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Marketing a Mental Health Specialization: The 4 P's of Play Therapy

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Abstract. Nearly half of all healthcare service companies fail within the first four years, negatively affecting the entrepreneur, customer, and the surrounding economy. Additionally, each time a healthcare establishment fails, there is a negative impact on the consumer as much needed healthcare services become unavailable to the community. Lack of effective market strategies and consumer awareness is one of the main reasons that new businesses fail. To address this problem, marketing experts apply the marketing mix, most commonly executed through the 4 P's of marketing: product, promotion, place, and price. Researchers have begun to apply this marketing framework to the healthcare industry; however, there has been limited application of the 4 P's to mental health care and the critical specializations that exist within that industry. In the present study, we apply the 4 P's marketing framework to play therapy, an evidence-based psychotherapy specialization. Drawing from literature, we define the product as a form of counseling in which the therapeutic powers of play are used to resolve psychosocial difficulties in young children. Using a sample of 234 adults attending an online university, we conducted an online survey-based experiment to determine promotion (i.e., where potential clients are most likely to look for therapeutic services), placement (i.e., how much farther clients are willing to drive to see a specialist versus a non-specialist), and price (i.e., how much more clients are willing to pay for a specialist versus a non-specialist). Implications for small mental health business are discussed.

Keywords. marketing, marketing mix, 4P's of marketing, play therapy, marketing strategies

Play therapy is a field of study within the mental health industry. To be a Registered Play Therapist, one must (a) possess a current and active individual state license to provide clinical mental health service, (b) possess a Master's (or higher) degree, (c) complete two-years and 2,000 direct client contact hours, (d) complete 150 hours of play therapy-specific instruction and 500 direct client contact hours under supervision, and (e) complete 50 hours of simultaneous play therapy supervision (Vega & Alexandra, 2017). Upon completion of the rigorous requirements, many therapists have ambitions of opening a private practice where they can have a positive impact on the needs of their community. Unfortunately, the task of establishing a new business involves risks, regulatory compliance with local and federal agencies, raising capital to ensure sustainability during the introduction stage of the Product Life Cycle, and many other daunting tasks. To increase the probability of success, the play

therapist, without any required formal business education, must make decisions regarding identifying potential customers (e.g., customer segmentation), promotional campaigns, pricing strategies, and strategically structuring firm to differentiate itself from competing businesses. Business and marketing experts have the privilege of helping in designing effective business and marketing strategies to help young entrepreneurs succeed. Success is often achieved by the implementation of proper marketing strategies (e.g., product differentiation strategy, low-cost strategy, and integrated marketing communications) and, perhaps equally important, the avoidance of integrating improper strategies. The purpose of the present study is to apply the 4P's of marketing to play therapy.

Literature Review

According to the Small Business Administration, 50% of businesses with employees fail within the first five years (SBA Office of Advocacy, 2012). Perhaps more alarming for the new entrepreneur, according to SBA (2017) the turnover rates for small nonemployer firms are three times as high as employer firms. This is especially problematic because nonemployer firms make up 80% of small businesses in the United States. These failures increase hardships on the entrepreneur, vendors, suppliers, and the local economy. Additionally, the failure of a healthcare facility has a negative impact on the consumer when professional healthcare services become unavailable. To mitigate the risk of failure, many businesses apply specialized marketing strategies.

In 1935, the American Marketing Association's first official definition of the term *marketing* stated, "Marketing is an organizational function and a set of processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholder" (Gundlach, 2007, p. 243). Throughout the years, there have been world-changing developments that have altered production processes, distribution channels, and awareness of the consumer's knowledge (e.g., education) through the Internet. However, many consider the framework of Borden's 1953 introduction of the marketing-mix as a marketing foundation with his design of twelve critical marketing strategies to better anticipate and inculcate industry and consumer behavior changes (Anderson & Leshner, 1965). Later revised, McCarthy conceptualized the 12 variables of the market-mix as the 4P's (Product, Price, Promotion, and Placement). During the past five decades, many researchers, marketing agents, organizational leaders, and entrepreneurs have studied, supported, and applied key concepts of the 4P's. Although some have argued that technology continues to change the landscape of the business environment and therefore the relevance of 4P's, many agree that the 4P's continue to dominate the marketing landscape (Zineldin & Philipson, 2007).

Price refers to that which the consumer exchanges to obtain the product or service. Due to the growth and acceptance of technology, including the Internet, social media, and mobile media, consumers have tremendous power in comparing prices, researching information, and finalizing purchases online. Because online retailers who are selling tangible products may not have existing brick and mortar locations, inventory, or other product-related costs, some have lowered their pricing to be more competitive. Talpau (2014) estimated the cost of storage, stock control, and delivery to be between 10% to 15%. However, service-based organizations who are advertising on the Internet to provide consumers with information must establish their prices by "calculating cost and finding the amount of money that those targeted were willing to pay for a good or service" (Talpau, 2014, p. 54). Purchase decisions are based on the expected benefits and cost of the product or service (Coulter & Krishnamoorthy, 2014). Coculescu,

Coculescu, and Purcarea (2017) report that the price consumers are willing to pay for healthcare services are dependent on several considerations:

Since patients are not well informed about the quality of healthcare services in relation to the price of medical activity, the price strategy involves taking into account some factors that patients consider when addressing a specific service. These elements are also related to the patient's involvement in the provision of the specific healthcare service; the time spent by the patient as the medical service is performed as a whole, the mental implications of the service for the patient (feeling of something new, fear, emotions, stress, etc.) physical effort the patient makes to obtain the health service (p. 145).

Product refers to the actual product or services being offered. It is a good or service that is intended to satisfy the customer's wants or needs and is received in exchange for money or something else of value (Kerin & Hartley, 2018). The product also includes add-on services such as warranties and service guarantees.

Promotion includes advertising, selling, and branding or any other means in which the organization promotes its products or services. In today's highly technical environment, the promotion component has evolved to include social media, Internet advertising, and digital media.

Place refers to the location where the customer obtains the product. Once again, the Internet has changed the landscape of where the customers take delivery of the desired product. In the past, a geographical location defined a place, typically a brick and mortar building. Today, consumers can make purchases from many competing establishments both near and far from one's residency. The added feature of free or low-cost shipping enables small firms to compete for one's business regardless of geographical locations.

The 4 P's strategy has been applied most commonly in traditional retail and service settings; however, there exists a plethora of research highlighting the importance of effective marketing strategies within the healthcare industry (Bobeica, 2013, Gajić-Stevanović, 2006, Marrocco, 2005, & Oztekin, 2017) and this topic continues to attract considerably more attention (Haughton et al., 2015). Recent research highlights a focused attempt to investigate the 4P's in the design and deployment of effective marketing strategies (Bobeica, 2013, Haughton et al. 2015). Bobeica (2013) reported the promotional component of the marketing mix (i.e., 4P's) was the primary factor planning strategic strategies when fostering healthcare facilities. The promotional components take on additional importance considering the influence social media has on today's society. Haughton et al. (2015) supported the emphasis on promotional strategies when stating, "The importance of word-of-mouth and viral marketing, notably via social networks, and in particular via social networks that are related to the medical profession, inclusive of co-publication networks, *cannot be underestimated* [emphasis added]" (p. 304).

As it is with all communications, clear and accurate information is critical when designing a promotional strategy. Hartley and Kerin (2009) reported that for a marketing transaction to commence, there must be present knowledge of the product, its location, and other barriers to communications that must be overcome. Hartley and Kerin continue, "Communication is a two-way link between the buyer and supplier that helps in monitoring service and anticipating future needs" (p. 333). However, concerns may arise when the designer of the communicative is unfamiliar with marketing language, practices, or marketing concepts. Although Wood (2011) offers a critical view of integrating older marketing concepts to social marketing situations, he does stress the importance of ethical considerations when introducing marketing concepts and using marketing-specific jargon to healthcare professionals. Bobeica (2013)

stressed the importance of *positioning* (a component of the 4P's) the organization's image is of "tremendous importance" (p. 104).

Other research relating to the 4P's of marketing and the healthcare industry includes contributions detailing the importance and successes of implementing strategies targeting promotional, price, placement, and one's product; or in this case, healthcare. Rall and Meyer (2006) stated the integration of the 4P's marketing strategies are critical in reaching the "goal of delivering primary healthcare services that are available, accessible, affordable, effective, equitable, and efficient" (p. 19). Additionally, Murphy, Sawczyn, and Quinn (2012) conducted several in-person interviews at a children's cancer center on the east coast. The objective of their experiment was to investigate education materials for parent audiences to test the 4P's of marketing as they relate to the design, readability, likelihood to read a company generated brochure, and learn of the participant's opinions of a pediatric fertility prevention brochure. In alignment with the 4P's of marketing, Murphy et al addressed (a) product – the feedback obtained from the interviews, (b) price – referred to the barriers identified by the participants that may prevent comprehension of the material, (c) promotion – the stated preferences of the brochure, and (d) placement – the authors of this study understood the importance in considering the "emotional place the patients and families were in at the time of reviewing the brochure versus the emotional place patients will be in upon receiving the brochure in a clinical setting" (p. 120). After their investigation, Murphy et al stated the determination of the 4P's was paramount in the successful development of a new brochure for the healthcare center.

However, the integration of the 4P's strategies with the healthcare industry is not without objections. English (2000) stated that the 4P's were applicable to a manufacturing society, therefore, they may not fit within the healthcare industry. Others have more recently introduced to the body of literature principles to expand the 4P's to include the impact of technology and service-based organizations. More specifically, Cătălin, Sorin-George, & Paul, (2016) expanded the original 4P's (product, price, place, promotion) to also include people, physical evidence, and process. While there may be an argument for the additional components to the marketing mix, the authors of the present study feel that since play therapy is a service, lacking any real tangible physical evidence and are sought out by a specifically targeted segmentation (e.g., customers wanting or in need of the services of a play therapist), the focus will remain on the original 4P's.

Although the 4 P's have been successfully applied within the healthcare field, little work has investigated their application within individual health care fields, such as psychotherapy, and specializations those fields, such as play therapy, an important research-based therapeutic approach. This is problematic because the success of specialized health care businesses is critical for providing maximum opportunities to the consumer. At the time of this research, the authors were unable to locate any significant research relating to the specific topic. This void in the literature may be a result of several reasons including the size of the industry, specialization of the customer needs, or privacy issues concerning families seeking the help of a play therapist. However, in the view of the authors, concerns about one's privacy and the secrecy potential customers may desire when looking for a play therapist for their children make this research that much more essential. After all, if a family is needing the services of a therapist, they may be unwilling to seek word-of-mouth referrals and other personal references and instead rely on promotional campaigns available through the privacy of one's Internet search.

The Present Study

In the present study, we applied the 4P's of marketing to play therapy. Our goal was to gain a better understanding of potential customers' preferences by defining a product (play therapy) and investigating its promotion (i.e., where customers look to gain information about professional psychotherapy services), placement (i.e., the distance customers are willing to drive to meet with a psychotherapist), and price (i.e., the amount of money customers are willing to spend for a psychotherapist). Additionally, we investigated whether promotion, placement, and price vary depending on the qualifications of the therapist (specialist vs. non-specialist) and whether customers are seeking professional services for themselves or their children. Our three main research questions were as follows:

1. Where are potential clients most likely to look for therapeutic services (promotion)? Will clients look in different places when seeking services for themselves versus their children?
2. How far are potential clients willing to drive to received therapeutic services (place)? Will clients drive further to receive services from a specialist versus a non-specialist? Will clients drive further to receive services for their children versus themselves?
3. How much are potential clients willing to pay for therapeutic services (price)? Will clients pay more to receive services from a specialist versus a non-specialist? Will clients pay more to receive services for their children versus themselves?

Method

Participants

Participants were 234 adults (67.1% women, 32.9% men) between the ages of 19 and 62 ($M = 23.34$, $SD = 8.02$) attending online classes at a mid-sized private Christian university in Southern California. Participants were 41% White (non-Hispanic), 35.5% Hispanic or Latino, 10.3% Black or African-American, 8.1% Asian or Pacific Islander, .4% Native American or American Indian, and 4.7% mixed race. Most of the participants (98.3%) lived in the United States. More specifically, 92.3% of the participants lived in California. The participants' household income varied; income brackets included less than \$25,000 (18.4%), \$25,000 to \$49,999 (28.6%), \$50,000 to \$74,999 (17.9%), \$75,000 to \$99,999 (15.4%) and \$100,000 or higher (19.7%). A plurality of participants reported "some college, no degree" (47%) as their highest level of school completed or the highest degree received. Others cited Associate's degree (36.3%), Bachelor's degree (14.5%), and Master's degree (2.1%) as their highest level of school completed. Although it was not a requirement that participants have children to participate in this research, 41% identified themselves as a parent. Of those who identified themselves as a parent, the number of children per household ranged from 1 to 6 ($M = 2.16$, $SD = 1.23$) with the ages of the children ranging from 1 to 43 ($M = 11.50$, $SD = 8.20$).

Procedure

At the beginning of the Fall 2017 semester, 11 professors specializing in five different disciplines (6 Business Administration, 2 Accounting, 1 Economics, 1 Kinesiology, 1 Communications) posted an IRB-approved announcement seeking student volunteers for an online survey created using Surveygizmo.com. A second reminder announcement was posted two days before the close of the survey. In total, 234 participants completed the survey. The participating students were asked to complete a demographic questionnaire and to read short vignettes regarding the potential need for mental health care services and respond to hypothetical questions. The manipulated variables included the person who was in the potential

need for therapy (self or child) and the type of therapist described (specialist or non-specialist). All data were collected anonymously. Students were awarded 10 extra credit points (each class had 1000 points possible for the term) for their participation.

Apparatus

After completing the demographic questionnaire, participants were asked to read a brief vignette and imagine that the situation was true for them. They were randomized into one of two conditions, a child version ($n = 111$) and a self-version ($n = 123$). The child version read as follows:

Imagine that you are the parent of a 7-year-old boy. Over the past six months, you have noticed significant changes in your child's mood and behavior. He has been extremely irritable and has started yelling a lot more when he gets angry. Your son is having trouble sleeping and concentrating at school. His relationships with his friends are beginning to suffer, his attitude is getting worse, and his teacher has warned that his education is in jeopardy.

The self-version read as follows:

Imagine that, over the past six months, you have noticed significant changes in your mood and behavior. You have been extremely irritable and have started yelling a lot more when you get angry. You are having trouble sleeping and concentrating at work. Your relationships with your friends are beginning to suffer, your attitude is getting worse, and your boss has warned that your job is in jeopardy.

To assess *promotion*, participants were asked to suppose that they were seeking help for the situation described in the vignette. They were provided with a list of ways that someone might try to find a professional therapist (see Table 1; e.g., "do an online search") and were asked to indicate how likely it is that they would try each approach. Response options ranged from 1 (*extremely unlikely*) to 4 (*extremely likely*).

Next, participants were provided with an advertisement for a marriage and family therapist. They were asked to imagine that they had come across the advertisement while conducting an online search. They were randomized into one of two conditions, a specialist version ($n = 114$) and a non-specialist version ($n = 120$). The specialist version read as follows:

My name is Jordan Bryk, MFT, RPT. I am a Licensed Marriage and Family Therapist (Lic #33251) and a Registered Play Therapist. I have over 10 years of experience serving our local community, and I have received extensive training and education in specialized play therapy practices. I work with children, teenagers, and adults who are struggling with trauma, emotional or behavioral problems (e.g., anger, depression, acting out), and relationship issues. Through the use of play-based techniques, my clients learn to understand and express their emotions, take control of their behaviors, and build healthier relationships. Call now for a free consultation!

The non-specialist version read as follows:

My name is Jordan Bryk, MFT. I am a Licensed Marriage and Family Therapist (Lic #33251). I have over 10 years of experience serving our local community. I work with children, teenagers, and adults who are struggling with trauma, emotional or behavioral problems (e.g., anger, depression, acting out), and relationship issues. Through the therapeutic process, my clients learn to understand and express their emotions, take control of their behaviors, and build healthier relationships. Call now for a free consultation!

To assess *placement*, we then asked, "How far would you be willing to drive (in minutes) to receive services from this therapist?" Finally, to assess *price*, we asked, "Suppose that the

average cost for a therapist in your area is \$100 per session. How much would you be willing

Promotion Approach	Full Sample		Self Condition		Child Condition	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Ask medical doctor*	3.44	0.77	3.31	0.86	3.59	0.62
Do an online search	3.44	0.84	3.42	0.84	3.46	0.84
Ask a friend	2.95	0.89	2.93	0.90	2.97	0.88
Contact your insurance company	2.87	1.09	2.77	1.10	2.98	1.08
Check with church / clergy / religious organization*	2.87	0.99	2.69	1.05	3.06	0.88
Ask a relative	2.86	0.99	2.76	1.07	2.97	0.90
Ask school/teacher*	2.59	1.05	2.17	1.00	3.05	0.91
Check with a parenting organization*	2.37	1.01	2.02	1.00	2.76	0.88
Ask a childcare provider*	2.12	1.04	1.64	0.84	2.64	0.99
Ask government agency*	2.04	0.91	1.89	0.88	2.21	0.92
Look in the phone book	1.65	0.87	1.70	0.90	1.59	0.83
Look in a magazine or newspaper	1.59	0.79	1.64	0.86	1.53	0.71
Post on social media (e.g., Facebook)	1.38	0.71	1.35	0.75	1.41	0.68

to pay for this therapist's services?"

(a) Analytic Method

Results were exported from Surveygizmo.com and converted into SPSS format. Results were analyzed using SPSS Version 23.0. To describe and compare promotion results (how likely participants were to look for a therapist using several different approaches), we calculated descriptive statistics and conducted a series of independent samples *t*-tests to compare results between the two conditions (self vs. child). Bonferroni correction was *not* applied because the large number of tests would have increased Type II error to an unacceptable level. However, results should be interpreted with caution in light of the increased Type I error. To analyze place (how far participants were willing to drive) and price (how much participants were willing to pay), we calculated descriptive statistics and conducted a two-way (2 x 2) factorial analysis of variance (ANOVA) for each outcome to test for main effects for each set of conditions (self vs. child and specialist vs. non-specialist) and a possible interaction effect.

Results

Promotion

Participants were asked to rate how likely it is that they would try various approaches to finding a professional psychotherapist (e.g., "do an online search"), with response options ranging from 1 (*extremely unlikely*) to 4 (*extremely likely*). Means and standard deviations for each approach were calculated for the full sample, the self-condition, and the child's condition.

Likelihood of Selecting Various Approaches for Finding a Therapist

*Means between self condition and child condition are significantly different ($p < .05$).

Independent samples *t*-tests were conducted for each approach to determine whether the difference between the mean of the self-condition and the mean of the child condition was statistically significant.

In the full sample, participants indicated that they were most likely to look for a therapist by asking a medical doctor ($M = 3.44$, $SD = .77$), doing an online search ($M = 3.44$, $SD = .84$), or asking a friend ($M = 2.95$, $SD = .89$). Among participants in the self-condition, the results were similar, with the most popular options being an online search ($M = 3.42$, $SD = .84$), asking a medical doctor ($M = 3.31$, $SD = .86$), and asking a friend ($M = 2.93$, $SD = .90$). However, results varied somewhat among participants in the child condition, where the most popular options were asking a medical doctor ($M = 3.59$, $SD = .62$), doing an online search ($M = 4.46$, $SD = .84$), and checking with church / clergy / religious organization ($M = 3.06$, $SD = .88$). In the child condition, asking a friend ranked sixth ($M = 2.97$, $SD = .88$). In all conditions, the option of posting on social media (e.g., Facebook) was selected as the least likely choice.

Several response options were significantly more popular in the child condition than in the self-condition. Some of these differences were to be expected because the approaches pertained specifically to children. Respondents were significantly more likely to ask the school/teacher, check with a parenting organization, or ask a childcare provider when looking for a therapist for their child versus themselves (all p 's $< .05$). However, respondents were also more likely to ask a medical doctor, check with church/clergy / religious organization, or ask a government agency when looking for help for their child versus themselves (all p 's $< .05$).

Place

In the full sample, participants were willing to drive about half an hour ($M = 29.44$, $SD = 19.23$) to receive services from a professional therapist. Seventy percent of participants were willing to drive between 15 and 30 minutes, whereas fewer than 3% of participants were willing to drive more than an hour. On average, participants were willing to drive about seven minutes longer to receive therapeutic services for their child ($M = 32.86$, $SD = 22.57$) than for themselves ($M = 26.32$, $SD = 15.00$). This difference was statistically significant, $t(188.54) = 2.63$, $p < .05$. However, on average, there was no difference between the length of time participants were willing to drive to receive services from a play therapy specialist ($M = 29.36$, $SD = 19.76$) versus a non-specialist ($M = 29.51$, $SD = 18.79$). Finally, we tested to see if there was an interaction between the two conditions. For example, we considered the possibility that participants would be willing to drive further for a play specialist *if* it was to receive treatment for their children. Results showed no significant interaction. Participants were not willing to drive further to bring their children to a play therapy specialist. Furthermore, they tended to be willing to drive further to receive services from the *non*-specialist when seeking therapy for themselves. However, this difference was not statistically significant.

Price

In the full sample, participants were willing to pay an average of \$80.97 ($SD = \32.69) per session to receive services from a professional therapist, about \$20 less than the hypothetical average provided in the question. Responses ranged from \$0 to \$200. Nearly half (47.9%) of participants indicated that they would pay the hypothetical average (\$100 per session), whereas only 6.1% would pay more than the average fee (more than \$100 per session). On average, participants tended to be willing to pay about \$4 more per session to receive therapeutic services for their child ($M = \$82.89$, $SD = \$32.36$) than for themselves ($M = \79.24, $SD = \$33.03$); however, this difference was not statistically significant. Furthermore, on average, there was

not a significant difference between the amount participants were willing to pay to receive services from a play therapy specialist ($M = \$82.57$, $SD = \$29.31$) versus a non-specialist ($M = \$79.43$, $SD = \$35.72$). Again, we tested to see if there was an interaction between the two conditions. When seeking services for their children, participants tended to be willing to pay about \$7 more to receive services from a play therapy specialist ($M = \$86.15$, $SD = \$28.17$) than from a non-specialist ($M = \$78.76$, $SD = \$36.90$). Conversely, when seeking services for themselves, participants tended to be willing to pay about \$2 more to receive services from a non-specialist ($M = \$79.90$, $SD = \$35.14$) than from a play therapy specialist ($M = \$78.37$, $SD = 30.32$). However, the interaction was *not* statistically significant.

Discussion

Given the high number of business failures, especially those where the entrepreneur must invest considerable amounts of time and money to establish a small-business operation, it is increasingly important to provide recommendations relating to the implementation of marketing strategies and practices. The purpose of this study was to offer new perspectives regarding the implementation of the 4P's of marketing within the mental healthcare industry. The results seem to challenge traditional practices regarding pricing, promotion, and place. The following discussion will explore new strategies and practices that once implemented will benefit the entrepreneur who, after completing his or her education requirements, seeks to establish a new business venture.

Promotion

In this study, participants were provided a list of approaches for finding a therapist (e.g., "do an online search") and were asked to indicate how likely they would try each approach. "Post on social media (e.g., Facebook)" rated last in our survey. This last-place rating may be explained with by Kelly, Kerr, and Drennan (2010) research citing a growing lack of trust (i.e., faith) in online social networks because of the participants desire to avoid clutter, negative previous experiences and warnings, and a lack of trust or credibility of online social network sites. Kelly, Kerr, and Drennan reported that many online users stated they "felt tricked by advertisers" (p. 23). Additionally, this last place ranking (from the consumers' perspective) contrasts with the results reported by Galati, Crescimanno, Tinervia, and Fagnani (2017) which highlighted the benefits of advertising on Facebook (from the business owner's perspective) by stating rich content in posts and messages have a positive influence to attract and maintain customers. The authors encourage entrepreneurs to recognize the last-placed ranking may be due to the sensitivity of one needing the services of a professional healthcare provider or a feeling being embarrassed within one's group of Facebook "friends" or Pinterest "followers." In contrast, participants indicated that they were highly likely to conduct an online search when looking for a therapist. This presents challenges for the business owner, as new trends and technologies undermine traditional marketing strategies. Traditional marketing strategies have often encouraged business owners to promote their pre-scripted messages or messages through advertising channels including television and print media, and company owners have long been able to communicate the differences of their product vs. their competition (i.e., presenting the values, features, and benefits). However, consumers are now able to promote an alternative company image or message and therefore impact a company's reputation using consumer-driven (not management-driven) reviews, "likes" or "dislikes. Thus, to a certain degree, the use of the Internet by non-employees creates added burdens for management to control the image (i.e., brand) associated with their company. This becomes problematic with the implementation and distribution of company-wide information and consistency of customer

experiences due to the possibility of consumer-generated messages that are distorted because of consumer opinions and not factual reality. Therefore, to ensure a business establishment remains in good standing with the local medical community (ranked number one as the resource most would use to find a play therapist) or generates a “top hit” of an Internet search, we recommend the entrepreneur allocate additional funds to promote company desired, planned, and intended messages to a specific (i.e., targeted) consumer base. This may be accomplished by investing in various Internet search programs such as AdWord or AdSense by Google or other brand-building resources.

Place

As entrepreneurs begin to consider a location for their business establishment, this finding becomes increasingly important. Kerin and Hartley (2018) reported that as competition grows, the value of convenient locations takes on added importance. The authors of the current research support the conclusions of Valerio, Tudor, and Andrei (2011) that the proximity of the business establishment is critical in both terms of drive or commute time *and* the positioning of the firm in the mind of the consumer. We feel if the other components of the 4P's are favorable, customers may be willing to extend their drive time to consult with a therapist. However, if the results of the remaining measured criteria fail to offer added-value (i.e., differentiation), potential customers may be less likely to extend the required drive or commute time. Therefore, we recommend the following action plans be initiated relating to place: (1) the business owner should conduct a market survey to identify common characteristics of the population within a 30-minute drive of the desired, (2) marketing research is needed to ensure the population has a high number of children (the primary targeted market for play therapist), and (3) consideration of the drive time (e.g., traffic patterns) and perception of the business establishment (e.g., is the desired location safe, family-friendly, and portrays a professional environment?).

Price

The results of the conducted research revealed that on average, participants were willing to pay about \$80 per session to receive professional therapeutic services. This is \$20 less than the hypothetical average provided in the survey. At first glance of these results, a young entrepreneur may concede to the idea that he or she must “meet or beat” this price. However, before deciding on a pricing strategy the authors of this research support the integration of Porter's Five Forces model (a tool for analyzing competition) to better understand the competitive environment. The Porter's Five Forces investigates the following five forces: (1) competition in the industry, (2) potential of new entrants into the industry, (3) power of suppliers, (4) power of customers, and (5) threat of substitutes (Hitt, Ireland, & Hoskisson, 2105). When applying the principles of Porter's there seem to be favorable results that should be analyzed before finalizing one's pricing strategy. For example, because of the amount (in terms of time and money) of schooling required, the “Potential of new entrants” is low. Similarly, the degree of “Competition in the industry” is may be relatively low. Both factors provide a level of justification for maintaining a strong price point. Additionally, we support the writings of Kerin and Hartley (2018) in that consumers “may use price as a measure of the quality of prestige of an item so that as the price is lowered beyond some point, demand for the item actually falls” (p. 294). Therefore, we propose offering a differentiation strategy in place of a low-cost strategy which is likely to deteriorate over time (Boehe & Cruz, 2010). A differentiation strategy provides goods or services that are perceived as different *and desired* [emphasis added] in the minds of the consumer. Because of the customer's perception, it may be possible to avoid the low-cost price wars by offering better (i.e., different) features or

benefits to the product or service. The challenge then becomes adding the benefits and features that are desired by the customer and not simply add-on features (e.g., features that are added to the final product or service yet are not highly desired by the customer). This challenge will be addressed in the following paragraphs.

Additional Considerations

Traditional thinking assumes individuals who hold a specialization license or certificate of specialization should be able to promote the values of the earned license (i.e., specialization) and because of the increased perceived values, one should expect increase revenues (Rushton & Carson, 1989). However, the results of our analysis reported participants were willing to neither drive further nor pay more to receive therapeutic services from a specialist than from a non-specialist. Although the first response of many may be to discount the value of obtaining a specialization license, we recommend entrepreneurs investigate this criterion further. At a minimum, we recommend those who have earned a specialization license, provide extensive information (e.g., to educate the potential customer) when developing their promotional campaigns highlighting the benefits and features of seeing a therapist with a specialization. Examples of the detailed information that one should consider when designing their promotional campaign strategies include a list of the therapist's education, hours of supervised training, and other characteristics differentiating their firm from other competing agencies. However, because the respondents ranked "Ask a medical professional" as their top-ranked resource to find a therapist, perhaps the most critical statements found on all their promotional pieces (i.e., Web pages, social media sites, or printed material) is a testimonial from a medical professional citing the benefits and value of seeing a play therapist.

Limitations and Future Research

Three important limitations should be considered. First, the participants were asked to respond to hypothetical events. It may be difficult for one to fully respond to "what if" type of questions. The participants were all attending online classes at a mid-size private Christian university. They may or may not have solicited, needed, or know of play therapy healthcare services. Additionally, the participants were asked about needed services for their hypothetical children, as having children was not a prerequisite for participation in this study. Thus, participants may have responded based on their current feelings and not experiences with real-life situations where health care services are needed.

A second limitation is the parameters set by each question. For example, the questions seeking information about the amount of time one is willing to drive to a therapist's office was worded in terms of minutes. However, considering 92.3% of participants were from California, their perspective of time driving to a location may be skewed due to traffic and congestion patterns. The authors would expect the time one is willing to drive to see a therapist may change if the business establishment were in cities outside dense metropolitan areas (e.g., middle Tennessee or Kansas).

A third limitation of this study includes the generalizability and transferability of the findings. Because of the centralized location of the participants, one should not assume the findings of this study are transferrable or generalizable. Although the authors believe the findings of this study may be beneficial, additional research should be conducted to widen the geographical area of the participants.

Future research should expand to different geographical locations to include participants living in urban and rural locations. Additional research should also take a closer look at the type of advertisements that are best suited for the healthcare industry. This study

revealed possible reluctances on part of the participants to share potential private or sensitive issues. Therefore, it may be beneficial to examine different types of messages; messages directed to the healthcare and play therapy industry. The authors also recommend future research to examine the possibility or to what degree these findings can be applied to other professional services.

Conclusion

The results of this study hold important implications for play therapists in particular, but also, all entrepreneurs seeking to design, develop, and deploy effective marketing strategies. First, there is evidence that contrary to popular belief, the success of using social media as a promotional platform may hinge on the placement, wording, and medium used for the intended promotional campaign. Additionally, entrepreneurs must pay close attention to the delivered messages, both company-sponsored and consumer-driven through various reviews and comments. These results also hold important implications when deciding on the location of one's business. Although budget considerations may be a primary determining factor when selecting a location for one's business establishment, consumers also consider their drive or commute time as consideration factors when deciding if they will support a business establishment. For those who hold a specialized license, the results of this study also highlight the importance and perhaps the necessity of educating the consumer on the value and benefits (to the consumer) of the specialization. This becomes increasingly important when the entrepreneur hopes to integrate an aggressive pricing strategy because of his or her license.

Although this study focused on the 4P's of marketing within the psychotherapy specialization, we believe the results also benefit other small business entrepreneurs. Future research should target other specialized establishments (e.g., tax services, plumbing or electrical services, or other trade establishments) to learn if there are any unique consumer preferences that may have a long-term impact on the business establishment.

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Table 1
Likelihood of Selecting Various Approaches for Finding a Therapist

Promotion Approach	Full Sample		Self Condition		Child Condition	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Ask medical doctor*	3.44	0.77	3.31	0.86	3.59	0.62
Do an online search	3.44	0.84	3.42	0.84	3.46	0.84
Ask a friend	2.95	0.89	2.93	0.90	2.97	0.88
Contact your insurance company	2.87	1.09	2.77	1.10	2.98	1.08
Check with church / clergy / religious organization*	2.87	0.99	2.69	1.05	3.06	0.88
Ask a relative	2.86	0.99	2.76	1.07	2.97	0.90
Ask school / teacher*	2.59	1.05	2.17	1.00	3.05	0.91
Check with a parenting organization*	2.37	1.01	2.02	1.00	2.76	0.88
Ask a childcare provider*	2.12	1.04	1.64	0.84	2.64	0.99
Ask government agency*	2.04	0.91	1.89	0.88	2.21	0.92
Look in the phone book	1.65	0.87	1.70	0.90	1.59	0.83
Look in a magazine or newspaper	1.59	0.79	1.64	0.86	1.53	0.71
Post on social media (eg, Facebook)	1.38	0.71	1.35	0.75	1.41	0.68

*Means between self condition and child condition are significantly different ($p < .05$).