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Parents of Preadolescents’ Experiences of Child–Parent Relationship Therapy

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ABSTRACT
Preadolescence is a time of emotional, physical, social, and relational changes, which can lead to mental health concerns. Parents of preadolescents also experience changes within their roles as parents, and both parents and preadolescents experienced a wide range of changes and challenges during the COVID-19 pandemic. This phenomenological study explored the experiences of parents of preadolescents after participating in a virtual Child-Parent Relationship Therapy (CPRT) intervention. Participants were seven parents ages 35 to 56 years-old with preadolescent children between the ages of 9 to 12 years-old. Semi-structured interviews were conducted following the CPRT intervention and analyzed using an adaptation of classic data analysis. Six themes were found, including impact of group on learning, child’s engagement with parent, child qualities, parent’s understanding of self, importance of parent-child relationship, and integration of CPRT skills. The emerging themes indicated that the seven participants experienced changes in themselves, in their child, and in their parent-child relationships. Participants discussed their experiences with the virtual format and their integration of CPRT skills. The participants also reported feeling closeness and support from other group members, even with the virtual format. Findings from this study highlight several clinical implications for working with parents of preadolescents virtually using CPRT.

KEYWORDS
preadolescents; parents; CPRT; play therapy

Preadolescence is typically defined as a transitional period between childhood, beginning at age 9 years, and adolescence, beginning at age 13 years (Ceballos et al., 2019). Preadolescence is also a time of physical changes influenced by changing hormones and the onset of puberty (Centers for Disease Control and Prevention [CDC], 2016). Additionally, preadolescents may begin to form stronger relationships with peer groups, making preadolescents susceptible to peer pressure and possible experimentation with drugs, tobacco, sex, alcohol, or other risky behaviors (CDC, 2016). Preadolescents are also at a higher risk for developing specific mental health concerns such as anxiety, depression, or eating disorders (Ceballos et al., 2019), with the rate of death by suicide for children ages 10–14 years tripling between 2007–2017 (Curtin & Heron, 2019). This statistic highlights the need for mental health interventions for preadolescents.

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Children entering preadolescence experience many changes that can impact the parent–child relationship and parents’ expectations of their children (Glatz & Buchanan, 2015). Glatz and Buchanan (2015) found that when children start experiencing pubertal changes, their parents perceive themselves as having less ability to influence their child and a decreased sense of parenting competence. Glatz and Buchanan (2015) theorized that parental self-efficacy is a product of preadolescent’s characteristics, experiences of the parent–child relationship, and ecological factors that influence the quality of the parent–child relationship.

Rawatilal et al., (2015) found that positive family communication, cohesion, and support along with a secure parent–child attachment reduced the risk of depressive symptoms for preadolescents. Favorable perceptions of family functioning are identified as protective factors against adolescent risk-taking behaviors, specifically drug or alcohol use and sexual activity (Schwartz et al., 2013). In their study of 120 European American parents of 10-year-olds, Putnick et al. (2008) found that when the mothers reported experiencing parenting stress, the preadolescents reported changes in the parenting behaviors toward them. Further, maternal and paternal acceptance were associated with higher adolescent self-concept and social acceptance four years later when the preadolescents were 14 years old. Kehoe, Havighurst, and Harley (2013) found that when parents of preadolescents participated in an intervention focused on attuning to the preadolescents’ emotions and communicating understanding and empathy, the youth reported fewer internalizing difficulties, including anxiety and depression symptoms.

The existing literature on mental health risks for preadolescents (Ceballos et al., 2019; Centers for Disease Control, 2016; Curtin & Heron, 2019), highlights the importance of interventions for preadolescents that also enhance the parent–child relationship (Glatz & Buchanan, 2015). Further, the impact of the family could be a protective factor for preadolescents’ mental health concerns (Kleptaras & Alexohoulous, 2015; Rawatilal et al., 2015). Enhancing protective factors is important in light of the detrimental effects that COVID-19 has had on the socio-emotional development of children and adolescents (Youngminds, 2020).

Telemental health

The National Institute of Mental Health (NIMH) defines telemental health as using technology such as videoconferencing to provide mental health care remotely where both clinician and client are in different geographical locations. Telemental health eliminates the need for travel and could be an ideal and life-saving option for receiving care during health crises or emergencies (Whaibeh et al., 2020). Telemental health expanded significantly from 2017 to 2019 (American Telemedicine Association, 2019), and some coverage of telehealth services through Medicaid has been reimbursed for and provided in all 50 states. In March 2020, telehealth became paramount to providing mental health services during the COVID-19 global pandemic.

COVID-19 pandemic

In March 2020, the World Health Organization declared COVID-19 as a global pandemic, and the CDC (2020) issued social distancing guidelines as part of the recommended interventions to stop its spread, including closing schools, entertainment venues, and
enacting shelter-in-place orders (CDC, 2020). Children and adolescents were particularly affected by these social distancing guidelines (Youngminds, 2020). Lee (2020) argued that children and preadolescents lost access to educational and mental health resources when schools closed, exacerbating existing mental health concerns. Youngminds (2020) found that 83% of individuals ages 13–25 years with previous mental health needs reported that the COVID-19 pandemic made their mental health worse.

Lee and Ward (2020) found that a majority (61%) of the parents they surveyed in March 2020 had shouted, yelled, or screamed at their children more than they had before the COVID-19 pandemic. Children’s emotional adjustment is interrelated with their parents’ emotional regulation, and parents management of their own stress can have impacts on the parent-child relationship, specifically during times of traumatic events like COVID-19 (Grigoropoulous, 2021). Brown et al., (2020) found that higher parent anxiety and depressive levels were associated with higher parental perceived stress; however, parents who received support and had a sense of control during the pandemic reported lower perceived levels of stress.

Emerging research on the impact of the global pandemic (Lee, 2020), and stress on mental health functioning of young adults (Youngminds, 2020) highlighted the need for virtual interventions for preadolescents. In addition, parents experienced heightened levels of stress and mental health concerns during the COVID-19 pandemic (Brown et al., 2020; Lee & Ward, 2020), indicating a need for interventions that focused on working within the family system.

**Child-parent relationship therapy**

Child-centered play therapy (CCPT) is designated as a promising evidence-based therapeutic intervention by the California Evidence-Based Clearinghouse for Child Welfare (CEBC, 2022a) that uses children’s natural way of communicating—play—and allows children to play out their experiences with toys as their words in a natural and self-healing process (Landreth, 2012). Research outcomes support using play therapy for children with externalizing behaviors (Phipps & Post, 2019; Ritzi et al., 2017), children with internalizing behaviors (Kram, 2019; Stulmaker & Ray, 2015), and children who have experienced adverse childhood experiences (Kram, 2019; Ray et al., 2021).

Several meta-analyses of play therapy research highlight that play therapy is an effective intervention (e.g., Bratton et al., 2005; Jensen et al., 2017; Lin & Bratton, 2015; Ray, Armstrong, Balkin, & Jayne, 2015). Lin and Bratton (2015) examined 52 controlled outcome studies of CCPT and found it effective across presenting issues, specifically demonstrating the greatest benefit on broad spectrum behavioral problems, self-esteem, and the child–caregiver relationship. One finding from this meta-analysis was that caregiver involvement in CCPT contributed 4.4% of the between-study variance (Lin & Bratton, 2015). Specifically, Cohen’s d effect size for full teacher involvement (d = 0.53) and for parental involvement (d = 0.59) were both medium treatment effects, confirming that involving caregivers in the therapeutic process had statistically significantly larger mean effect sizes than involving only counselors or therapists (d = 0.33).

More recently, play therapists have turned their attention to train caregivers in using play therapy skills. Child-parent relationship therapy (CPRT; Landreth & Bratton, 2019) has a psychoeducational component where caregivers engage in weekly play sessions with a child of focus and learn basic play therapy skills such as reflecting feelings, limit setting,
and returning responsibility (Landreth & Bratton, 2019). CPRT is a 10-session manualized approach that is designed to be flexible (Bratton & Landreth, 2019). The caregivers receive supervision and feedback on their play session skills from an experienced play therapist while in a group modality. CPRT showed stronger efficacy over individual play therapy (Lin & Bratton, 2015). CPRT is designated as an effective evidence-based mental health intervention by the Results First Clearinghouse (NREPP, 2021) and designated as a promising evidence-based mental health intervention (CEBC, 2022b).

CPRT has been researched with diverse populations, including incarcerated parents (Landreth, & Lobaugh, 1998), adoptive families (Opiola & Bratton, 2018; Swan et al., 2019), Latino families (Ceballos & Bratton, 2010; Hassey et al., 2016), African American families (Sheely & Bratton, 2010) and is suggested as an effective intervention to strengthen caregiver–child relationships and form new attachments (Capps, 2012; Ryan, 2007). In some qualitative studies, parents reported that their children appeared to have greater self-confidence (Edwards et al., 2007) and displayed more empathy and cooperation (Foley et al., 2006). Additionally, qualitative studies have shown that parents reported being closer to their children (Bornsheuer, 2012; Edwards et al., 2007), and improved parent–child communication (Bornsheuer, 2012).

CPRT with children under the age of 10 years old have a relatively strong research base (Lin & Bratton, 2015); however, to date, there is only one single-case group design study that examined CPRT with parents of preadolescent adoptees between the ages of 8 to 14. Swan et al. (2019) found a large treatment effect ($d = .970$) for parental empathy, a medium treatment effect ($d = .626$) for reducing parental stress, and a small effect ($d = .333$) for reducing child problem behaviors during the CPRT intervention phase. Relatedly, there is only one mixed methods exploratory study on the effects of CPRT using an online format with parents of children between the ages of 3 to 10. Hicks and Baggerly (2017) found that parents in the study showed statistically significant increases in parental acceptance $t(7) = -3.51, p = .01$, with a large effect size ($d = .82$). Hicks and Baggerly (2017) discussed several recommendations and implications for clinical CPRT practice in a virtual format.

The current study was the first to use a phenomenological framework to examine the experiences of parents of preadolescents following a CPRT intervention utilizing telehealth. The overarching research question for this study was: What are the experiences of parents of preadolescents participating in a virtual CPRT training?

**Methods**

We used a transcendental phenomenology approach to explore the experiences of parents of preadolescents after participating in a virtual CPRT intervention. Transcendental phenomenology focuses on describing participants’ experiences and gives voice to phenomena or cultures that are not well understood (Moustakas, 1994).

**CPRT groups**

The first author followed the protocol detailed in the second edition of *Child-Parent Relationship Therapy (CPRT) Treatment Manual* (Bratton & Landreth, 2019) and in the CPRT preadolescent model proposed by Ceballos et al. (2019). The first author facilitated
the intervention; she is a registered play therapist and holds certifications in CCPT and CPRT as a supervisor. She received weekly supervision throughout the intervention to ensure treatment integrity. The first author had specific training in virtual therapy to lead the groups. The two training groups met for 1.5 hours each week over telehealth. The group with four parents met weekly for 10 weeks and the second CPRT group with three members met weekly for 8 weeks. For the CPRT group that lasted 8 weeks, the curriculum outlined for Sessions 1 and 2 was combined during Week 1 and the curriculum for Sessions 7 and 8 was combined during Week 6 in order to fit into the parameters of an 8 week intervention. Landreth and Bratton (2019) discuss making adaptations to the protocol in order to meet the needs of parents. Parents in both CPRT groups were asked to conduct a total of seven special times with their preadolescents throughout the intervention.

Given the nature of the virtual intervention, there were several modifications made during the groups based on recommendations from Agarwal et al., (2022). First, the group facilitator ensured that each parent understood how to access the group sessions by using the link emailed to them each week. The group facilitator helped parents set up their microphones or web camera capabilities in order to participate in the groups. As part of the CPRT experience, parents shared their video-recorded special times for supervision by sharing their screens to play the videos or holding alternate devices to their web cameras. The participants practiced role-playing of skills with the use of breakout rooms through the virtual platform. Confidentiality and ethical considerations were also discussed with participants prior to the start of the virtual intervention.

Participants

Parent participants were from the southwest region of the United States and met the following inclusion criteria: (a) older than 18 years of age, (b) parent of a preadolescent child between ages 9–13 years, (c) committed to participate in 10 weeks of group intervention, (d) had access to a computer with webcam and microphone capabilities, (e) granted permission to be video recorded for post intervention interviews, and (f) the preadolescent child gave assent to participate. Further, parents were required to list specific concerns for their preadolescents. Sixteen parents emailed to express interest in participating in this study. Due to various reasons including scheduling conflicts and parent hesitance over video recording, only seven parents participated in the CPRT intervention and were interviewed at the conclusion of the intervention. All participants chose a pseudonym.

The parents’ ages ranged from 35 to 56 years (M = 42 years). Six were married (85%), and two were a married couple (husband and wife). Six parents had graduate degrees (85%), six parents were biological parents to their preadolescent children, and one parent was an adoptive parent to her preadolescent child of focus. Six parents identified as female (85%), and one parent identified as male (14%). Three parents identified as Hispanic (42%), one parent identified as Asian (14%), one parent identified as Asian and White (14%), and two parents identified as White (28%). The preadolescent children’s ages ranged from 9 to 12 years (M = 10 years). Four identified as male (57%) and three identified as female (42%). Three identified as Hispanic (42%), and one preadolescent identified as Hispanic and White
(14%). Two identified as Asian and White (28%), and one identified as White (14%). Of the seven preadolescent participants, six (85%) were attending in-person school and one (14%) was attending virtual school.

**Data collection**

After obtaining institutional review board approval from a university in the southern region of the United States, a recruitment flyer was posted on social media (e.g., Facebook, Instagram) and shared with multiple mental health organizations that provided services to parents. The first author provided potential participants the informed consent document and demographic survey. After the survey was completed, potential participants were contacted to determine schedule availability and to notify them about group placement. At the conclusion of the CPRT intervention, the first author interviewed the parent participants to examine how they each perceived the training and the special times. The semi-structured interviews were conducted virtually and lasted approximately 20–50 min. The video recordings from the interviews were transcribed, redacted, and used in the data analysis process.

**Research team**

The research team consisted of three doctoral students and two counselor educators. One counselor educator served as supervising researcher and auditor for the research and identifies as a Black female. The other counselor educator served as a CPRT supervisor during the CPRT intervention and identifies as a first-generation immigrant Latinx female. The CPRT supervisor has extensive clinical and research experience in conducting CPRT and working with parents of preadolescents. The first author led the CPRT groups and led the other two doctoral students in the data coding process. All doctoral students in the data analysis team identify as White females and were trained in qualitative methodology and had experience leading CPRT groups.

Before data analysis began, the data analysis team met to examine any biases, assumptions, or expectations regarding CCPT, CPRT, parents, and preadolescents. All members of the data analysis team had experience with CCPT and CPRT, and all team members discussed and bracketed biases on how CPRT can positively impact parents, their children, and their parent–child relationships. All data analysis team members had expectations that the virtual format would possibly inhibit connection or closeness between parents. Further, all members of the data analysis team did not have children at the time of this study and did not share parenting experiences of participants. Because all data team members have advanced training in play therapy and filial therapy, bracketing was an important process throughout the study.

**Data analysis**

The data analysis team analyzed all data using a modification of Miles et al.’s (2014) adaptation of classic data analysis for phenomenological research. Data analysis steps included epoché, initial coding, and final coding. The team first examined any biases, assumptions, or expectations regarding CCPT, CPRT, parents, and preadolescents as part of epoché. For initial coding,
each coder analyzed two transcripts (28%) independently and wrote notes in the transcript margins that included initial reactions to the interview material, impressions of themes, and any key points participants made. Following the initial coding, the team met to compare individual impressions to the interview material and developed a summary sheet. This summary sheet was used to create metaphors that represented participant experiences to form themes and sub-themes for the initial codebook. For the purposes of this study, following Miles et al.’s (2014), a 90% agreement was achieved prior to finalizing the coding manual. Once the initial coding manual was established, each interview was independently coded by two members of the data analysis team, and then each coder pair met to discuss agreements and discrepancies across the data. During weekly coding meetings, the team compared findings and themes, adjusted the coding manual as needed, and reapplied the modified manual to the data subset.

**Establishing trustworthiness**

Trustworthiness is an important part of rigor in qualitative research studies (Creswell & Poth, 2018). For the present study, prior to analyzing any of the transcript data, all research team members individually bracketed assumptions and biases. Member checking occurred after the post intervention interviews as well as at the completion of data analysis, where participants were contacted to provide clarification, feedback, and modifications and confirm findings, following guidance in Birt et al., (2016). All participants confirmed their transcribed interviews and of the seven participants, three replied and offered no additional feedback related to the themes found. Triangulation occurred by collecting data from multiple sources, including the demographic surveys, field notes and observations, and the post intervention interviews. Following Hays & Singh, (2011) suggestion, the research team served as a source of triangulation, with each research team member independently coding the interviews followed by reaching consensus on coding by at least two research team members.

**Results**

The research team identified six themes from the data: (a) impact of group on learning, (b) child’s engagement with parent, (c) child qualities, (d) parent’s understanding of self, (e) importance of parent–child relationship, and (f) integration of CPRT skills.

**Theme 1: impact of group on learning**

Impact of group on learning refers to reactions and experiences of parent’s participation in the virtual CPRT group as it relates to interactions with group members, group format, and accessibility. Five parents talked about how the virtual format increased accessibility, including the convenience of not having to leave their homes to attend in-person meetings during the week. Jessica shared: “First of all not driving, you know, like after today I had a flat tire and this and that so ... so I appreciated not [being] in traffic and it was very comfortable just being at home.”

Mo emphasized how his learning occurred through connecting and sharing with the other parents in his group. Lindsey talked about the virtual format as an important part of feeling support and closeness with the other parents in her group: “The ladies in my group,
I feel like we shared more in those circumstances than we would have probably face-to-face. And I just thought that was a nice format.” Lindsey added that “The ladies I was on with were lovely. We cried together, laughed together [laughing], it was kind of therapy for me.” Paula discussed the importance of feeling encouraged from group members during the supervision and feedback portion of the groups, stating, “Everybody was just so kind in the group and they were very encouraging, which is wonderful 'cause it’s really hard to watch yourself on videotape.”

**Theme 2: child’s engagement with parent**

The study participants recognized their child’s engagement with them during the special times and how the child interacted with the parent. All seven parents spoke about how their children had engaged with them, whether in the special times or outside of the special times. Overall, when their children were engaged positively in the special times and seemed to enjoy spending time with them, the parents reported positive and motivating feelings. Suzie emphasized how she was motivated to plan and carry out the special times with her son because she saw how much her son wanted to spend that time with her. Out of the seven parents, only one parent, Paula, discussed a more negative experience with her child’s level of engagement in special times; specifically, that it was difficult to engage with her son during special times because there was push back from her son.

The parents also reported experiences of their child making contact through physical touch or communicating feelings to the parent. Lucy adopted her daughter Marla 6 years previously and reflected on how she was very careful with touch.

My daughter was adopted, and so she is very guarded. And so it has been, it has taken us actually a long time to get closer and closer and closer, but over the years I see it happening. I really felt like the program, doing the special time, I really felt like it made a big difference. Even today she gave me a big hug. I think the biggest hug she ever gave me. And it was pretty awesome.

**Theme 3: child qualities**

Most parents (n = 6) endorsed the overall theme of child qualities, which refers to the child’s characteristics, behaviors, personality, communication, and developmental changes. In the overall theme of child qualities, the research team identified two sub-themes: (a) acknowledging developmental shifts and changes and (b) extension to other children. The children’s developmental levels and the preadolescent age were important child characteristics that the parents talked about. During the interviews, some parents expressed emotions while talking about these changes for their children and their relationships. Jessica acknowledged that her relationship might change with her daughter someday: “I don’t know that I will always be that person [that she can talk to]. I’m prepared that soon I will be replaced by you know, possibly more influences that will be of importance to her, but right now it’s really good.” Similarly, Paula stated, “I feel like this is my last chance of being able to have some kind of closeness with him before he becomes a teenager and I lose him entirely.”
All of the parent participants had multiple children, and four of the parents reflected on how the CPRT training had impacted their parenting with all of their children. Jessica noted that she was planning to use some of the CPRT skills with her second child, stating “I’m seeing a lot of the moments that will apply to him more so than to my daughter, ‘cause he’s quite a rule breaker and there will be some limitations and all those things that I’ll use.” Lucy also talked about wanting to start special one-on-one times with her son and that “my husband is starting to do it too. Like he sees how beneficial it is.”

**Theme 4: parent’s understanding of self**

The theme parent’s understanding of self emerged from the parents’ experiences during the CPRT group and what they learned about themselves through the process. All seven parents spoke to how they as parents impacted the parent–child relationship. Three parents reflected on how they had parented before the CPRT group and talked about the changes they made because of this new awareness. Paula reflected on how she was working to change her perspective: “My goal for myself, which is then difficult, is to let him go and do, make stupid decisions and then experience the consequences of those decisions.”

The parents in this study not only reflected on their roles as parents but also on what led them to participate in the CPRT training, specifically that they wanted more parenting skills in order to address difficult problems and to connect more with their children. Two parents talked about wanting skills to connect with their children more in order to create a bond. Mo said, “I’ve been looking for different avenues, and books, and training courses, and things like this to learn how to be a better parent and a better communicator and how to really truly connect with my kids.” Mary said she chose to participate in the group “to kind of help with some strategies to get me through, you know, the harder times of parenting” in order to have a bond with her child.

**Theme 5: importance of parent–child relationship**

All seven parents spoke about the importance of parent–child relationships, specifically relational values, expectations, and relational changes over time. The parents highlighted the relationship qualities that were meaningful to them, including the reality that the parent–child relationship is something that takes work. Lucy shared how the parent–child relationship should have a strong foundation, saying “It’s super important to be able to have a close relationship with your child because it affects everything.”

Lucy emphasized how it was important for her to maintain the closeness with her daughter through the teenage years: “I hope that, you know, by keeping up with the special times I’ll be able to be close to her throughout that time.” Jessica also shared this hope for closeness with her daughter in the next few years and reflected on the closeness she feels with her daughter now: “I wish I could sort of like, keep it as it is right now, because it’s good. It’s good. There are challenges but overall, I am very, very happy.” For some parents in this study, ensuring that their relationship remained strong through different changes was very important. Understanding the parent–child relationship was fundamental and contributed to their experiences in CPRT.
**Theme 6: integration of CPRT skills**

The final theme detailed the parents’ understanding and application of CPRT skills. All seven parents described an integration process and the journey of applying the skills learned during the special times and outside of the special times. The most widely talked about metaphor was “Be a thermostat and not a thermometer,” which refers to learning how to respond through reflections rather than reacting. Lindsey shared how she was working to be more purposeful in the one-on-one moments with her son and that “I think that purposeful engagement has helped him express himself more meaningfully also and more purposefully.”

Four parents talked about feeling nervous to say the “right” thing during the special times and worrying about applying the skills correctly. For example, Paula talked about the difficulty of learning the new skill and how it was a different way than she had communicated before. Lucy expressed more nervousness about whether her daughter would participate in the special times with her. Overall, the parents talked about how they were working to integrate skills into their daily lives, whether it was the language from CPRT, the special undisturbed time with their child, or a different way of responding to situations.

**Discussion**

The interviews yielded six major themes: (a) impact of group on learning, (b) child’s engagement with parent, (c) child qualities, (d) parent’s understanding of self, (e) importance of parent–child relationship, and (f) integration of CPRT skills. In the first theme, impact of group on learning, participants’ narratives overall reflected an appreciation for the virtual CPRT format, from feeling support and closeness with other parents to perceiving the format as accessible. Boswell (2014) found that accessibility and logistical concerns were main deterrents for parent participation in CPRT. In the present study, parents reported that having the CPRT group accessible from home was convenient and added to a positive experience; this finding is consistent with previous literature on virtual CPRT groups (Hicks & Baggerly, 2017). Relatedly, parents in the current study reported feeling closeness and support from other parents in the group, which is consistent with previous CPRT literature (Hicks & Baggerly, 2017; Sullivan, 2011). Landreth and Bratton (2019) emphasized that CPRT’s group process is vital to the parents’ success, and the current study’s participants echoed this experience.

For the parents in the study, their children’s engagement appeared to be meaningful and surprising for many parents. The children initiating contact with their parents such as giving their parents hugs or kisses was impactful for multiple participants. Similar to quotes and anecdotes in previous studies (Swan, 2017; Wickstrom & Falke, 2013), the parents in this study noticed their children making more physical contact with them through the course of the CPRT intervention. This finding also supports existing literature (Bornsheuer, 2012; Edwards et al., 2010; Sullivan, 2011; Wickstrom & Falke, 2013) and illustrates the importance of children’s interactions with their parents on the parents’ perceptions and experiences.

Consistent with previous research (Sullivan, 2011), the parents in the present study discussed noticing different qualities in their child, represented by the third theme of child qualities. Many parents reported an awareness that their children were growing
older and expressed a desire to connect with them. Research has shown that parents feel lower self-efficacy and competence in their parenting skills when their children are at the preadolescent age (Glatz & Buchanan, 2015). Findings from this study support the uncertainty parents feel when their children are going through the preadolescent development stage, indicating the need for mental health professionals to offer interventions that strengthen parents’ confidence in their parental skills, increase communication between parents and their child, and facilitate relational growth.

Building an awareness and understanding of their beliefs about parenting, how they parent, and what their needs are in their parent–child relationships was a prevalent theme among participants. The parent’s understanding of self noted by participants in this study is similar to findings from previous researchers (Bornsheuer, 2012; Edwards et al., 2010; Sullivan, 2011). The parents in this study underscored the importance of learning more parenting tools and strengthening the parent–child relationship. Four participants expressed the theme of seeking connection with their child. Although past research supports that parents became more aware of feeling closeness and connection with their children following CPRT (Bornsheuer, 2012; Edwards et al., 2010; Sullivan, 2011); the theme of seeking connection with child was not identified in the existing literature. For clinicians who work with parents of preadolescents, concrete skills and examples of different ways to communicate with their children may be vital to improving parent–child relational functioning.

The parent–child relationship is an important part of overall individual and family functioning and can be a protective factor against preadolescent mental health concerns (Kader & Roman, 2018; Marin et al., 2008). All seven parents in this study reported on their experiences of the parent–child relationship. The importance of parent–child relationship noted by participants is similar to themes found by previous researchers (Bornsheuer, 2012; Edwards et al., 2010; Sullivan, 2011). Some of the parents who participated in this study also discussed feeling relational distance as part of the parent-child relationship theme. This relational distance is not found in previous CPRT research. This may be because previous research has been done with parents of younger children.

The integration of CPRT skills participants noted is similar to findings by previous researchers (Sullivan, 2011; Wickstrom & Falke, 2013). The parents spoke about the process of applying specific skills such as using the play language, engaging in the special times, or remembering skills, as sometimes difficult or uncomfortable. The integration of CPRT skills finding illustrates the struggle parents may have when learning new skills, especially for parents of preadolescents. Some parents in this study were able to engage with their children in the special times with materials suggested in Bratton and Landreth’s (2019) CPRT manual while some parents needed support to find materials for the special times. When parents in this study reported negative experiences in their children’s engagement levels, they also reported more relational distance or uncertainty. In these instances, parents needed more support to plan their special times.

Limitations

Although this study used purposive sampling, potential parent participants who were not connected to professional organizations, counseling clinics, or parent support social networking sites may have been left out. This study included participants from a range of racial and ethnic identities and educational backgrounds; however, some marginalized
communities were not represented by the parents who participated, including but not limited to parents who identify as part of the LGBTQ+ community or parents who identify as Black. In addition, this research focused on parents of preadolescents (ages 9–13 years) who had access to internet connections, computers, and web cameras, potentially excluding parents from different socioeconomic levels lacking access to this technology.

A final limitation was the effect that the primary researcher’s participation may have had on the participants. The primary researcher facilitated each of the CPRT groups as well as interviewed participants on their experiences at the conclusion of the intervention. The richness of the data collected was likely impacted by the primary researcher’s ability to build meaningful relationships with the parents during the CPRT groups and may have helped some parents feel more comfortable with audio and video recording for the interviews. Although the primary researcher shared a relationship with the parent participants, the relationship may have also resulted in the parents not sharing more negative experiences or perceptions of the CPRT group.

**Implications**

Parents experienced heightened levels of stress and mental health concerns during the COVID-19 pandemic (Brown et al., 2020; Lee & Ward, 2020), increasing the need for interventions that supported parents and strengthened the parent–child relationship. CPRT has been shown to reduce parent reported stress (Swan et al., 2019) and to support families through different challenges. The parents in the study reported striving to be more mindful in their parenting following CPRT, and Brown et al. (2020) found that parents who experienced more support and sense of control during the pandemic reported lower perceived levels of stress.

The parents described the theme of awareness of developmental shifts and changes in their relationships with their children. Mental health professionals working with parents of preadolescents need to understand the developmental changes that preadolescents experience as well as how parents perceive and experience these changes. Findings from this study support the uncertainty parents feel when their children are going through the preadolescent developmental stage (Glatz & Buchanan, 2015), indicating the need for mental health professionals to offer interventions that strengthen parents’ confidence in their parenting skills. Additionally, the parents in this study reported a desire to maintain their relationships with their children through developmental and societal changes, emphasizing the importance for mental health professionals to implement interventions that will facilitate relational growth and increase communication between parents and their preadolescent children.

Landreth and Bratton (2019) offered guidelines on training and qualifications for CPRT therapists, for which training and experience in CCPT is required. Because play therapists are qualified to facilitate CPRT with adequate training and supervision, the following recommendations specifically refer to play therapists. Some parents in this study were able to engage with their children through the special times with the toys and materials suggested in Bratton and Landreth’s 2019 CPRT manual. However, some parents needed additional support to find activities and materials that their preadolescents would use during special times. When parents in this study reported negative experiences in their children’s engagement levels during the special times, they also
reported more relational distance or uncertainty. Group facilitators should encourage the parents in their groups to allow the preadolescents to help pick the materials or activities for their special times.

The present study is the second after Hicks and Baggerly (2017) to examine parent experiences of CPRT when conducted in a virtual format. Many of the parents in this study commented on the accessibility and convenience of the online group format. However, one parent suggested more training on using virtual platform, as this parent experienced some difficulty showing the videotape of her recorded special time during the group process. Play therapists planning to conduct CPRT groups virtually should understand the virtual platform and how to educate or problem solve with parents should any issues arise.

**Future research**

With rising rates in telehealth use by mental health professionals during the COVID-19 pandemic, more research is needed on interventions that could be effective at reducing behaviors and improving treatment goals, specifically for preadolescents. Research has shown how preadolescents’ perceptions of family functioning and individual parent–child relationships may differ from those of their parents (Schwartz et al., 2009), thus future research could explore the dual perceptions of both parent and child participants after the special times. CPRT’s long-term effects on parents is another possible area to explore. Similarly, more research is needed on how parents apply or use the skills learned in CPRT following program completion.

**Conclusion**

Preadolescence is defined by multiple changes, leading to potential mental health concerns (Ceballos et al., 2019; Centers for Disease Control, 2016). Parents of preadolescents often need support to adjust to these changes (Glatz & Buchanan, 2015), specifically in the context of the COVID-19 global pandemic (Brown et al., 2020; Lee & Ward, 2020). COVID-19 necessitated facilitating many mental health interventions virtually to adhere to social distancing mandates. CPRT has been proven to be an effective children’s mental health intervention (Lin & Bratton, 2015); however, until the present study, there was a dearth of literature on virtual CPRT with parents of preadolescents (Hicks & Baggerly, 2017; Swan, 2019). The present study’s findings have significant implications for mental health professionals and play therapists working with parents and preadolescents. The parents in this study reported overwhelmingly positive perceptions of the CPRT intervention and online format. The results also suggest that parents of preadolescents experienced some changes in their relationships with their children and their parenting. These findings offer opportunities for play therapists to reach preadolescents and their parents by providing CPRT in a virtual format.

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References


