapy specifically related to children.

**Child development and life cycles.** Over the three rounds of data collection, the ten expert panelists agreed on the themes that emerged related to subject areas in graduate courses related to children. The panelists all discussed the importance of an understanding of child development with an additional understanding of human development and what typical child behaviors look like at different ages. Clear expectations regarding development and children were also discussed by the panelists.

The 10 participants also discussed having an understanding of human development assessment from an emotional standpoint and the importance of assessing both the parents and the child’s emotional intelligence.

The panelists also agreed that it is important for graduate programs to include subject areas focusing on the family life cycle and normalizing different stages and relationships over lifespan and family development. Subject areas related to child development and life cycles are important for family therapy trainees to and incorporate in the systemic conceptualization of working with families.

**Systemic conceptualization.** Systemic conceptualization is the ability to conceptualize a case when working with an individual or family from a family systems
perspective, focusing on how change might occur. Systemic case conceptualization includes looking at individual and relationship dynamics, interactions, roles, and rules impacting a system (Stanton & Welsh, 2012). Participant 4 discussed the following.

It does not matter how many people are in the room, but if you’re using cause and effect conceptualization, you’re not doing family therapy. That’s end of story for me. This includes knowledge of marital therapy and treating the child in the context of the family from a systemic lens. If you make parents the problem, then you’ve lost them as the solution. If you triangle with a child, against their parents, you are replicating the same dynamics that brought that family to your office in the first place. That’s a key concept for me.

The panelists agreed that it was important for graduate courses on family therapy to include subject areas related to systemic conceptualization. Some of the panelists also discussed the need for a frame of reference; which would include subject areas related to systemic theories as a frame of reference. The panelists agreed that the history of theories and why theories are foundational to therapy is also significant to be studied within graduate course. One participant indicated that family therapy theories should be integrated in courses related to children and that many family therapy theories are easy to integrate together.

There were also some discussions suggested by five of the panelists regarding the importance of research-based practice from a systemic perspective. One participant indicated that family therapy trainees need to identify whether research is truly systemic even if it is labeled as “family research.”

Developing s systemic framework when working with the family, also relates back to the importance of examining interactions from a Structural perspective and the inclusion of the whole family system. The panelists also agreed that there were several
key areas of assessment and understanding that needed to be gained as subject areas in graduate courses. These areas included effective assessments for safety issues (i.e., how to assess triggers for family members; assessing for violence and aggression), understanding the impact of a traumatized child for the parents, assessing for legacies present within the family system. Participant 6 discussed an interesting concept of assessing for legacies from a transgenerational perspective.

In terms of legacies, the way I discuss that with parents is we all inherit these spoken, and unspoken legacies about messages, about politics, and sex, and education, and religion, and whether we get to possess a god or not, and have to be at home, and the roles of men and women. We also inherit legacies about what it means to be a child, and what it means to be a parent.

This would also coincide with the importance of family mapping and history gathering as proposed by Minuchin’s Structural Family Therapy theory (Gehart & Tuttle, 2003).

Working from a systemic perspective is vital as a family therapist. Working from a systemic conceptualization defines the work of a family therapist. Paying special attention to the needs of each member of the family will allow for change and reduction of presenting symptoms in family therapy sessions. Family therapy trainees also need to learn how to work with each member, especially children by incorporating playfulness through the communication with all members of the family.

**Playfulness and communication.** The importance of playfulness and playful ways of engaging all members of the family was also agreed upon by the panelists. Using playfulness as a communication tool was a significant subject area that is to be included within a graduate course on family therapy that was agreed on by the panelists.

As previously stated in Chapter II, there are several studies that review the positive
outcomes of engaging children in play when working with families (Sori & Sprenkle, 2004; Willis, Walters, & Crane, 2014).

Many of the panelists discussed the importance of engaging children through play referencing Eliana Gil’s work. The panelists also discussed the role of metaphors with working with the family. One participant indicated that expressive therapies and the use of metaphors would explain play to parents more effectively. This also coincides with the Structural Family Therapy field. Minuchin frequently used metaphors as a means of communication between each member of the system. Minuchin (1974) has discussed English as a second language and communicating through metaphors…spatial metaphors. Along with communication and playfulness, one participant discussed an interesting concept, the importance of eye contact with the child and each family member and how this portrays the family therapist as kind, friendly, and sees the child as important. The panelists also discussed the importance of how to discuss the benefits of play in family therapy. Finally, other important subject areas briefly touched upon by the panelists included ethical issues and working with children and families, how to integrate theories and techniques, and other specific content areas (grandparents and parenting, engaging multiple generations, the treatment of childhood diagnoses, chronic health issues and terminal illnesses, adolescents, and collaborating with other professionals).

In summary, Research Question 2, examining appropriate subject areas in a graduate course for family therapy, showed a variety of different conclusions, but with consistency and agreement among most of the panelists. The panelists agreed that content areas related to child development and family life cycles, having an ability to
conceptualize a case systemically, and incorporating playfulness with communication were important when working with children and families.

Findings for Research Question 3

*What are the most important books, chapters, articles, and videos that should be included in a graduate course on children in family therapy?*

After three rounds of follow-up with the panelists, Research Question 3 resulted in an extensive, substantial, and rich list of recommended readings from articles, books and book chapters, bibliotherapy based books, and training videos. The researcher collected over 70 recommendations from the panelists (see Appendix D for a detailed list). All panelists agreed that it was hard to narrow a list down. One participant also indicated that it is important for the instructor to use culturally diverse resources when training family therapists.

Due to the sizeable list of recommendations, the researcher followed the work and procedure completed by Sori (2000) and included recommended readings and videos based upon the following criteria: “1) works that were cited by at least 2 panelists; 2) works that were authored by panelists (who were identified as experts in this area); or 3) works in which fewer than seven titles were suggested a particular content area” (Sori, 2000; Sori & Sprenkle, 2004).

**Play in family therapy.** The most common recommendation suggested by the panelists regarding important books, chapters, articles, and videos was the work done by Gil (1994; 2014) (books, videos, presentations/workshops), and more specifically the book *Play in Family Therapy* (2014). Gil’s book explores foundational theories of play therapy, interventions, case studies, and past and current research regarding engaging the
whole family in therapy in both verbal/non-verbal and expressive ways (Gil, 2014). One participant indicated that Gil’s book provided extensive examples and rich vignettes with techniques and interventions that trainees can begin to see themselves using. The panelists, except for one, agreed that this book provided foundational insight into working with children and incorporating play in family therapy. In addition to Gil’s work, the panelists agreed on other works that were also important to be included in a course on family therapy (see Table 5).

All of these books were suggested by the participants as important resources to be included in a course on family therapy and working with children. There were also several resources recommended by the panelists that were considered foundational. Table 5. Play in family therapy courses

<table>
<thead>
<tr>
<th>Important Books for Play and Families</th>
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**Foundational works for family and play therapy.** There were several recommended and described “foundational works” that the panelists agreed on to be part of a graduate course on children in family therapy. These works were created by the foundational theorists and leaders in both the family and play therapy fields. The following were considered foundational: Schaeffer (2001), Whitaker (1981), Satir (1972), Axline (1969) (especially *Dibbs: In search of self*), Bruce Perry (2007), Dan Siegel (2012), Minuchin (1974), Haley (1993), *Family Crucible: The Intense Experience of Family Therapy* (1988) by Napier and Whitaker, and *Windows to Our Children* (1988) by Oaklander. These foundational works are considered cornerstone resources for family therapy trainees to learn from to effectively work with children and families. The panelists also recommended several books for bibliotherapy as well as a list of generated recommendations relating to parenting.

**Bibliotherapy and parenting.** There were several books recommended for use trainees along with bibliotherapy when working with children and families. Bibliotherapy can be briefly described as the use of readings and books for therapeutic purposes (Montgomery & Mauders, 2015) (see Table 6).

In addition to bibliotherapy resources, there were also several recommendations discussed by the panelists regarding parenting, the family life cycle, attachment, Theraplay, and Filial Therapy (see Table 7).
Table 6. Bibliotherapy books


Table 7. Parenting books

<table>
<thead>
<tr>
<th>Category</th>
<th>Title</th>
<th>Author(s)</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Centered Play Therapy books</td>
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The panelists all agreed that incorporating bibliotherapy and having additional resources on hand to work with families and children are important. Allowing family therapy trainees to have exposure to additional resources throughout the family therapy training process will instill positive outcomes in family therapy and working with children. The panelists also agreed that the use of videos were crucial in family therapy training programs.

**Videos.** Videos are frequently used by MFT training programs to provide learning through observation. Videos allow for practical application and practice of theories, interventions, and the conceptualization of cases in therapy, as well as, allow the trainee to begin to identify with theories and techniques of practice (Keats, 2008). This researcher added video recommendations in addition to Sori’s original research question, per the recommendation of Minuchin (2000).

The participants provided several recommended videos that might be utilized in graduate training programs for MFT training programs when working with children: *Patch Adams* (1998), *The Eagle and the Mouse* by Kim Berg and Steiner, Gil’s videos (especially *Play in Family Therapy* and videos on treating abused/traumatized children), Oaklander videos (Gestalt), and VanFleet videos. It is not surprising that the use of videos were highly recommended by many of the panelists. This coincides with Minuchin’s approach to supervision and training as well as most other family therapy theories of training (Nichols & Schwartz, 2004).

In summary for this research question: What are the most important books, chapters, articles, and videos that should be included in a graduate course on children in family therapy, nine out of the ten panelists found Eliana Gil’s work to be significant.
when training in a graduate course in family therapy. There were several significant works discussed regarding bibliotherapy and the use of videos in training procedures.

These themes developed are important to the training credentialing to increase marriage and family therapist trainees comfort and competency when working with children and including children in family therapy sessions.

Findings for Research Question 4

*What are the most important skills for therapists to develop in order to work successfully with children in family therapy?*

There were several important themes developed from the panelists’ interviews regarding important skills needed for marriage and family therapist training and working successfully with children in family therapy. There were over 25 proposed themes in all discussed by the panelists. The researcher categorized these themes into the following categories based upon Sori’s 2000 study: therapist attributes, therapist relational skills, therapeutic skills, therapist conceptual skills, and executive skills (Sori, 2000; Sori & Sprenkle, 2004). Table 8 provides an outline of those themes.

**Therapist attributes.** Over the three rounds, the 10 participants provided many significant attributes that a family therapist needs in order to work effectively with children. Sori’s original 2000 study reflected upon the works of Johnson (1995) and Korner and Brown (1990) discussing that therapists need to feel comfortable when working with children as an effective characteristic. *Flexibility, playfulness, being observant, curiosity, encouragement, a sense of humor, genuineness, empathy and*
Table 8. Skills

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist Attributes</td>
<td>- Flexibility</td>
</tr>
<tr>
<td></td>
<td>- Playfulness</td>
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<tr>
<td></td>
<td>- Curiosity</td>
</tr>
<tr>
<td></td>
<td>- Empathy and compassion</td>
</tr>
<tr>
<td>Therapist Relationship Skills</td>
<td>- Joining</td>
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<tr>
<td></td>
<td>- Boundaries</td>
</tr>
<tr>
<td></td>
<td>- Staying “de-triangled”</td>
</tr>
<tr>
<td></td>
<td>- Uses reframes</td>
</tr>
<tr>
<td>Therapeutic Skills</td>
<td>- Understanding “normal” childhood development</td>
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<tr>
<td></td>
<td>- Facilitates caring interactions</td>
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<tr>
<td></td>
<td>- Traditional counseling skills</td>
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<tr>
<td>Therapist Conceptual Skills</td>
<td>- Structuring session</td>
</tr>
<tr>
<td></td>
<td>- Awareness of self</td>
</tr>
<tr>
<td></td>
<td>- Skills reflection</td>
</tr>
<tr>
<td>Executive Skills</td>
<td>- Limit setting</td>
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</tbody>
</table>

Empathy, compassion were the most common attributes discussed by the panelists. One participant indicated the importance of playing in the moment and adapting to the family’s sense of fun.

Playfulness and spontaneity are two important concepts within the Structural Family Therapy approach as well. The therapist needs to be spontaneous and maintain a sense of humor throughout the therapy process (DeRoma, 2006). Several of the panelists discussed the concept of “expect the unexpected” while working with families. Another participant indicated the importance of empathetic listening with each member.
of the family. Family therapists need to work to incorporate these important attributes with working with the family system.

**Therapist relational skills.** The second important skill communicated by the panelists was the importance of relational skills. This was not surprising due to the majority of the panelists being family therapists who are trained to examine relationship dynamics and patterns of interactions. The therapeutic relationship is the most significant attribute with any client to predict positive therapy outcomes (Blow, 1999; Simons, 2012; Tschuschke et al., 2001). The concept of “joining” with the family is a technique within the Structural Family Therapy theory, which was discussed by the panelists. This includes building a rapport with child and adults. One participant indicated that joining might occur over three generations in family therapy and it is important to know how and when to talk and listen to each member of the family.

Minuchin (1974) also explained this as the therapist inserting themselves into the family system and works to understand each member’s perspective. Joining creates a safe environment and is the “attitude” of the therapist (Colapinto, 1983).

The panelists also discussed the importance of setting appropriate boundaries when working with families. Boundaries are created physically, spatially, and/or verbally with individual members and the subsystems (Gehart & Tuttle, 2003). Participant 10 stated the following.

I think it’s important to be able to set boundaries and to do that in a way that doesn’t alienate people. We need boundaries because a lot of times the families we work with don’t have them and they need to have us model them and to use them sometimes in order for us to get anything done.
All of these relationship skills are significant when working with a client of any age. These skills are key when working with children. As previously mentioned in Chapter II, Cederborg (1997) found that children spoke only 3% of the time when included in family therapy sessions. It is important for family therapists to utilize their skills to include children in family therapy.

**Therapeutic skills.** The third important skill proposed by the panelists was having strong therapeutic skills related to interventions. Structural Family Therapy is an interventionist approach to promote change (Colapinto, 1983). Family therapists need to be trained on the appropriate skills to use when engaging children and the family in family therapy. Sori (2000) stated, “Training needs to emphasize creative ways to facilitate positive interactions between parents and between siblings with each other, while teaching therapists how to stay out of the interaction” (p. 122). All of the participants indicated that interventions using sandtrays, play genograms, family aquariums, puppets, and are were appropriate interventions to use with the whole family. The participants all agreed that it is important to be able to use both directive and nondirective play therapy skills and techniques when working with the family. One panelist discussed therapeutic skills as related to the student’s personal growth and working to recognize the value of these skills. Having a strong emphasis of the importance of therapeutic interventions is significant when working from a systemic framework with the whole family in therapy.

**Therapist conceptual skills.** The fourth important skill proposed by the panelists was the trainees’ conceptual skills. These skills coincide with the use of a systemic conceptualization ability as reflected in Research Question 2 regarding the
important content are of learning. It is important for trainees to learn how to use a systemic framework and approach to therapy and how to apply it when working with families. Structural family therapists are objective, fair, and balanced in the treatment of all family members and must sometimes be offset with strategic alliances at certain points in treatment (DeRoma, 2006). Several of the panelists commented on structuring sessions; this included managing the conversations in sessions and having a clear understanding of what the problem is and what the goals are that the family is working towards. Participant 4 also discussed structuring sessions and working with larger groups of systems with multiple dynamics in therapy.

How to structure a session, intro, middle, wrap-up, that’s one. How to be comfortable with whoever comes to session. This week is grandma, next week it’s cousin Bob, his going-to-be third ex-wife, and the kids. They need to be comfortable with whoever does that.

Utilizing strong conceptual skills are important for family therapist when working with the whole family. Applying a systemic framework and structuring the sessions is a key element to family therapy. Practicing effective executive skills is also an important skill when working with families throughout the course of therapy.

**Executive skills.** The fifth skill discussed by the panelists was the use of executive skills when working with children and families. Executive skills include setting limits within the therapy sessions with children and families. One participant indicated the importance of the family therapy trainee having some thoughts about how limit setting might be done in family therapy sessions since there are different ways to set limits with families and children. The other panelists discussed the concept of confrontation and knowing when to have a good balance between directing and being
permissive when working with families. Minuchin balanced the use of observation and highlighting effective communication skills and patterns of dysfunction to promote and improve executive functioning within the family system (Gehart & Tuttle, 2003).

In summary, for Research Question 4, there were many themes developed regarding important skills needed for family therapists and working with children and families. With over 25 skills discussed, the themes were discussed in the following categories: therapist attributes, therapist relational skills, therapeutic skills, therapist conceptual skills, and executive skills (Sori, 2000; Sori & Sprenkle, 2004). These skills are significant according to the panelists for family therapists work successfully and effectively with the family system.

**Findings for Research Question 5**

*What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?*

Research Question 5 is significant due to the purpose of this study examining ways to make family therapists more comfortable and competent when working with children and families. As reported in Chapter II, children are often excluded within the therapy process due to the family therapist’s lack of training to successfully include children in family therapy sessions (Johnson, 1995; Korner & Brown, 1990; Sori & Sprenkle, 2004; Sori, 2000).

Korner and Brown’s (1990) original study discussed the lack of training, coursework, and supervision that family therapists obtain within training programs. Johnson and Thomas’ (1995) follow up study distinguished a need for family therapists to become more comfortable when working with children and including children in
family therapy. Sori (2000) provided training methods proposed by experts within the fields of family and play therapy for family therapists to feel comfortable and competent when including children in family therapy sessions.

Several of these methods proposed by Sori included trainees having “hands on” experience with children at different developmental ages, role plays using playful materials (i.e., sandtray, puppets), promoting playfulness in training, observing family play therapy sessions, and a training process proposed by Sori (2000) including: lecture, demonstration, role plays, practice, feedback. Participant 1 provided a structured outline to training:

Read about a methodology, then to see it demonstrated either in video or by somebody else role playing, and then the opportunity for the therapist who is trying to acquire the skill to have an opportunity to role play and try it out and receive feedback I think is the most effective method I know of. Then ongoing consultation when you're trying to learn a new technique.

Sori (2000) also discussed the similarities between the proposed training methods needed in family therapy programs when working with children in relation to the training model used within the Filial Therapy approach. This researcher also found that the panelists provided the different elements of training methods similar to Filial Therapy. Those components include: (a) explanation, (b) demonstration, (c) skills practice, and (d) individualized feedback (VanFleet, 2011). VanFleet also discusses how parents responded most to demonstration, which was also found to be true as described by the panelists in this study.
These were the other important themes developed in this study from the panelists’ interviews regarding the most useful training methods to increase therapist trainees’ comfort level and skills when working with children and families. These themes included: *play/contact with children and experiential learning and video clips and live supervision.*

**Contact with children.** Contact with children is a significant training method that was discussed by the panelists. Contact and observation of children allows the family therapist to work to understand the differences between working with children and adults in a family therapy setting. This reflects the importance of the understanding of childhood development. Once participant indicated the importance of reflection and working with children. Participant 3 commented as follows.

The first part of the class always included identifying a kid that they knew…and to see what that brings up. Whether it brings up kind of authoritative tendencies, whether it makes people really anxious…Whatever it is that may be provoked by being with a child…It's good to have that opportunity, in some way it's really doing pretend performing arts just for an hour to imagine themselves being a therapist to this child and doing child family work.

Minuchin (1974) also discussed the importance of observation in the Structural Family Therapy method. The importance of observation from a systemic conceptualization allows for the trainee to adhere to the different family dynamics and transactions (Colapinto, 1988). One participant indicated the importance of observation, practicing systemic hypotheses, and writing out circular questions to better prepare for working with families.

The panelists also all agreed that it is important for trainees to participate in play themselves. The participants discussed the effectiveness of having family therapy
trainees become playful or participate in playful interventions. Participant 7 commented, “One of the things that I do is I tell these students that we’re going to get up…and we’re going to walk around the building singing…’Heigh-ho, heigh-ho, it’s off to work we go.’” Another panelists discussed the importance of “hands on” materials and practicing activities to receive written and verbal feedback from the professor/supervisor and peers before practicing techniques outside of class.

Contact and observation of children will assist family therapy trainees in understanding children and how to include them in family therapy. Not only will initial observation help to increase positive comfort and competency levels of working with children, but videos and live supervision are also helpful strategies for training family therapists.

**Video clips and live supervision.** Video clips and live supervision are two significant training methods used within the family therapy field. Video tapes are an important training method due to the ability for the supervisor to highlight segments of family therapy sessions for the trainee to learn from (Colapinto, 1988). This will allow for an increased comfort and competency for future work with children and families.

The panelists also discussed the importance of observation of professionals, seasoned theorists and practitioners, and instructors. One participant indicated that by demonstrating what family therapy really looks like to trainees, the trainee will feel more comfortable and have an increased confidence when attempting to work with children and families.

Live supervision is another form of training that is used in family therapy training programs. Live supervision is also most prominent in Structural Family
Therapy and focuses on the trainees’ interactional sequences and dynamics between the supervisee and family (Liddle, Breunlin, & Schwartz, 1988). Participant 8 commented, “Help you see what you're not able to see, so you're own ability to see expands. We actually, because we do with the brain language, when we observe each other's sessions, we call ourselves- we're your frontal cortex.” This was discussed by Sori’s (2000) interview with Minuchin. Minuchin had stated,

but to have live and videotaped supervision of the students, because then instead of engaging the students intellect, or left brain into thinking about the process of therapy, you engage the student’s right brain in terms of how to interact, how to respond to the situations in therapy.

Finally, one participant had also added not only the importance of video taped observation, but also the importance of guest speakers introducing and discussing special topics relating to kids and families.

In summary to Research Question 5: what the most effective training methods are for family therapist trainees to feel comfortable when working with children and families, pursuing contact with children and video clips and supervision were the most common themes produced by the expert participants. In order for all members of the system to be appropriately included in family therapy sessions, family therapy training programs need to provide training methods by these standards according to this study.

Findings for Research Question 6

Describe the most useful play therapy techniques and how they can be successfully integrated with family therapy.

Research Question 6 generated over 35 themes discussing the most useful play therapy techniques and how they can be successfully integrated with family therapy.
The participants explained specific techniques that they use to engage all family members in family therapy. Again, like for research question 3, the researcher included recommended techniques based upon the following criteria: (a) the techniques were discussed and recommended by at least two panelists; and (b) techniques were created and/or extensively researched by panelists (who were identified as experts in this area) (Sori, 2000; Sori & Sprenkle, 2004). Included in the themes within this question are not only specific techniques but also specific models that the panelists came to a consensus on that were significant in learning, becoming trained in, and utilizing to successfully integrate the whole family in family therapy sessions.

**Techniques.** The following techniques were deemed as most important when integrating into family therapy sessions with families: projective and expressive interventions (i.e., sand tray, art based technique, adventure therapy), bibliotherapy, the use of puppets, Gil’s (2014) specific interventions (i.e., *Family Puppet Show, Family Play Genograms, Family Aquarium*). Working with sand trays was the most discussed technique by the panelists. All 10 of the panelists discussed the importance of incorporating sand with engaging the whole family. Several of the panelists discussed that the sand can reach each member developmentally and can provide abstract reasoning for adults. Participant 4 stated, “Then, of course, sand tray work, and that we can integrate with various theories. You could do a solution focus. ‘’What will your family look like when this problem is solved?’’ The panelists also all agreed that Gil’s (2014) Family Play Therapy interventions were highly effective when including the whole family.
There are countless techniques present in the MFT field. Minuchin (1974) was well known for the use of techniques and interventions, which follows the approach presented in this study. Not only were specific interventions discussed as important play therapy techniques, but specific models of therapy were discussed by the panelists.

**Models of therapy.** The following models of therapy were discussed by the panelists: *Filial Therapy, Child-Centered Play Therapy, Theraplay, Lieberman and Van Horn’s model, Cognitive Behavioral Therapy, and Adlerian Play Therapy.* Filial Therapy was the most discussed model of therapy that most effectively includes all members of the family. Filial Therapy, according to Van Fleet (2011), “…harnesses the power of Play Therapy. It empowers children, parents, and families. It changes children. It changes parents. It changes the family.” Filial Therapy also exudes the attributes of empathy and genuineness with children and adults, which coincides with Research Question 4 regarding skills.

Filial Therapy conveys true systemic conceptualization; all people and relationships within the family are important (VanFleet, 2011). It can be assumed that Filial Therapy was most discussed by the panelists due to the systemic and play based nature of this approach. Minuchin discussed how play is used within a Structural approach within Sori’s study. Minuchin stated,

see, play is a technique that evolved in individual child development—in individual therapy with children…and it has a particular purpose—that is to deal with some of the internal voices and fantasies of the child. But…what we do is to put the children in contact with the parents, or to talk with the children around family issues, so that the play is not separated from the narrative of the family, from the issues of the family (Sori, 2000).
Furthermore, Filial Therapy is an evidenced based approach to therapy with over 40 years of research (VanFleet, Ryan, & Smith, 2005). This researcher also deems that it is important to note that several panelists had agreed that Filial Therapy is an advanced model that requires extensive training to learn.

Theraplay was also a significantly discussed by the majority of the panelists. Theraplay is defined by The Theraplay Institute (2013).

Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge. Theraplay sessions create an active, emotional connection between the child and parent or caregiver, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.

One participant indicated that Theraplay promotes natural connections between the parent and the child and meets the developmental needs of the child.

In summary, Research Question 6 is significant for family therapy training programs to become aware of regarding effective techniques and models that will successfully include all members in the family therapy process. There are several limitations however with these interventions and models. Many require additional training and supervision. These interventions and models are important to make trainees familiar of as they pursue their degrees working with families.

**Findings for Research Question 7**

*What changes have you seen in the training of family therapists to work with children in your work with children?*
Research Question 7 was significant due to the replication of this study. This study was a replication of Sori’s 2000 study. This researcher had the privilege to interview expert panelists who have been in the mental health field for years. Five of the ten participants reported having experienced trends and shifts within the family therapy and play therapy fields. This researcher deemed the importance of inquiring what changes the participants have seen throughout their time as mental health professionals. The purpose of this question was to assess what changes have been made regarding standards on training marriage and family therapist on including children effectively in family therapy sessions. Due to the large range of time that each participant has been a mental health professional, the researcher asked each panelist to reflect upon the last 15 years.

The themes that emerged from Research Question 7 included: availability (i.e., available books and resources and more well-known people), importance of toys and less playfulness, new approaches are more common to training and theory (i.e., neurological approaches versus Cognitive Behavioral Therapy, attachment approaches), and more research on special topics.

**Availability.** The panelists all agreed that there is better access to resources and books available nowadays. This might be due to the easier access to resources and trainings online. The panelists also all agreed that parents also have easier access to information, which one participant discussed as a potential issue due to the possibility of pathologizing the child. The panelists also agreed that there are more researchers and mental health specialists available today. Not only has there been further availability to
resources and collaboration with others in the family and play therapy fields, there has been a shift in the use of toys and play in the family therapy field.

**Toys and play.** Several of the panelists also discussed the shift from the importance of toys to the importance of the therapeutic relationship. This demonstrates how many of the founders of play therapy associated children with toys and less with the therapeutic alliance. This coincides with Research Question 4 regarding relationship skills. Once participant indicated that there is too much focus on toys and not enough focus on the therapist and child relationship. Interestingly enough, several of the panelists also agreed that children nowadays are less playful with toys. Some panelists reflected upon the paradigm shift with technology and technology being a popular source of play today. Participant 9 commented, “…they’ll pick a toy up, and they’ll say, ‘Well, what does this do?’ not, ‘What can I do with this?’ They're looking around for a button to push…they have the expectation that the toy is going to do something.” Toys and playfulness has changed over the last 15 years. Along with these two important components of family and play therapy, there have been various new training and therapy approaches that have occurred in the family therapy field.

**New approaches to training, therapy, and subjects.** Other changes within the family therapy field are specifically related to training methods and models of therapy. The panelists also agreed that there has been more online training accessibility currently. This challenges the panelist’s opinions on the importance of live supervision as discussed in Research Question 5. One participant indicated the importance of face-to-face meetings due to the three dimensional piece to the supervisor and supervisee
interaction. Along with new training approaches, new models of therapy were also discussed.

The panelists reflected upon the additional approaches focused on attachment and neurology. The panelists discussed Theraplay and the impact of the understanding of the brain on the whole system. Attachment and evidenced based approaches to family therapy, such as Gottman’s approach and Emotional Focused Family Therapy were also discussed. Several panelists disagreed on the importance of Cognitive Behavioral Therapy (CBT). Some considered it significant as it is researched based, however other panelists challenged CBT and the lack of the impact on the brain through expressive therapist to promote change.

Finally, themes regarding different special topics were discussed by the panelists. Over 15 special topics were discussed. The researcher narrowed down the special topics to the most conversed by the participants. These topics include research on: military families, family violence, Animal Assisted Therapy, bullying, adoption, grief, LGBT issues, Medical Family Therapy, Home-based Therapy, cultural considerations, and ethical considerations.

In summary, Research Question 7 provided a dynamic picture of the changing ways of a changing field. This parallels the constant shifting paradigms within society today that impact the mental health field. The concept of change and transition is the foundation of therapy specifically marriage and family theories. Minuchin (1987) stated, “Certainty is the enemy of change.”
Summary

The researcher’s goal of this study was to identify the current training credentials for family therapists and working with children as a follow up to Sori’s (2000) study, which attempt “to identify what factors MFT training programs [still] need to include when designing coursework and other types of training in this area” (Sori, p. 41, 2000) of working with children. The researcher aimed to address this gap by surveying experts in the family therapy field who utilize play therapy and are specialists in working with children. The researcher gathered information from the exploratory methodology, the Delphi method, examining the perspectives of professionals within the field of family therapy and children.

Ten expert panelists responded to the initial email contact, interview, and the two follow-up rounds. The panelists discussed and came to a consensus for the inappropriate issues in family therapy sessions for children to be excluded from. The panelists also agreed upon the important subject areas that should be included in graduate courses in family therapy relating to children, the themes included.

There were numerous significant and recommended works that the panelists deemed to be important readings and videos for a graduate course. Those reading and videos that were most reported were the works of Eliana Gil and engaging children and families in play.

In addition to recommended readings and videos for training credentials, the panelists were asked about specific skills and training methods that were important for family therapists to have in order to work effectively with the family. There were many skill sets discussed and grouped into categories as stated from Sori’s 2000 study. These
categories include: therapist attributes, therapist relational skills, therapeutic skills, therapist conceptual skills, and executive skills (Sori, 2000; Sori & Sprenkle, 2004).

Skills used by trainees that can be included and observed in the important training methods discussed and agreed upon by the panelists included: role playing with feedback and consultation, rationale and understanding of theory, video clips, discussions, handouts, live supervision, allowing trainees to play, contact with children.

Additionally, the panelists were asked what important play techniques are used within the context of family therapy. The panelists discussed several significant approaches and theories of play and specific interventions and techniques the panelists deemed effective.

Finally, due to the replication of Sori’s 2000 study, the researcher looked to examine what changes in the mental health field has occurred according each panelist regarding working with children. The panelists focused and agreed upon further availability of therapy resources and communication with other professionals, more emphasis on different theories, approaches, and training procedures related to therapy, and more research available and needed on special topics in the therapy field related to children and families.
CHAPTER V
DISCUSSION

The goal of this research was to explore what the most effective training credentials are needed within family therapy training programs for the most successful integration of children and families in family therapy. More specifically, this research attempted to collect recommendations from experts within the MFT field, specializing in children and play therapy, about the most important training areas needed in MFT training programs and working with children and families.

This final chapter will discuss the overall findings of this study as they related to each of the themes that were presented in Chapter IV. The strengths and limitations of this study, recommendations for family therapy training programs, and recommendations for future research will also be discussed.

Summary of Overall Findings

A qualitative Delphi study was conducted to explore training recommendations posed by ten experts in MFT and play therapy fields. The experts were interviewed over three rounds, the interviews were coded for themes relating to training credentials, and the experts were asked to provide feedback on the themes presented. There are few standards in training family therapists to work with children. The Commission on Accreditation for Marriage and Family Education (COAMFTE) does not offer exact standards for training MFTs to work with children. The themes developed through this
study are significant in recommending training needed in MFT programs and working with children. The themes will be briefly reviewed and discussed throughout this chapter.

For Research Question 1, examining issues that are inappropriate for the inclusion of children in family therapy session, the themes that emerged were: *children do need information, empowerment of the parent, marital, couples, and custody issues,* and *individual parent issues.*

For Research Question 2, regarding subject areas that should be included in graduate courses in family therapy relating to children, the themes included: *child development and family life cycle, systemic conceptualization,* and *playfulness and communication strategies.*

For Research Question 3, important readings and videos for a graduate course, there were a variety of subthemes that emerged. The principal themes that emerged were: *foundational works, video demonstrations,* and *other recommendations.*

For Research Question 4, what are the important skills for family therapy trainees, the themes that emerged were sorted into the following categories: *therapist attributes, therapist relationship skills, therapeutic skills, therapist conceptual skills,* and *executive skills.*

For Research Question 5, what are important training methods, the themes that emerged were: *engagement with children* and *videos and live supervision.*

For research question number 6, important play techniques and using play with families, several overall theories of practice were discussed, along with specific
interventions. The themes that emerged included: *techniques and interventions* and *models of therapy*.

Finally, for Research Question 7, changes in the marriage and family therapy regarding working with children, the themes that emerged were: *availability of resources* and *new approaches and special topics*.

**Structural Family Therapy**

Structural Family Therapy was the theory that was applied to this research. This was an appropriate theory highlighted within this research due to the importance of the inclusion of the whole family in therapy as well as the theory as an advocate for novice therapists. Minuchin (1974) has been committed to including every member of the system for effective therapeutic outcomes (Sori, 2000). Minuchin advocated for the inclusion of children in the therapy process from the beginning, working with juvenile boys (Nichols & Schwartz, 2005). Structural Family Therapy examines “…parental hierarchies, generational boundaries, cross-generational coalitions, and parenting detouring of conflicts through children” (Sori, 2000, p. 17). These were consistent and significant themes discussed by the panelists regarding recommendations to increase comfort and competency levels for family therapists and working with children.

Structural Family Therapy also advocates for the use of structure and technique for novice therapists. Minuchin (1974) described this theory as an “interventionist’s” theory due to the specific and purposeful techniques and interventions and the therapist’s use of self in the therapy process. Minuchin also used various forms of live and videotaped supervision in training family therapists. Minuchin discussed the importance of live and videotaped supervision early in his work. All of these concepts related to...
Structural Family Therapy were discussed by the panelists when working with children and families.

Overall, the findings of this study indicated that there needs to be set standards in family therapy training programs when working with children. Children are developmentally different than adults (Davies, 2011; VanFleet, 2011) and are so often left out of the family therapy process due to the inefficient and lack of training that the family therapist might have. It is important for the COAMFTE to develop set standards and training protocols to insure the effective and ethical training of MFTs and the inclusion of children in family therapy.

**Recommendations to the Field and to MFT Training Programs**

At the conclusion of this study, recommendations for MFT training programs were created as an outcome of this study. The following recommendations have been based upon Sori’s original study with updates from this current study:

1. Trainees need good theoretical training (Sori, 2000). According to the panelists, theory is important to include in courses on family therapy relating to children; questions might arise such as “how might this theory be used when children are included in family therapy sessions?” The founding theorists of family therapy included all members of the family in the therapy process for effective outcomes (Ackerman, 1970; Minuchin, 1974; Satir, 1983; Sori, 2000; Whitaker, 1981).

   Currently the American Association for Marriage and Family Therapy (AAMFT) requires a minimum of 6 credits and 90 clock hours of the clinical treatment with individuals, couples, and families. Within this category is the inclusion of *working with young children* (AAMFT, 2015). The COAMFTE does not provide detail
regarding guidelines for specific competencies and treatment approaches to use with children.

AAMFT did provide a conference theme in 2013, *Raising Vibrant Children*, where there were presentations and workshops focusing on specific childhood issues, but lacking on how to specifically work with children. The AAMFT was focused on providing interventions, lacking the foundational theory and methods for providing quality care to the youngest members of the system. It might be assumed by the AAMFT that family therapists already have the knowledge, competency, confidence, and experience working with children and successfully integrating children within the therapy process, however there would be no evidence to this since there are no set standards on how to work with children. This is interesting too due to the discussions raised by the panelists regarding the lack of training in child development, playfulness, and specific skills with working children, and the lack of effective training methods.

Participant 7 commented,

I’m very big on not separating theory from technique no matter what the age group or type of therapy that we’re doing. I think it’s important not to use a bunch of techniques. While I love the books with the techniques, they’re very helpful but I wished there were more theory in them. I really do… I think that students need to be taught how to interact with children beyond the technique.

This is an interesting reflection due to what the founding theorists of family therapy have taught. Beginning with intervention warrants a conclusion that stems away from processing a family therapy case. This adopts the assumption that MFTs are at times trained to treat the symptom and not the problem (Nichols & Schwartz, 2004).
focusing on interventions, we are attempting to arrive at a destination without a road map!

2. Training working with parents and/or caregivers is also a necessity for training programs to include. Incorporating some training options in models such as Filial Therapy was recommended by the panelists. This can also be easily incorporated through the Structural Family Therapy lens due to the parenting component. Let it be noted that Filial Therapy is an advanced model, incorporating advance techniques and training required. It is hoped and assumed with set standards that MFTs would be better prepared to understand and conceptualize this model with the appropriate child-parent training.

3. It is recommended that training programs incorporate more observation and required interactions with children according to the recommendations given by the panelists. COAMFTE currently requires 500 hours of client contact hours in Masters level programs. Forty percent of those hours must be relational, not specifying any of those hours including observation or contact with children.

4. It is important for training programs to provide guidance to trainees on what literature, websites, and resources are evidenced-based and quality materials to incorporate in practice when working with children and families. This will not only be beneficial to the therapist, but also for the therapist to recommend to families.

The AAMFT does provide clinical updates on how to find resources, books, journals, etc., however does not relate this back to theory. The panelists again recommend a list of important resources in Chapter IV.
5. Family therapy training programs need to teach and promote the skills needed to work with children in families. Oftentimes, family therapists are already equipped to work systemically and from a relational perspective, but may be lacking the playfulness needed to balance working with every member of the family. The results from Research Question 4 in Chapter IV further discuss these resources for developing skills.

6. The training methods that have been recommended by the panelists have been video recording and live supervision, which is significant in the MFT field, specifically related to Structural Family Therapy (Colapinto, 1988). The COAMFTE currently requires 100 hours of required supervision, however there are currently no set standard by COAMFTE regarding how much supervision needs to be specifically working relationally with children and families.

Training methods relating to coursework also needs to be improved. It was recommended by Sori (2000) that COAMFTE should require two courses focusing on children and family therapy. This researcher agrees with these recommendations. Sori recommended one course on child and adult lifespan development and family life cycle issues. The second course should incorporate the findings of Sori’s study and this study: the appropriateness of including children, important subject areas, significant resources, important skills, and effective techniques and interventions (based upon theory), from tradition teaching methods as well from all from the training methods recommended from the panelists. Interesting enough that changes in course requirements were recommended 15 years ago and even today there have not been changes made. Sori’s study has been significant in the MFT field, and there have not been changes made.
7. Finally, Sori (2000) has recommend, to be truly systemic, child related training must address the needs of the individual child as well as the family. This is essential, since problems in an individual impact other family members, and how families function (e.g., rules, roles, open communication) greatly influences child, adult, and family development. Family therapists must listen for the voices of both parents and children. Treatment should have a dual focus on both increasing healthy family structure (e.g., parental hierarchy, boundaries, rules, power conflicts) and functioning, and on emotional connectedness and open communication between parents, between parents and children, and between siblings. There are many playful and creative ways to accomplish these goals. But family therapy can only truly be family therapy when the needs of all family members are adequately addressed by the field. (p. 151)

The COAMFTE needs to set specific guiding principles and outcomes for accredited programs to follow regarding working with children in family therapy across the lifespan. It is recommended that the COAFMTE reviews how programs can better prepare students for working with children and set core standards for the purpose of every student receiving the same training. Again in 15 years, COAMFTE has not made any changes. The COAMFTE (2014) standards abide to the following mission:

A commitment to clinical training, if part of a program’s mission, that includes clinical contact hours with individuals, couples, families, and other systems, with relationally-oriented clinical supervision, that includes significant use of observable data (e.g., audio and video recordings, as well as observation of therapy during live supervision [behind the mirror, in the room co-therapy, reflecting teams, etc.]). (p. 6)

How can a supervisor supervise a student in working with children when the supervisor might not have the training needed to work with children? This poses the question of: are we being ethical? We are prepared to work with adult clients, but not with children. There is a training needed for supervisors to provide supervision.

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Discussion Related to Sori’s (2000) Results

This study was a replication of Sori’s (2000) study examining the original question: “Can family therapy truly be family therapy if one subgroup – children – is largely left out of the treatment process?” Sori (2000) and Sori and Sprenkle (2004) expanded the work of Korner and Brown (1990) examining the attributes of family therapists who included/excluded children from family therapy sessions, the dissertation of Johnson (1995) as a precursor to Johnson and Thomas’s study, and the work of Johnson and Thomas (1999) examining the criteria for including children in family therapy sessions. Sori also used the research presented by Cederborg (1997) which examined recorded tapes of family therapists working with children where children only spoke approximately 3% of the time during family session. This study was completed 15 years ago; this researcher looked to replicate this study to measure the current recommendations by experts for effectively including children in family therapy and also see what changes have been made over the last 15 years.

The researcher has previously discussed the differences in methodology between this study and Sori’s study in Chapter III. In this section, the researcher will discuss the differences between this study and Sori’s study regarding results and the discussion of results. There were several interesting differences between these studies:

1. In this present study, there was a large emphasis on empowering the parent. Many of the panelists in this current study discussed the importance of excluding children when the therapist needed to empower the parent. This meant when parents needed to work together to become a united front or develop cohesion, or when the therapist might need to correct the adult (not in front of the child), so that the therapist
will not undermine the adult in front of the child. Some panelists also discussed empowering the parent by teaching new skills to the parent as well. In Sori’s study, adult, individual issues were means for exclusion, however empowerment was not discussed as a major theme.

2. Due to this study being replicated over 15 years, the recommendations for resources has changed compared to Sori’s study. In this study, the most recommended materials for reading was Gil’s *Play in Family Therapy* (Gil, 2014). Sori’s panelists recommended Combrick-Graham’s book, *Children in Family Contexts: Perspectives on Treatment*. This text was not mentioned in this study. Ironically, Gil’s (1994), 1st edition of *Play in Family Therapy* was recommended.

3. In the recommendations for future research, Sori noted the inclusion of video training in family therapy programs to Research Question 3 regarding recommended books, articles, and videos. Minuchin recommended the inclusion of this question. This study did incorporate training videos in Research Question 3, due to the recommendations from Sori’s study.

4. Another different theme that emerged for research question 6, regarding techniques, for this study was the use of Theraplay in treatment. Three of the ten panelists discussed the importance of Theraplay in family treatment. Several of the panelists also recommended Theraplay books, techniques, and interventions as recommendations for MFT trainees to learn to successfully include all members in therapy. Theraplay was not discussed in Sori’s study.

5. This current study also differs from Sori’s by posing an additional question, specifically examining changes since Sori’s study. Again, the themes that emerged from
Research Question 7 included: *availability* (i.e., *available books and resources* and *more well-known people*), *importance of toys and less playfulness*, *more online course work*, *new attachment approaches are more common* (i.e., *neurological approaches versus Cognitive Behavioral Therapy, attachment approaches*), and *more research on special topics*. The world is always changing and shifting, which will impact the MFT field. Technology and the availability of resources have changed, making training and interactions with professionals more accessible. Playfulness has also changed due to the shifting technology and use by children and adults. There has also been an expansion of knowledge focusing on neurology within the family therapy and play therapy fields. Finally, in this study, the panelists discussed more completed researcher regarding special topics in the fields of family and play therapy.

Sori’s study is foundational to the MFT field. The study provided expert recommendations to improve family therapist confidence and competency levels when working with children in family therapy sessions. This present study looks to reiterate that changes need to be made in the family therapy field regarding training MFTs and working with children.

**Strengths of the Study**

There were several strengths of this study. Firstly, the Delphi approach provides unique and valuable information from expert panelists that are beneficial to the MFT field. Due to the qualitative components that the Delphi approach is, the researcher was able to gain rich data from many of the leading experts in the field.

The second strength of this study was the enthusiasm of both the participating panelists and the non-participating professionals. The researcher found through email
contact, that the professionals contacted were interested in the study and when it was not possible for participants to be involved, well wishes were sent and additional recommendations for participants were given. The panelists who were participants were adamant regarding the importance of this study and wanting follow-ups after the conclusion of the study to review the results.

Finally, this study provided rich amounts of data that will be useful in the future standards of MFT training programs. Many foundational areas of training were explored in this study, allowing for countless valuable recommendations to ensure quality training to better prepare MFTs working with children in the future.

It is important to examine what the strengths were in this present study due to the possible changes that might be made in the family therapy field and training family therapists to work with children. There were also some limitations that were present following the results of this study.

Limitations of the Study

The limitations when using the Delphi approach are limitations when looking at the results of this study. There were some limitations using the Delphi approach that impacted the results. Due to the qualitative nature of the Delphi approach, the information provided by the panelists is subjective and not representative by factual evidence that the recommendations provided by the panelist are in fact effective. The researcher hopes that due to the specified credentialing of the panelists, the recommendations will be valid.

The researcher endured some issues related to the timing of this study. The first issue was this research began at the beginning of the academic semester, which caused
some delays of participation for the panelist who spend the majority of time in an academic setting. Another issue the researcher faced was the study was completed during both the AAMFT and Association for Play Therapy conferences. Many of the participants requested extended and changing times for interview scheduling and follow-up emails due to focus and participation with these conferences.

The sample size for this study was 10 participants therefore the results should not be overgeneralized to all experts in the MFT field. A larger sample size would have allowed for the possibility of further recommendations for MFT training programs. The researcher also found that even within this small sample size there was repeated recommendations provided, and it might be assumed that having a larger sample size would have only allowed for further redundancy.

There were also some limitations throughout the multiple rounds that the researcher endured. The first limitation regarding rounds was the amount of time that the panelists needed for participation in the study. Multiple responses over these times can be time consuming for the panelists. Most of the panelists responded after the first round and follow up rounds with minor comments and changes or that the themes were complete. Several of the participants requested additional time for responses due to travelling and presenting, “academic emergencies,” and personal illnesses and issues.

In summary, there were several limitations that need to be considered when looking at this study and in case of future duplications of this study.

**Implications for Family Therapists**

It is important for family therapists to become aware of the standards of training within MFT training programs. The findings of this study imply that there needs to be
set standards for MFT training programs for training family therapists to include children in family therapy sessions. The findings of this study also clearly indicate that there are a variety of different issues, subjects, resources, skills, and training methods needed to be including in MFT training programs, specifically related to the inclusion of children in family therapy. Ultimately, MFTs can work with individuals across the lifespan and therefore need to be prepared to work with children. COAMFTE needs to set standards nationally. Program directors and supporters of appropriate training for family therapists and including children will come and go, and not all programs will be committed to standards that are not set by the COAMFTE.

Future and current family therapy trainees need to challenge and become more aware of the training related to including children in family therapy. It is the ethical duty of the trainee to obtain appropriate training to work confidently and competently with all members of the system. Trainees can work to find programs that have incorporated training that includes work with children as part of coursework requirements and programs that provide some aspects of supervision and working with children. The trainee may not be developmentally aware of what type of training is needed to work with children, which moves to the gatekeeper or supervisor of that trainee.

MFT supervisors and training programs can refer to the recommendations proposed by this study to insure effective and successful confidence and competency for family therapists and working with children and families. While many of the current supervisors may be lacking in training, it is important for training programs to seek out child-specific training workshops and methods to increase MFT supervisors’ competencies and confidence in working with children. MFTs also need to look at the
AAMFT code of ethics. In the MFT ethical guidelines, there are no clear procedures in working with children. There are no guidelines saying that we cannot work with children, however when a MFT trainee and AAMFT approved supervisor does not have the training are we being ethically sound?

In summary, therapists, supervisors and training programs need to become aware of the appropriate and effective ways to include children in family therapy sessions. Standards need to be set by the AAMFT and the COAMFTE ethics to be reflected of this competency in order for the inclusion of all members of the system and for family therapists to truly be systemic.

**Recommendations for Future Research**

Working with children in family therapy has been an ongoing area of research. This study will hopefully allow for additional research, insight, and understanding of the importance of appropriate training areas needed for working with children. The researcher suggests the follow future research recommendations:

1. Throughout this study, the researcher developed themes based upon the seven research questions. Further research is needed within the context of each research question and theme. For example, future research might look at specific skills, methods of training, and techniques in family therapy and measure how effective they are in family therapy outcomes.

2. Future research might look at surveying training programs with family play therapy courses or courses required working with children. How do these family therapists feel in working with children? (Sori, 2000).
3. Future research might look at a comparison between MFT theories and working with children and individual based theories and working with children (Sori, 2000). How are these included in family therapy sessions? This might include techniques and interventions on a continuum from directive to nondirective play based techniques and interventions and the effectiveness with working with families.

4. Future research is needed in the examination of the child’s perceptions of therapy and being included. This would be an interesting replication of Cederborg’s 1997 study examining children’s participation in family therapy sessions.

5. Future research might also survey graduates of family therapy programs assessing current competency and confidence levels of working with children.

6. Finally, future research might examine the family’s perception on the quality of service and perceived confidence and competency of the practicing clinicians and AAMFT approved supervisors.

The Researcher

This researcher found great value in this study as a marriage and family therapist and as a play therapist in progress. Even with possessing a passion and interest in working with children, the researcher feels that there is still much information and training missing from MFT training programs regarding including children in family therapy effectively. It is crucial that we learn about children! It is our ethical duty as family therapists to work to treat every member of the system equally. Play is the language of children and toys are the words (Landreth, 2012). If family therapists deem every member within the system as important, then every member’s needs must be addressed through age appropriate treatment methods and techniques. Family therapists
need to learn how to work with children developmentally, in order to include children effectively and confidently within family therapy. Even in the short interviews with the panelists, the researcher learned instrumental information regarding working with children and families professionally and personally.

The researcher has identified as a Structural family therapist. Structural Therapy is foundational to working with the whole family and children (Nichols & Schwartz, 2004; Zilbach, 1986). Minuchin (1974) describes the Structural Family Therapy approach as an “interventionist approach” which is ironic since many of the panelists discussed the importance using metaphors and appropriate interventions when working with the family and children and can be combined with play therapy techniques.

**Summary**

This qualitative study examined what factors MFT training programs need to include for effective work with children and integrating children in family therapy. A Structural Family Therapy lens was used to identify how family systems theories can be successfully integrated with the entire family system, even the youngest members of the family. The researcher identified and discussed the themes generated from the interviews with the participants of this study. The researcher then discussed the study’s findings, limitations, recommendations for training programs and clinicians, and recommendations for future research.

This study generated a consensus from the experts that it is important for MFTs to be well trained to work with all members of the family to provide effective and ethical services. The foundational theorists of family therapy included children in family therapy sessions (Keith & Whitaker, 1981). Minuchin’s (1974) Structural Family
Therapy focuses on the treatment and assessment of all members of the family system. Including all members of the family is vital for therapeutic success. This researcher will forever be humbled by this appreciated and cherished experience. This process has certainly been empowering and memorable. The researcher was amazed by the outreach and support from the experts in the field and will continue to specialize in working in the field of family therapy and will work to continue to advocate for the youngest voices [the children] in family therapy.
REFERENCES


APPENDICES
APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. Gender: ____________

2. Age: _______________

3. Ethnicity/Race: Please specify your ethnicity:
   ___ White
   ___ Hispanic or Latino
   ___ Black or African American
   ___ Native American or American Indian
   ___ Asian
   ___ Pacific Islander
   ___ Multiracial
   ___ Would rather not say
   ___ Other _______________________

4. Degree: Please specify your highest attained degree:
   ___ Master’s Level (M.A., M.A.Ed., etc.)
   ___ Doctoral Level (PhD, PsyD., etc.)

5. State: Please provide the state that you currently practice in: ____________

6. License/s: Please provide your current license/s: _______________________

7. Do you currently hold an active license in Marriage & Family Therapy? Yes / No
   If no, how many years of training have you received in a Marriage and Family
   Therapy focused counseling program? ________________________________

8. How many years of experience utilizing systemic theory? __________

9. How many years of experience utilizing play therapy? __________
10. In what field is your degree? 
___ Marriage and Family Therapy 
___ Counseling 
___ Social Work 
___ Child Development 
___ Psychology 
___ Education 
___ Medicine 
___ Family Studies 
___ Nursing 
___ Pastoral Counseling 
___ Other (please specify): _____________ 

11. Please specify the number of years you have experience in working with children in marriage and family therapy in the areas of (please circle experience number in each category):

1. Clinical Experience 0 1-3 4-7 8-11 12-15 16-19 20+ 
2. Supervisory Experience 0 1-3 4-7 8-11 12-15 16-19 20+ 
3. Teaching Experience 0 1-3 4-7 8-11 12-15 16-19 20+ 
4. Research Experience 0 1-3 4-7 8-11 12-15 16-19 20+ 
5. Other Training Experience 0 1-3 4-7 8-11 12-15 16-19 20+ 

12. Approximately what percentage of time each week do you spend on the following (please circle):

1. Clinical 0-20% 21-40% 41-60% 61-80% 81-100% 
2. Supervision 0-20% 21-40% 41-60% 61-80% 81-100% 
3. Teaching 0-20% 21-40% 41-60% 61-80% 81-100% 
4. Other Training 0-20% 21-40% 41-60% 61-80% 81-100% 
5. Research 0-20% 21-40% 41-60% 61-80% 81-100% 
6. Administrative/Executive 0-20% 21-40% 41-60% 61-80% 81-100% 

13. Which theoretical orientation MOST closely describes your way of working or captures your ideas about therapy? (Please limit your choices to no more than three theories and rank order them, i.e., 1, 2, 3).

___ Structural family therapy (e.g. Minuchin) 
___ Strategic family therapy (e.g. Haley, Madanes, M.R.I.) 
___ Systemic (e.g. Tomm, Milan) 
___ Intergenerational family therapy (e.g. Bowen, Nagy, Framo) 
___ Symbolic-Experiential (e.g. Whitaker) 
___ Communication (e.g. Satir) 
___ Milan 
___ Functional (Alexander) 
___ Eriksonian 
___ Psychodynamic 
___ Object relations (Fairbairn, Ackerman, Scharff & Scharff) 
___ Behavioral (e.g. Patterson, Jacobson) 
___ Solution Focused (e.g. Johnson, Greenberg) 
___ Internal family systems (e.g. Schwartz)
___ Collaborative language systems (e.g. Anderson, Goolishian)
___ Individual Child Play Therapy (specify models) ____________________________
___ Integrative (please specify) ____________________________
___ Eclectic (please specify) ____________________________
___ Others (please specify) ____________________________

14. Please indicate the number of years you have been teaching, training, and/or supervising family therapists to work with children in family therapy. (please circle your response).

0 1-3 4-7 8-11 12-15 16-19 20+

15. In the past 3 years, approximately what percentage of the cases seen by you as a clinician and/or supervisor included children in family therapy sessions? (circle one).

0% 1-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71-80% 81-90% 91-100%

Thank you for your valuable time in completing this questionnaire. Please return it as soon as possible to Katie Wootton at kwoott73@gmail.com or a mailing address can be provided.
APPENDIX B

SEMI-STRUCTURED INTERVIEW PROTOCOL

(1) What are the most important individual, couple, and family issues for which you would NOT include children in family therapy sessions?

(2) What are the most salient content areas that should be included in a graduate course in family therapy?

(3) What are the most important books, chapters, and/or articles that should be included as required readings in a graduate course on children in family therapy?

(4) What are the most important skills for therapists to develop in order to work successfully with children in family therapy?

(5) What training methods are most useful to increase therapist trainees’ comfort level and skills in working with children and families?

(6) Describe the most useful play therapy techniques and how they can be successfully integrated with family therapy.

(7) What changes have you seen in the marriage and family therapy field in training family therapists to work with children?

Definitions:

*Family:* Families-of-origin are groupings of individuals who “have a shared history and a shared future. [The family members] encompass the entire emotional system of at least three, and frequently now four or even five, generations held together by blood, legal, and/or historical ties” (Carter & McGoldrick, 1999, p. 1). Also defined as any individuals or family groups who provide “support, regulation, nurturance, and
socialization” to each other (Minuchin, 1974, p. 1). In the study, the family is also defined as two or more individuals with one or more children who may or may not be living together, and consider themselves family (Sori, 2000).

*Child:* Defined as, a young human being below the age of 12.

*Play Therapy:* "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (APT, 2014, para. 1).
APPENDIX C

PRIORI CODES

1. Play training
2. Play therapy with the family
3. Family play
4. Comfort
5. Working with children
6. Joining
7. Training credentials
8. Ethical training
APPENDIX D

RECOMMENDED RESOURCES

Important Books for Play in Family Therapy


Foundational Works for Family and Play Therapy


**Bibliotherapy**


**Parenting**


**Family Life Cycle and Systemic Works**


**Attachment**


**Theraplay**


**Filial Therapy**


Child Centered Play Therapy & Other Works


Videos
Gil’s videos (Play in Family Therapy and videos on treating abused/traumatized children)

Patch Adams (1998)

Oaklander videos (Gestalt)

The Eagle and the Mouse by Kim Berg and Steiner

VanFleet videos
APPENDIX E

INFORMED CONSENT

The University of Akron
Informed Consent

Title of Study: Family Therapist Training Credentialing and Working with Children: A Modified Delphi Study Reviewed

Introduction: You are invited to participate in a research project being conducted by Katie Wootton, a Doctoral Candidate in the School of Counseling, at The University of Akron.

Purpose: This research attempts to explore changes that need to be made for the credentialing and training of marriage and family therapists and working with children. More specifically, the researcher hopes replicate the study completed by Catherine Sori in 2000 examining what components of training are necessary in the training of MFT students to work with children and families (Sori, 2000). Sori completed her study fifteen years ago and there are still minimal training requirements regarding the inclusion of children in family therapy. The researcher aims to address this gap by surveying experts in the marriage and family therapy field who work with children. Obtaining expert opinion will be the first step in evaluating what training and credentialing is needed for MFTs to confidently and competently include children in family therapy that would provide a benefit for the therapist and client systems. The estimated number of participants to be included in this study will be 8-12 professionals.

Procedures: Data will be collected via a demographic information questionnaire, an initial semi-structured interview and follow up contact to revise, clarify and/or expand previously generated data. Interviews will be conducted via phone or video-conferencing. Follow-up contact will be conducted via e-mail to allow participants time to review gathered data and respond. There will be at least two follow-up “rounds” after the initial interview. Each round the participants will be presented with themes derived from data gathered by all of the participants in the previous round. Participants will be expected to edit, expand, clarify, agree, disagree, etc. with the data provided. The rounds will conclude once redundancy has been achieved and/or no new data is provided. Interviews will be transcribed and data via e-mail will be collected.
The initial demographics questionnaires should take approximately 10-15 minutes to complete. The initial telephone interviewing should take approximately 30-45 minutes to complete. Follow up emails will be completed upon participant discretion.

**Exclusion:** Participants are chosen for their expertise and knowledge of subject matter. Participants must meet at least three of the following criteria which would qualify for the inclusion of this study must have the following qualifications: (1) Have published at least two articles or books on treating children in family therapy; (2) Have at least 5 years of clinical experience in treating children in family therapy; (3) Have at least three years of experience teaching the treatment of children in family therapy; (4) Have made at least one presentation on children in family therapy at a national conference or local conference; and (5) Possess a qualifying degree (Masters or Doctorate) in the field of marriage and family therapy, psychology, child development, medicine, or psychiatry. Participants also must possess capacity and willingness to participate; have sufficient time to participate; and be proficient in written and verbal English language.

**Risks and Discomforts:** The possibility of a psychological risk to you, the participant, is minimal as you will only be providing your expert opinion regarding including children in family therapy and the appropriate training needed. You will not be asked to share any sensitive information.

**Benefits:** The benefits to you for participating in this study may be a sense of furthering the fields of marriage and family therapy and training programs. Your participation will help mental health professionals to better understand the importance of appropriate training procedures for MFT training programs and including children in family therapy.

**Right to Refuse or Withdraw:** Participation is voluntary and that refusal to participate or withdraw from the study at any time will involve no penalty or loss of benefits to which they are otherwise entitled. If participant chooses to withdraw, data pertaining to that individual will be removed to the level of ability by the researcher.

**Anonymous and Confidential Data Collection:** Any identifying information collected will be kept in a secure location and only the researchers will have access to the data. Participants will not be individually identified in any publication or presentation of the research results. Only aggregate data will be used. Your signed consent form will be kept separate from your data.

**Audio and Video Taping:** Interviews will be audio-taped and transcribed without identifying information. The audio-tape will be kept in a secured file cabinet in the office of the researcher and will be destroyed after 7 years.

**Confidentiality of records:** The audio-taped interviews will be kept in a secured file cabinet in the office of the researcher. The transcribed documents will not include your name; it will include a number assigned to you in order to help maintain confidentiality.
**Who to contact with questions:** If you have any questions about this study, you may email Katie Wootton at kwoott73@gmail.com and/or request Katie Wootton’s phone number or Dr. Karin Jordan at 330-972-5515. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

**Acceptance & signature:** Entering name below is an indicator that I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. Please print and keep a copy of this consent form for future reference

**Participant Name:** ____________________________  **Date:** ___________________

*Please sign your signature using ink or sign electronically.*

_______ I would like a copy of my interview transcript

_______ I would NOT like a copy of my interview transcript

Please return informed consent form to Katie Wootton at kwoott73@gmail.com or a mailing address can be provided.
APPENDIX F

IRB APPROVAL

NOTICE OF APPROVAL

July 6, 2015

Katie Wootton
14807 Lenox Drive
Strongsville, Ohio 44136

From: Sharon McWhorter, IRB Administrator

Re: IRB Number 20150702 "Credentialing Marriage and Family Therapists"

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on July 6, 2015. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

☐ Exemption 1 – Research conducted in established or commonly accepted educational settings, involving normal educational practices.

☒ Exemption 2 – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 – Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 – Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

☐ Exemption 6 – Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study’s design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master’s thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☒ Approved consent form/s enclosed

Cc: Karin Jordan - Advisor
Cc: Valerie Callanan – IRB Chair

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children in family therapy at a national conference or local conference; and (5) Possess a qualifying degree (Masters or Doctorate) in the field of marriage and family therapy, psychology, child development, medicine, or psychiatry. Participants also must possess capacity and willingness to participate; have sufficient time to participate; and be proficient in written and verbal English language.

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**Acceptance & signature:** Entering name below is an indicator that I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. Please print and keep a copy of this consent form for future reference.

**Approved IRB**

Date, 
The University of Akron
Participant Name: __________________________ Date: __________________

Please sign your signature using ink or sign electronically.

_______ I would like a copy of my interview transcript

_______ I would NOT like a copy of my interview transcript

Please return informed consent form to Katie Wootton at kwoott73@gmail.com or a mailing address can be provided.

APPROVED
IRB
Date 7/6/15
The University of Amon