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PARENTS AS THERAPEUTIC AGENTS:
A STUDY OF THE EFFECT OF FILIAL THERAPY

DISSERTATION

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The problem with which this investigation was concerned was that of the use of parents as therapeutic agents. The purpose of this study was twofold. The first was to determine the effect of filial therapy on parental acceptance, self-esteem, parent-child relationship, and family environment. A second was to analyze the results and make recommendations concerning the effectiveness of filial therapy as a treatment modality for parents and their children.

The experimental design of the study was a nonrandomized, pretest-posttest, control group design. The sample (N=47) consisted of the experimental group (parents N=15, children N=9) who received filial therapy and the control group (parents N=12, children N=11) who did not. The treatment included ten, two hour weekly parent training sessions. During these sessions the parents were taught the principles of client-centered play therapy and were instructed to conduct weekly one-half hour play sessions at home with their own children.

Based on the findings of this study, the following conclusions were drawn: 1) Filial therapy does significantly increase the parents' feeling of unconditional love for their children and 2) Filial therapy does significantly increase the parents' perception of expressed conflict in their family. In addition to the statistically significant results, there were some important trends which were mentioned as directional conclusions. These qualitative judgments include: 1) Filial therapy may be an effective treatment for increasing parents' acceptance of their children, especially parents' feelings of unconditional love; 2) Filial therapy may be a somewhat effective treatment for increasing self-esteem, yet more effective in increasing parents' self-esteem than children's self-esteem; 3) Filial therapy may be an effective treatment for increasing the closeness of the parent-child relationship without altering the authority hierarchy; 4) Filial therapy may influence the family environment, especially in the areas of expressiveness, conflict, independence, intellectual-cultural orientation, and control; and 5) Filial therapy may be an effective treatment for increasing parents' understanding of the meaning of their children's play.

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CHAPTER I

INTRODUCTION

For the last two decades people have struggled to find ways to solve their own problems. The psychological literature has included a wide range of treatment methodologies, each attempting to address some of the most significant problems of the day. Yet an age old dilemma still exists: finding methods which are effective and efficient as demand for services far exceeds the capabilities of available professionals (Albee, 1968; Miller, 1969; Matarazzo, 1971; Tavormina, 1974; Felner & Abner, 1983). As traditional models failed to meet society's needs, new ones were proposed. Included in these proposed treatments are the following interrelated suppositions: the first is prevention, focusing on treatment at an early age; the second is utilizing support services provided by significant individuals in a person's life; and the third is extending psychological services to include educational programs.

Hobbs (1964) stressed that the only way to make substantial changes in the health of our adult

population a generation from now is to devote at least 75 per cent of mental health resources toward helping children now. Yet there may be as many as 12 million children under the age of 18 who suffer from mental health problems, 90 per cent of whom do not receive the services they need (Kramer, 1976). Providing preventive treatment for children and their families may well be our only hope to impact this country's needs (Papp, Silverstein, & Carter, 1976; Felner & Abner, 1983).

If one views treatment to be the exclusive domain of professionals, then it seems improbable that services will be provided to children who need them. The use of significant individuals such as parents, teachers, and paraprofessionals becomes increasingly more feasible (Christensen, Miller, & Munoz, 1978). Adjunctive agents are more numerous and less expensive than professionals (Moffic, Patterson, Laval, & Adams, 1984) and have been proven to be as effective as professionals in certain cases (Hattie, Sharpley, & Rogers, 1984). Rueveni (1985) urged that one of the roles of professionals is to help people in trouble rebuild family connections as well as larger network groups.

The utilization of psychotherapeutic models such as Adlerian, behavioral, and client-centered as educational training programs allows parents, teachers, and paraprofessionals to become highly effective agents of change (B. Guerney, L. Guerney, & Stollak, 1971, 1971-1972; Reiswig, 1973; Campbell & Sutton, 1983; MacKrell, 1983). If professionals can use the naturally existing emotional bond between the child and significant others, then all that is necessary is the teaching and training of psychotherapeutic techniques (Authier, Gustafson, B. Guerney, & Kasdorf, 1975). This practice is in keeping with the exhortation of former American Psychological Association President George Miller (1969): "Our responsibility is less to assume the role of experts and try to apply psychology ourselves than to give it away to the people who really need it" (p. 1071). Thus the possibility of providing effective and efficient psychological services to the child by the training of significant individuals in their life becomes an important area of investigation.

A method of child therapy consistent with this model of treatment is filial therapy. Originated by Bernard Guerney (1964), filial therapy is a psychotherapeutic method that extends specific

client-centered approaches to the training of parents for treatment of their own children. Parents are trained in groups of six or eight to employ principles and techniques used in client-centered play therapy in play sessions at home with their own children. The rationale underlying this approach is that if the parent could be taught to execute the essentials of the role usually taken by the therapists, the parent would conceivably be more effective, on the basis that 1) the parent has more emotional significance to the child, 2) anxieties learned in the presence of, or by the influence of, parental attitude could be more effectively unlearned under similar conditions, and 3) interpersonal mis-expectations should be efficiently corrected if appropriate delineations were made clear to the child by the parent as to what is, and what is not, appropriate behavior according to time, place, and circumstances (B. Guerney, L. Guerney, & Andronico, 1966).

Further, in filial therapy one can hope for a more parsimonious utilization of the professional therapist's time by extending portions of their role to a nonprofessional with the further advantages of: 1) avoidance of fears and rivalry that develop in the

parent as the child decreases dependency and develops affection for the therapist, 2) reduction of guilt and feelings of helplessness that often arise when the parent is obliged to abandon the problem to the expert for resolution, and 3) avoidance of the problems that otherwise could be aroused when the parent does not develop appropriate new responses to new behavioral patterns of the child (Stover & B. Guerney, 1967).

In addition to these reported advantages over other forms of child therapy, filial therapy is well-suited as a prevention method, since filial skills can be presented in the framework of education and enhancement, as well as in the context of treatment (Authier, Gustafson, B. Guerney, & Kasdorf, 1975; B. Guerney, L. Guerney, & Stollak, 1971). Guerney (1969) advocated a psychoeducational skill training approach to prevention. Highly structured skill training courses can be supervised by professionals, yet carried out by paraprofessionals, thereby freeing more of the psychologists's time for program development and evaluation. Such courses may benefit vulnerable, high-risk groups within the community who have not been labeled psychiatrically ill and for whom measures can be undertaken to avoid the onset of emotional

disturbance and enhance their level of positive mental health (Goldstone, 1977), thereby encompassing the aim of prevention (Kessler & Albee, 1977). Since filial therapy fulfills the dual function of prevention and treatment, it is perhaps the most appropriate choice of therapy for children. Gordon (1965) specifically recommended filial therapy as a method by which clinic time can best be adapted to immediate needs.

Yet speculation about the superiority of filial therapy must ultimately yield to empirical results. With this in mind, the following research study was conducted.

Statement of the Problem

The problem with which this investigation was concerned is that of the use of parents as therapeutic agents.

Purposes of the Study

A purpose of this study was to determine the effect of filial therapy on 1) parental acceptance, 2) self-esteem, 3) parent-child relationship, and 4) family environment. A second purpose was to analyze the results and make recommendations concerning the effectiveness of filial therapy as a treatment modality for parents and their children.

Related Literature

The following review is an elaboration of the basic theoretical constructs and research around three major areas: 1) the variables of parental acceptance and self-esteem as they relate to parent-child relationships and family environment, 2) the methodological approaches of play therapy and parent training, and 3) the use of filial therapy and its significance as an area of study.

Parental Acceptance

According to Axline (1971), acceptance is a feeling that is within the experiencing individual. Acceptance cannot be given to someone; it has to be achieved through a cooperative effort to obtain self-understanding and allowing others the same right. Axline (1971) contended that acceptance grows out of genuine, sincere interest in the other person and a sensitivity to the rights and capacities of the other person to be an individual and to be able to assume responsibility for themselves. Coopersmith (1967) defined parental acceptance as the love and approval of a child as they are regardless of appearance, abilities, and performance. It is expressed by a sensitivity to a child's needs and desires, a concern

for their interests, and the expression of affection and approval. Perkins (1974) stated that children who live in an atmosphere of acceptance learn that they can depend upon others for support and help. Such children gain a certainty of their own worth and thus are freed from their own anxiety. They are able to express affection for others and to work to progress toward growth and maturity. In short, their interactions with others confirm and reinforce their conception of their own value, thereby providing themselves with a firm feeling of security.

Porter (1954) identified parental acceptance as one of the essential elements underlying the whole structure of the parent-child relationship. For the purpose of measuring this elusive construct, Porter (1954) developed the first operational definition of parental acceptance. From this he derived the following concise definition:

Parental acceptance may be defined as feelings and behavior on the part of the parents which are characterized by unconditional love for the child, a recognition of the child as a person with feelings who has a right and a need to express those feelings, a value for the the unique make-up of the child, and a recognition of the child's need to differentiate and separate himself from his parents in order that he may become an autonomous individual (p. 177).

Cox (1970) found that the self-concept of the child was highly related to parental acceptance or rejection.

Kagen and Moss (1962) found that parent rejection of the child has been related to aggressive behavior. Medennus (1965) linked parental rejection to manifested signs of maladjustment in children. Digman (1963) and Hurley (1967) related parental rejection to lower scores on I.Q. tests. Ausbel (1954) found that children who perceive their parents as rejecting were rated less independent and less able to postpone immediate gratification.

Burchinal, Hawkes, and Gardner (1957) studied the relationship between parental acceptance and adjustment of children and found a significant correlation between two of the 10 variables measured. The correlations indicated an inverse relationship between fathers' acceptance scores and children's social maladjustment scores and an inverse relationship between mothers' acceptance scores and children's personal inferiority scores. In a study by Baumrind (1967), self-controlled, self-reliant, explorative, and content pre-school children were found to have parents who manifested positive behavior and who were more consistent, more loving, and more secure in child-rearing methods. These parents were also more likely to have given a reason with a directive,

communicated more closely with their children, enforced directives, and did not over-protect or over-restrict their children.

E. Rohner, Chaille, and R. Rohner (1980) studied the relationship between locus of control and perceived parental acceptance. They found the belief that one has control over events and actions in one's life increased significantly with children's perceptions of increased parental acceptance. L. Guerney (1981) studied the relationship of parental acceptance to success in foster parenting and found that foster parents increased their acceptance level as a result of a foster parent skills training program.

Self-Esteem

References to self-esteem appear throughout the psychological literature and are frequently related to the interactional process. Snygg and Combs (1959) defined self-esteem as a person's perception of themselves which is learned through experiences with others. Coopersmith (1967) defined self-esteem as an evaluation process in regard to one's self. According to Coopersmith (1967) the most important contribution to the development of self-esteem is the amount of respectful, accepting, and concerned treatment received

from significant others. This appears to substantiate Ginott's (1965) belief that positive self-esteem can be developed through inference in the communication process. Jourard (1955) has also concluded that the child's self-concept varies with the concept that the person influential to the child's perceiving self has toward them.

Most personality theorists who are concerned with constructs involving the self accord great importance to the parent-child interaction in the development of self-concept. Wylie (1961) found the following areas of self-concept development in children to be influenced by parents: 1) generalized self-regard, 2) standards of conduct, 3) realism in self-view and acceptance of self-view, 4) acceptance of inevitable characteristics (hostility, sex), and 5) adequacy of means of appraising accurately their effects on others.

Trowbridge (1972) found that teachers with high self-concept somehow generated it to the child thus giving them a feeling of self worth. He also found that somehow the teacher's behavior improved the child's self-concept.

Coopersmith (1967) studied adolescent children with varying degrees of self-esteem. Subjects were public

school children, who were measured on both subjective and behavioral indices. Differences in degrees of self-esteem were found to be associated with difference in child-rearing practices as determined by interviews with mothers. In general, it was found that the antecedents of high self-esteem could be delineated in terms of three necessary conditions: 1) total or nearly total acceptance of the child by their parents, 2) clearly defined and enforced limits, and 3) respect and latitude for individual differences that exist within those defined limits.

Miller (1971) specifically studied the communication dimensions of mother-child interactions as they affect the self-esteem of the child. Using data from three separate inventories, it was found that the general self-image and social self-image of the child were significantly related to the level of empathy, genuineness, and positive regard of the mother towards the child. In other words, where maternal empathy, genuineness, and positive regard are high, the child's self-esteem is also high.

After extensive research of the literature on parent-child relationships, Walter and Stinnett (1971) suggested further research should be designed to assist parents and children in learning more positive ways of

relating to each other as well as others. Assistance should be to help both parents and children learn more effective ways of communicating as well as to help them develop the ability to express warmth, respect, and high regard. Brown (1970) contended that assistance to the parent-child relationship is one of the best methods to prevent deviant development and enhance healthy development in children.

Eisman (1981) investigated the relationship between parents' acceptance of the child and child's self-concept. He found a significant and positive relationship between parental acceptance and the child's self-concept scores. Also, father's acceptance was more highly correlated with girl's self-concept while mother's was more highly correlated with boy's self-concept. Cooper, Holman, and Braithwaite (1983) investigated the relationship between children's self-esteem and their perceptions of family cohesion. Results indicated that children who reported little family support or cohesion tended to score low on self-esteem. Furthermore, results showed that family structure alone does not have the most effect on children's self-esteem. This supports H. Raschke and V. Raschke (1979) findings that it is the quality of life, not the family structure, that is crucial to the psychological well-being of the child.

Play Therapy

Child's play is not mere sport. It is full of meaning and serious impact. Cherish it and encourage it. For to one who has insight into human nature, the trend of the whole future life of the child is revealed in his freely chosen play (Froebel quoted in Jackson & Todd, 1950 (p. 72)).

Through the years child's play has gained in respect as a major modality for their therapy. Historically, Sigmund Freud (1922) viewed the process of play as a major vehicle of social-emotional development. In 1906 he presented a case entitled "Analysis of a Phobia in a Five-Year-Old Boy", the celebrated "Case of Little Hans", to support his contentions. This report remains today as the first application of psychoanalysis to the problems of children (Freud, 1959).

Anna Freud (1928) began play-oriented interviews with children after experiencing difficulty because youngsters would not free-associate. She used play, however, as a means to establish a relationship to make possible the actual therapy. Melanie Klein (1950) based Play Analysis on the assumption that a child's play activities evolve from the same intrapsychic dynamics that produce adult free association. In keeping with psychoanalytic theory, emphasis was placed on interpretation of play to reduce anxiety.

Play therapy continued to evolve as Allen (1942) and Taft (1933) advocated relationship therapy and stressed the need for a child to define themselves in relationship to the therapist. The therapist-patient relationship was viewed as a concentrated growth experience.

Client-centered play therapy is based on the humanistic concept that each individual has the capacity for growth and self-direction and that this can be accomplished without interpretation or insight into psychic phenomena on the part of the child. Axline (1969) focused on the therapist-child relationship and insisted that the play therapist must adhere to the eight basic principles of client-centered counseling. In play therapy the therapist provides an atmosphere of warmth and understanding in which the child may feel safe enough to respond without defenses and ploys. Provision of such an atmosphere is dependent not only on verbal communication of acceptance, but also on subtle cues and non-verbal expressions of warmth and understanding (Axline, 1969).

Moustakas (1955) agreed that the relationship in play therapy is important, but cautioned that therapy does not happen automatically in play. Moustakas

(1959) felt that a therapist must convey three basic attitudes in order for the therapy to take place: 1) a deep belief and faith in the child's ability to work out their own problems, 2) encouragement and acceptance in expressing feelings, and 3) respect for the child by being regarded as worthwhile and important.

Even though outcome research in play therapy is minimal, studies offer promise for positive changes in children utilizing this approach. Dorfman (1958) investigated personality outcomes of client-centered play therapy. She hypothesized that personality changes occur during a therapy period which do not occur in the same child during a non-therapy period and which do not occur in a control group. Dorfman's hypothesis was supported by test results.

Similarly, Seeman, Barry, and Elinwood (1964) investigated the effects of client-centered play therapy on children relatively low in adjustment. Results clearly indicated that the children who were involved in play were perceived by others as significantly less maladjusted after therapy.

Lucas (1976) investigated the degree to which increases in sociometric status were associated with exposure to individual non-directive play therapy or to structured teacher guidance. Results showed that the

students participating in play therapy exhibited greater gains in sociometric status than the students in teacher guidance.

Gould (1980) studied the effect of activity group play therapy as an ego-enhancing intervention with elementary pupils. Results suggested that play therapy and verbal discussion lead to increased personal growth and adjustment as reflected in measured self-concept.

DeStefano (1981) compared family therapy to play therapy in the treatment of young children referred to therapy for behavior and emotional problems. The results showed that both family therapy and play therapy indicated clinical improvement, yet family therapy was more effective than play therapy in improving family relationships.

Stockburger (1983) studied the effects of play therapy on problem behavior of elementary school children. She found two significant results: 1) the mean I.Q. scores increased ten points for the play therapy group, yet 2) the play therapy group showed an increase of negative behavior.

Aust (1984) described a brief treatment program which combined rational emotive therapy, mutual storytelling, and non-directive play therapy. She reported that this approach helped the children become

less dependent, more confident, and showed significant improvements in the child's self-image with a rapid decrease in depression.

Parent Training

Involving parents in the treatment of their children is by no means a novel approach. Olsen (1970) suggested that by using group methods, parents could learn how to listen, how to communicate more effectively, and how to develop better methods of dealing with family problems. He further suggested that parent group discussions facilitated better understanding of children and more effective child-rearing methods along with providing support from others, which helps parents apply what they learn. Through parent discussion groups and lectures, Dodson (1970) reported that he has helped parents develop a positive self-concept in their children.

There have been relatively few controlled studies of parent groups. Downing (1971) studied specific parental attitude changes as a result of parent groups utilizing Rogerian, Adlerian, and behavioristic approaches. He found positive changes in 1) attitudes toward controlling techniques, 2) confidence in childrearing techniques, 3) awareness of children's

emotional needs, and 4) trust and respect for children. Parent-child communication, however, showed no increase.

A comprehensive experimental study was conducted by Carkhuff and Bierman (1970) which investigated the differences between training of parents and traditional counseling with parents in groups. The researchers concluded that the training treatment was much more effective in improving the levels of communication and discrimination; however, neither method was effective in constructive personality change. The authors suggested that new methods should be devised which include practice and experience.

Although much of the research regarding parent groups has been with parents of children with specific problems (Appel, Williams, & Fishell, 1963-1964; Bricklin, 1969-1970; Buchmueller, Porter, & Geldea, 1953-1954), many authorities have advocated the desirability of developmental or preventative parent education groups. Dinkmeyer and Muro (1971) stressed that the attempt of parent education should be to reach a large number of parents and help them understand more effective ways to relate to their children.

Shaw (1969) conducted one of the few studies which investigated preventative parent group counseling. The

investigators found a positive response by parents in general. A majority of first-grade children's parents responded favorably about the helpfulness of the groups; however, only 40 percent of the seventh grade children's parents responded favorably. Both grade level parents reported change in children's behavior with first grade parents reporting more frequently.

Tavormina (1974) evaluated the research evidence on the effectiveness of two basic models of parent counseling: the behavioral and the reflective. He found that studies using both methods and comparing the methods all lead toward the effectiveness of both models.

Rosenthal (1975) used three subscales of the Family Environment Scale (cohesion, conflict and control) to examine the spread of the effects from a parent training group to other aspects of the family system. Rosenthal found that parents after the parent training group perceived more cohesion and less conflict than the parents in the control group. Neither group showed changes on the control subscale.

Esters (1980) investigated the differential effectiveness of two parent counseling approaches in altering self-esteem and academic achievement. One group used the Gilmore Self-Esteem Parent Counseling

approach focusing on the child's need to feel loved and competent while the other group used Adlerian Systematic Training for Effective Parenting focusing on management of the child's overt behavior. The children of the parents in the Self-Esteem group obtained a significant change in self-esteem and academic achievement as compared to the Adlerian group.

Scovern et al. (1980) studied the effects of parent counseling on the family system. They found that parents in both the parent group and parent lecture group increased significantly in perceived marital adjustment. Also, the children of the parents in both groups demonstrated significant increases in self-esteem.

Bennett (1982) compared behavioral parent groups with Adlerian parent groups. He found both to be equally effective in enhancing parental acceptance, child's behavior, and self-concept as well as parent-child relationship.

Filial Therapy

Precedents to the use of parents as therapeutic agents with their own children may be found early in the literature. Freud (1959) in his Collected Papers demonstrated the effectiveness of using parents as

therapeutic agents as both a preventive measure and as a method of building a foundation for parent-child interaction. He stated from a psychoanalytic vantage point:

.....the treatment itself was carried out by the child's father.....No one else, in my opinion, could possibly have prevailed on the child to make any such avowals; the special knowledge by means of which he was able to interpret the remarks made by his five-year-old son was indispensable, and without it the technical difficulties in the way of conducting a psychoanalysis upon so young a child would have been insuperable (p. 149).

Natalie Rogers Fuchs (1957), under the supervision of her father, Carl Rogers, worked with her daughter, Janet, to overcome emotional problems associated with toilet training. Bonnard (1950) recommended to an exceptionally capable mother that she work with her own son who was diagnosed as suffering from an obsessional neurosis. Play sessions at home between parents and children have also been recommended by Baruch (1949) and Moustakas (1959) as a means of facilitating freer expression on the part of the child and improving parent-child relationships.

B. Guerney (1964), in a landmark study, described the nature of filial therapy in three distinct stages. The first stage involved the training of parents in play therapy techniques utilizing client-centered philosophies. The second stage was experimental in

nature in the sense that the actual play therapy sessions are monitored and analyzed in terms of individual methodology. The third stage involved parent group discussions. The major emphasis was to facilitate the parents' ability to change negative patterns of interaction and gain a more realistic understanding of their child's attitude and behavior.

Stover (1966) investigated the efficacy of the first phase of filial therapy. She found three rather interesting results. The group led by the experienced male therapist taught the mothers to use reflective statements on the average of 95 percent of the time. The non-experienced female therapist taught the mothers to use reflective statements 15 percent of the time. Also the children in the experimental group significantly increased in aggression and verbal negative feelings while the children in the control group decreased in aggression and verbal negative feelings.

In an experimental study by Stover and B. Guerney (1967), the feasibility of training mothers in filial therapy techniques was examined. It was found that the mothers trained in filial therapy significantly increased their reflective type statements and decreased their directive type statements, as opposed to the mothers without training. Also, the positive

changes in the mothers' behavior were of sufficient magnitude to affect their child's behavior.

Andronico, B. Guerney, Fidler, and L. Guerney (1967) studied the combination of the didactic and dynamic elements of filial therapy. They found that both elements together reduced physical and behavioral symptoms, increased harmony between parents and children, and improved academic performance.

Also in 1967, B. Guerney, Stover and Andronico examined the use of filial therapy groups to help underprivileged children improve academic performance. The authors supported the potential use of parents, trained in filial therapy, as facilitative agents in raising their children's academic aspirations.

B. Guerney, Stover, and DeMeritt, (1968) and Stover, B. Guerney, and O'Connell (1971) conducted studies which developed an Empathy Scale to measure the statements made by parents during play therapy sessions. The researchers concluded that the amount of empathy generated between parents and children was a decisive factor in the play therapy process and of paramount importance if significant change in children is to take place.

In a later, more comprehensive study, B. Guerney and Stover (1971) further investigated the

effectiveness of the filial therapy approach. Using a one-group pretest/posttest design, it was found that:

- 1) Mothers can be trained to acquire the skills in play sessions to reflect feelings, allow children self-direction, and demonstrate involvement in their children's emotional expressions and behaviors;
- 2) As a result of their playroom experiences, children worked out their aggressive feelings, decreased in affectional displays, and dealt more realistically with their mothers in terms of conversation and sharing;
- 3) On two measures completed by clinicians, children were noted as having significantly improved;
- and 4) Children improved significantly on a variety of measures (completed by their parents) of symptomatology and psychosocial adjustment.

Andronico and Blake (1971) applied filial therapy techniques to children with stuttering problems. The authors found that the child's environment and resulting interaction were necessary therapeutic conditions in attempting to alleviate stuttering problems. They found that when the emotional climate of the entire family is dealt with in psychotherapy, the stuttering behaviors were successfully alleviated.

Gilmore (1971) in a similar study with diagnosed learning disabled children attempted to improve

self-esteem of children through filial therapy. He found that by using parents as trained therapists, improvements in the children's academic and social functioning significantly increased. Filial therapy not only improved self-esteem, but family interaction variables as well.

Boll (1972) compared the effects of a directive and non-directive filial therapy group with a control group in facilitating socially adaptive behavior, as perceived by mothers, in their EMR children. It was concluded that the filial therapy mothers perceived positive changes toward more socially adaptive behavior in their EMR children. Although the treatment failed to foster more positive maternal attitudes, it was still concluded that a mother can function as an important intervention agent and ally to the expert.

Also in 1972, Oxman conducted a study which examined the effectiveness of filial therapy in changing mothers' perceptions of their children's behavior and their real-ideal equivalency. She found that filial therapy mothers reported a significantly greater improvement in the behavior of their children than did the control subjects. Filial therapy mothers also perceived their children as closer to their ideal child after therapy. Overall, it was concluded that

filial therapy was effective in helping the mothers to bring about desired changes in their children.

L. Guerney (1975) provided some global follow-up information on the filial therapy program by collecting data on a brief follow-up questionnaire from 42 of a possible 51 former filial participants. Responses to questions in the brief follow-up questionnaire (filled out one to three years after treatment termination) indicated that 1) Only three of the 42 children who had participated in the filial therapy program were receiving professional help at follow-up; 2) Out of the 42 parents responding, 32 reported the child as having continued improvement since termination, four reported the child as remaining the same, four reported the child as fallen back in adjustment, and one reported the child as worse than ever; 3) In 64 percent of the cases, parents attributed the child's improved adjustment to their ability to better relate to the child in conjunction with the fact that the child had gotten older; and 4) Parents reported appreciation for Dr. Guerney's continuing interest in their children and typically responded with an overall positive evaluation of the filial program. Generally, the results of this brief follow-up study suggested that the filial therapy program's impact on clients is positive and that

positive results are maintained anywhere from one to three years later.

Ginsburg, Stutman, and Hummel (1978) described an innovative expansion of the filial therapy model in which parents lead therapy in a group with other parents and their children. The authors delineate the benefits derived from the group sessions in four basic tenets: 1) The representative nature of the group allowed behavioral problems of the children to be clearly defined; 2) The changes and benefits incurred from the play sessions generalized to the school situation; 3) The parents' participation as therapists facilitated the interaction process; and 4) The trust developed during the play therapy enhanced the self concept of both parents and children.

Sywulak (1977) examined the effects of filial therapy on parental acceptance and child adjustment. By utilizing a design in which subjects served as their own controls, it was possible to control for differences between those who seek treatment and those who do not. Also, in order to assess the efficacy of the filial therapy and to provide information regarding the process, measures were given at four different points: 1) at intake, prior to the four-month control period, 2) immediately prior to treatment, 3) after two

months of treatment, and 4) after four months of treatment. The results of the main analyses demonstrated the effectiveness of the filial therapy program with regard to the enhancement of parental acceptance and improved child adjustment. Furthermore, an exploration of process data showed that parental acceptance achieved marked improvement by the second month, and that changes in some aspects of child adjustment were also evident at that time. In addition, those changes continue throughout the four months of treatment. Also, it was found that withdrawn children change more quickly than do aggressive children. Finally, mothers appear to perceive change in child adjustment earlier than do fathers.

Sensue (1981) measured parental acceptance and child adjustment in a three-year follow-up of Sywulak (1977). The results indicated that the parents in the filial therapy group demonstrated significant improvement in parental acceptance and perceived child's adjustment. Also, parents in the filial therapy group demonstrated a capacity and willingness to use filial skills and reported using the skills with their children. Both parents and children reported that involvement in filial therapy was influential in promoting positive change within the family.

Hornsby and Appelbaum (1978) described their approach to filial therapy. The parent who appears in less conflict with the child is trained individually to conduct play therapy sessions with their child. Sessions are held in the clinic with the other parent and the therapist viewing behind a one-way mirror with a bug-in-the-ear device to communicate. Parents are seen by the therapist for a half-hour parental therapy session following the play session. The authors report that filial therapy has the advantage of tremendous carryover at home. Parents seem to like being involved in the psychotherapeutic process and feel very positive about being instrumental in bringing about changes they see in their child.

In 1978, Eardley constructed a study which looked at the results of a didactic version of filial therapy on self-concept and problematic behavior. Eardley found neither a significant increase in self-concept of the parents and children nor a significant decrease in the children's problematic behavior as rated by their parents and teachers. He did, however, find some significant differences in the mean scores of the treatment and the control groups.

Wall (1979) compared the effects of three interventions into children's play: 1) play therapy

with a therapist, 2) play therapy with parents directed by a therapist, and 3) free play with parents without therapist involvement. Results showed that the children in play therapy with parents showed significant differences in improved adjustment by increasing their perception of negative attitudes in their families. This may suggest that the acceptance of negative feelings by a parent has a more powerful impact on a child than does acceptance by a therapist. Also, parents who conducted play therapy significantly improved their ability to communicate empathically with their children after treatment.

Payton (1980) examined the efficacy of parent and paraprofessional filial therapy groups. The parent treatment group showed significant improvement in the parents' child-rearing attitudes and childrens' personality adjustment as compared to the paraprofessional group. The results support the contention that parents trained in filial therapy are more effective agents of change in comparison to paraprofessionals.

Kezur (1980) conducted filial therapy groups for the purpose of studying 1) the nature of the mother-child communications based on filial therapy principles, and 2) to understand the effects of such

communication patterns on the overall mother-child relationship. A thorough examination of the data revealed the following conclusions: 1) The mothers developed effective communication skills based on therapeutic principles; 2) The children who expressed their anger towards their mothers in the individual play therapy developed openness with their mothers in the joint sessions; 3) The video taping and replaying of sessions stimulated new awareness of communication with the mothers; 4) Mothers who grew in self-awareness changed in positive directions with their children; 5) Mothers who learned to honor their needs were more able to meet their children's needs; 6) Mothers who accepted joint responsibility for the problems with children developed new communication skills; 7) Mothers who opened themselves to a relationship with the researcher made the greatest gains in new communication skills; 8) As the mothers and children gained in self-esteem, there were positive changes in their relationship; 9) Those mothers who could view and comment on themselves in the video tape replay gained more from the feedback; 10) As mothers and children involved themselves more in the joint sessions, there was an increase in closeness and effective communication; and 11) In those pairs where the most change occurred, there was a tendency

for the mother to report improvement in other relationships.

In 1981, Dematatis designed a study which compared traditional filial therapy with an integrated filial-IPR program. The integrated filial-IPR program was composed of the traditional filial program with the inclusion of affect simulation and videotape recall from Kagan's Interpersonal Process Recall (IPR) training. Both programs achieved significant gains in parental acceptance, affect sensitivity, allowance of self-direction, and involvement. The filial-IPR program, however, showed one out of seven dimensions to be significantly higher than the filial program. The increase was found in parental acceptance as measured by the Porter Parental Acceptance Scale.

Lebovitz (1982) compared filial therapy groups to supervised play sessions to classmates without treatment. Children in filial therapy showed significant decrease in aggression, dependence, and withdrawal. Mothers in the filial therapy group showed significant increase in communication of acceptance of their children's feelings, allowing their children more self-direction, and demonstrated more involvement with their children than the mothers in the play sessions. Both groups showed a decrease in problem behaviors as

compared to classmates. Parents of both groups reported that they became more accepting of their children.

Significance of the Study

In reviewing the relatively limited research available, several implications come to light. First, that the variables of parental acceptance and self-esteem are paramount to and integrally related to parent-child relationships and family environment (Coopersmith, 1967; Cox, 1970; Eisman, 1981). Second, that play therapy and parent training are promising ways to facilitate change in both children and their parents (Dorfman, 1958; Seeman, Barry, & Elinwood, 1964; Gould, 1980; Doroning, 1971; Tavormina, 1974; Scovern, et al., 1980). And third, that Filial Therapy has a multitude of advantages over traditional treatment (B. Guerney, 1964, B. Guerney, L. Guerney, & Andronico, 1966; B. Guerney, L. Guerney, & Stollak, 1971).

A summary of the results of research in Filial Therapy includes: 1) studies which lean toward the feasibility of training parents to change their attitudes and behavior (Stover & B. Guerney, 1967; B. Guerney, Stover, & DeMeritt, 1968; Stover, B. Guerney,

& O'Connell, 1971; Oxman, 1971; Boll, 1972; Wall, 1979); 2) studies which highlight the possibility of changing children's behavior (B. Guerney & Stover, 1971; Horner, 1974) including improving academic performance (B. Guerney, Stover, & Andronico, 1967; Andronico, B. Guerney, Fidler, & L. Guerney, 1967); 3) studies which address the parent-child relationship and family environment (Andronico & Blake, 1971; Gilmore, 1971; Kezur, 1980); 4) a study on self-esteem (Gilmore, 1971); 5) two follow-up reports (L. Guerney, 1975; Sensue, 1981); 6) extensions and alterations of the filial therapy approach (Ginsburg, Stutman, & Hummel, 1978; Hornsby & Appelbaum, 1978; Dematatur, 1981); and 7) studies which combine both parental attitudes and child behavior (Sywulak, 1977; Payton, 1980; Lebovitz, 1982).

A closer look at these studies reveals an apparent lack of breadth and depth. Many are one-dimensional, failing to address the multiple facets of filial therapy. Also, almost every measure has been taken from the parents perceptual view, ignoring the evidence which led Helper (1958) to hypothesize that children's reports of parents were perhaps more valid measurements of parental ratings than ratings by parents themselves. Furthermore, the influence of parental attitudes and

behaviors may depend more upon the child's perception rather than what the attitudes really are (Ausubel, 1954; Schaefer, 1965; Van der Veen & Novak, 1971).

It is interesting to note that much of the research done in play and filial therapy was done in the sixties and seventies. This resulted from a difficulty in finding valid measures, especially for children under age 10 (L. Guerney, Personal Communications, July 1985). This study attempted to reinstate research efforts using newly developed measures.

This study is significant in that it evaluated the effect of filial therapy on three levels of functioning: first, the way the individuals perceive themselves (self-esteem); second, the way the individuals perceive their most significant relationship (parent-child relationship); and third, the way the individuals perceive their family (family environment). Also included in the design was a measure of parental acceptance, the construct that has been shown to be most sensitive to the teachings of filial therapy and most influential in facilitating positive change in children. Further significance of this study is that effects of filial therapy were assessed by both parents and children on each variable excluding parental acceptance. In addition, this study

not only attempted to verify the outcome dimensions of previous studies but also generated new data in attempt to stimulate future research.

Basic Assumptions

The results of this study are based on the assumption that the subjects understood and responded to evaluation instruments as honestly as possible.

Limitations

Self-report instruments were used for data collection, therefore, it must be recognized that parents and children reported only that which they chose to reveal. The study was limited to voluntary parents and children who participated in a clinic program in Dallas, Texas. Caution should be exercised in generalizing the results of this study beyond this population.

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CHAPTER II

PROCEDURES

Hypotheses

To carry out the purposes of this study, the following hypotheses were tested:

- (1) a) The experimental parent group will attain a significantly higher mean total score on the Porter Parental Acceptance Scale (PPAS) posttest than will the control parent group.
- b) The experimental parent group will attain a significantly higher mean score on the Respect for the Child's Feelings and Right to Express Them subscale of the PPAS posttest than will the control parent group.
- c) The experimental parent group will attain a significantly higher mean score on the Appreciation of the Child's Unique Makeup subscale of the PPAS posttest than will the control parent group.
- d) The experimental parent group will attain a significantly higher mean score on the Recognition of the Child's Needs for Autonomy

and Independence subscale of the PPAS posttest than will the control parent group.

- e) The experimental parent group will attain a significantly higher mean score on the Unconditional Love subscale of the PPAS posttest than will the control parent group.
- (2) The experimental parent group will attain a significantly higher mean total score on the Coopersmith Self-Esteem Inventory (SEI) posttest than will the control parent group.
 - (3) The children of the experimental parent group will attain a significantly higher mean total score on the Primary Self-Concept Inventory (PSCI) posttest than will the children of the control parent group.
 - (4) a) The experimental parent group will attain a significantly greater change in parent-child hierarchy on the Madanes Family Hierarchy Test (MFHT) than will the control parent group.
b) The experimental parent group will attain a significantly higher mean parent-child closeness score on the MFHT posttest than will the control parent group.
 - (5) a) The children of the experimental parent group will attain a significantly greater change in

- parent-child hierarchy on the MFHT than will the children of the control parent group.
- b) The children of the experimental parent group will attain a significantly higher mean parent-child closeness score on the MFHT posttest than will the children of the control parent group.
- (6) a) The experimental parent group will attain a significantly higher mean score on the Cohesion subscale of the Family Environment Scale (FES) posttest than will the control parent group.
- b) The experimental parent group will attain a significantly higher mean score on the Expressiveness subscale of the FES posttest than will the control parent group.
- c) The experimental parent group will attain a significantly higher mean score on the Conflict subscale of the FES posttest than will the control parent group.
- d) The experimental parent group will attain a significantly higher mean score on the Independence subscale of the FES posttest than will the control parent group.

- e) The experimental parent group will attain a significantly higher mean score on the Achievement Orientation subscale of the FES posttest than will the control parent group.
- f) The experimental parent group will attain a significantly higher mean score on the Intellectual-Cultural Orientation subscale of the FES posttest than will the control parent group.
- g) The experimental parent group will attain a significantly higher mean score on the Active-Recreational Orientation subscale of the FES posttest than will the control parent group.
- h) The experimental parent group will attain a significantly higher mean score on the Moral-Religious Emphasis subscale of the FES posttest than will the control parent group.
- i) The experimental parent group will attain a significantly higher mean score on the Organization subscale of the FES posttest than will the control parent group.
- j) The experimental parent group will attain a significantly higher mean score on the Control

subscale of the FES posttest than will the control parent group.

- (7) a) The children of the experimental parent group will attain a significantly higher mean score on the Cohesion subscale of the Children's Version of the Family Environment Scale (CVFES) posttest than will the children of the control parent group.
- b) The children of the experimental parent group will attain a significantly higher mean score on the Expressiveness subscale of the CVFES posttest than will the children of the control parent group.
- c) The children of the experimental parent group will attain a significantly higher mean score on the Conflict subscale of the CVFES posttest than will the children of the control parent group.
- d) The children of the experimental parent group will attain a significantly higher mean score on the Independence subscale of the CVFES posttest than will the children of the control parent group.
- e) The children of the experimental parent group will attain a significantly higher mean score

on the Achievement Orientation subscale of the CVFES posttest than will the children of the control parent group.

- f) The children of the experimental parent group will attain a significantly higher mean score on the Intellectual-Cultural Orientation subscale of the CVFES posttest than will the children of the control parent group.
- g) The children of the experimental parent group will attain a significantly higher mean score on the Active-Recreational Orientation subscale of the CVFES posttest than will the children of the control parent group.
- h) The children of the experimental parent group will attain a significantly higher mean score on the Moral-Religious Emphasis subscale of the CVFES posttest than will the children of the control parent group.
- i) The children of the experimental parent group will attain a significantly higher mean score on the Organization subscale of the CVFES posttest than will the children of the control parent group.

- j) The children of the experimental parent group will attain a significantly higher mean score on the Control subscale of the CVFES posttest than will the children of the control parent group.

Definition of Terms

Play therapy. --As defined in this study, play therapy is therapeutic play in a specially equipped play therapy room with a trained play therapist. The child is allowed the freedom to use the playroom and materials with only a few broad limitations. The therapeutic approach is basically client-centered. The therapist is sensitive to what the child is feeling and expressing through play and verbalizations and reflects these expressed emotional attitudes back to the child in such a way as to help the child express and understand themselves better (Axline, 1969; Ginott, 1961; Landreth, Allen & Jacquot, 1969; Moustakas, 1973).

Filial therapy. --As defined in this study, filial therapy is a psychotherapeutic method that extends specific client-centered approaches to the training of parents for treatment of their own children (Guerney, 1964). Parents are trained in groups of six to eight

to employ principles and techniques used in client-centered play therapy in play sessions in the clinic and at home with their own children (Stover & B. Guerney, 1967).

Parental acceptance. --Porter (1954) defined parental acceptance as:

...feelings and behavior on the part of the parents which are characterized by unconditional love for the child, a recognition of the child as a person with feelings who has a right and a need to express those feelings, a value for the unique make-up of the child, and a recognition of the child's need to differentiate and separate himself from his parents in order that he may become an autonomous individual (p. 177).

For the purpose of this study, parental acceptance was operationally defined as the total score obtained on the Porter Parental Acceptance Scale.

Self-esteem. --Coopersmith (1969) defined self-esteem as:

...the evaluation which the individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is personal judgment of worthiness that is expressed in the attitudes the individual conveys to others by verbal reports and other overt expressive behavior (p. 5).

In this study, self-esteem and self-concept were used interchangeably. For the purpose of this study,

self-esteem was operationally defined as the total score obtained on the Coopersmith Self-Esteem Inventory and the Primary Self-Concept Inventory.

Parent-child relationship. --For the purpose of this study parent-child relationship was operationally defined as the two scores obtained on the Madanes Family Hierarchy Test. This test assesses the family members' perceptions of two dimensions of the parent-child relationship: (a) the authority hierarchy which measures who is in charge of whom in the family, whether there is 1) a "hierarchy", a hierarchy with a parent in charge, 2) a "hierarchical reversal", a hierarchy with a child in charge, or 3) "no hierarchy", no one in charge, and (b) the degree of closeness which measures the amount of closeness and distance between family members (Madanes, Dukes, & Harbin, 1980; Madden & Harbin, 1983).

Family environment. --For the purpose of this study, family environment was operationally defined as the scores obtained on the Family Environment Scale and the Children's Version of the Family Environment Scale. These scales are both composed of 10 subscales which describe family cohesion, expressiveness, conflict,

independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, and control.

Instruments

Porter Parental Acceptance Scale (PPAS) (see Appendix A). --Developed by Porter (1954), the PPAS is a self-report inventory designed to measure parental acceptance as revealed in behavior and feelings toward, about, or with their child. Variables measured by the instrument are: 1) respect for child's feelings and right to express them, 2) appreciation of the child's unique make-up, 3) recognition of the child's need for autonomy and independence, and 4) unconditional love.

The instrument consists of 40 items, each with five multiple choice responses ranging from low to high acceptance. Two dimensions of acceptance are incorporated into the scale. The first reveals how the parent feels in a specific situation. The second reveals what the parent will do or their manifested behavior in a specific situation. The test may be scored to yield four subtest scores and one total test score.

Porter (1954) reported a split-half reliability correlation of .766 raised by the Spearman Brown

Prophecy formula to .865. Later research reported a split-half reliability coefficient of .666; using the Spearman Brown formula, total test reliability was raised to .800. Both reported coefficients are significant beyond the .01 level.

Porter (1954) investigated the validity of the instrument by using five expert judges to rank the responses on the continuum of one representing low acceptance to five representing high acceptance. On all items there was agreement among at least three out of the five judges. Greatest distance of disagreement was by a distance of two scale points which occurred in less than 20 percent of the responses. Though it would be desirable to have greater validity, by reviewing the operational definition of parental acceptance as established by Porter (1954), it would appear that the PPAS would be useful in achieving the purposes of this study.

Internal consistency of the scale was investigated by Burchinal, Hawkes, and Gardner (1957) using an item analysis. By analyzing fathers' responses, it was found that all items discriminated between high and low scorers with the exception of one item. Analysis of mothers' responses yielded the same results. The value

3.46 needed for a probability level of .001 was exceeded by 35 items in mothers' responses and 33 in fathers' responses.

Coopersmith Self-Esteem Inventory (SEI) (Form C).-- The SEI was used to measure the self-esteem of the parents. The SEI in its original long form (Form A) is a 58-item self-administered inventory designed to provide general assessment of self-esteem (Coopersmith, 1967). The items are short statements answered "Like Me" or "Unlike Me." In standardizing the original form, the test-retest reliability obtained from one sample of 30 fifth grade children over a five-week period was .88 while another sample conducted over a three-year interval resulted in a reliability correlation between test-retest of .70. Coopersmith (1967) reports convergent validity between Form A of the SEI and the Soarer Scale to be .63, between Form A of the SEI and the Derived Picture Test to be .60, and between Form A of the SEI and the CPI Self-Acceptance Scale to be .45. On discriminant validity Coopersmith reports correlations of .75 and .45 with the Edwards and the MarloweCrowne Social Desirability Scales, respectively. All coefficients were reported as significant.

To cut down on administration time of the SEI, Form B was developed. This form consists of 25 items which

resulted from a factor analysis of the long form. Coopersmith (1967) related that a correlation of .86 exists between the total scores on Forms A and B, indicating apparently that the reliability and validity of the original scale also apply to Form B. Due to differences in adult and child language development, Form C was developed by altering the language of Form B. Coopersmith (1981) reported a correlation of .80 between scores on Forms A and C. Scores on the SEI Forms B and C are multiplied by four to obtain a possible score of 100 as would be the total score in Form A. Coopersmith (1981) indicated that Forms B and C, over repeated samples of different ethnic and socioeconomic groups, have yielded mean scores between 70 and 80 indicating low and high self-esteem, respectively.

Primary Self-Concept Inventory (PSCI). --The PSCI is a pictorial test, developed by Douglas G. Muller and Robert Leonetti and copyrighted in 1972. The authors specifically designed the instrument to be appropriate for use with children of Mexican or Spanish descent as well as children from other cultural backgrounds.

The instrument was developed for use with children in kindergarten through fourth grade and does not require the ability to read. It can be administered

individually or to groups of children in the child's native language or a combination of languages if the child is bilingual. There are two forms, one male and one female, composed of 20 illustrations in which a child is placed in a negative role and another child placed in a positive role. The administrator tells a simple descriptive story about each illustration, and the subject is instructed to draw a circle around the person most like themselves.

Six factors of self-concept are measured: physical self, emotional state, peer acceptance, helpfulness, success, and student-self. These six factors are clustered into the following domain scores: 1) Personal-Self Domain, 2) Social-Self Domain, and 3) Intellectual Self-Domain. Therefore, the test may be scored, using the manual's standardized scoring procedure, to yield six factor scores, three domain scores, and total self-concept score.

Muller and Leonetti (1972) reported a test-retest correlation coefficient of .91, determined by using the Pearson product moment correlation coefficient. Construct validity was assessed in terms of factor stability across redivisions of the sample, and also by having 11 independent judges place items into the six categories (factors). Cross validation procedures were

used with two additional samples, one equally divided between Anglo and Spanish surnamed children and the other of children of Spanish-Mexican ancestry. Content validity was determined by specialists in testing and test construction (Muller & Leonetti, 1972).

Crandall (1978) appraised the PSCI as unique in its ability to be administered in Spanish or English and its non verbal approach. He also rated it reasonably reliable as a whole with the subscores to a lesser degree.

Madanes Family Hierarchy Test (MFHT). --The MFHT is still in its experimental stages. It consists of four pictures of family members and one with moveable figures. The subjects are first asked to select one of the four configurations which is most representative of "who is in charge of whom in the family." Then the subject is asked to label who is who. Then the subject is given the configuration they had chosen but with moveable figures and asked to "move the figures around to show how close or distant each family member is to one another."

The Madanes Family Hierarchy Test was first utilized in a study that successfully differentiated the family structures of heroin addicts, schizophrenics, and high achievers (Madanes, Dukes, &

Harbin, 1980). It has also been used to successfully compare the family structures of assaultive adolescents and nonassaultive adolescents (Madden & Harbin, 1983). For the purpose of this study, it was adapted for single parent families as well as two-parent families. This test will yield two independent measures of the parent-child relationship: (1) the authority hierarchy, and (2) the degree of closeness.

Family Environment Scale (FES) (Form S). --The FES is a 40-item instrument measuring three different family dimensions encompassing 10 subscales. The first three subscales, Cohesion, Expressiveness, and Conflict, focus on interpersonal relations among family members. These subscales assess the degree to which family members feel they belong to and are proud of their family, and the extent to which the family member perceives there is open communication or conflict within the family.

The second group of subscales, Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis represent the directions of personal growth perceived in the family by its members. Specifically, they measure family member perception of the emphasis on family member autonomy, emphasis on

academic and competitive concerns, variety of intellectual and cultural activities engaged in by the family, the extent to which recreational and sporting activities are engaged in by the family, and the emphasis of ethical and religious issues and values.

The final two subscales, Organization and Control, represent the dimension of basic organizational structure of the family. They obtain information concerning the importance of family rules and responsibilities and the extent to which family members dictate to or direct one another (Moos, 1974).

To standardize the long form (Form R) of the FES, 41 three-member families, 56 four-member families, 59 five-member families, 43 six-member families, and 32 seven-member or more families from lower, middle, and upper socioeconomic strata were polled. Subtest internal consistency ranged from .79 on Moral-Religious emphasis to .63 on Independence. The test-retest reliability with an eightweek interval between testings yielded a high of .86 for Cohesion and a low of .68 for Independence, which the author reports as acceptable. The author indicates average subscale intercorrelations of .20 revealing that the subscales measure distinct though somewhat related aspects of family social environment (Moos, 1974).

The first 40 items of the regular 90 items (Form R) are the short form items (Form S) with four items for each subscale instead of nine in Form R. To standardize this instrument, 11 families were given both Form R and Form S. Correlations of the profiles of the subtest scores for all 11 families on both forms was above .90 (Moos, 1974).

Sines (1978) evaluated the FES as a carefully constructed, psychometrically acceptable device which is useful in a practical sense. Dreyer (1978) reported the FES to be based upon an interesting social environment theory and to be constructed with considerable care with respect to item content and reliability. He praised the items comprising the scale for their face validity and their representation of the dimensions for which they are supposed to measure.

Children's Version of the Family Environment Scale (CVFES). --The CVFES was developed by Pino, Simons, and Slawinowski (1984) as a downward extension of the original FES for use with children ages five to 12. The CVFES is compatible with the FES profile and yields scores for the same 10 subscales. The CVFES is a pictorial, multiple choice measure consisting of 30 forced choice items from which the child is asked to choose the picture which is most like their family.

The items are devised on a quantitative continuum so that each picture is worth a score of 1, 2, or 3 on a particular subtest. Thus, the scores can vary from 3 to 9 on any of the 10 subscales.

The CVFES was standardized on a population of 158 Buffalo, New York, area children grades one through six. Approximately 26 were in each group with families mainly drawn from lower and middle socioeconomic groups. There was an equal number of male and female subjects, with a number of different nationalities represented. However, the religious grouping was largely Roman Catholic. The means and standard deviations of the subscales are listed in the manual. The CVFES was found to have high reliability ($R = .80$) over a four-week test-retest interval (Pino, Sminos, & Slawinowski, 1984).

In order to study the content validity of the CVFES, two grades of the original norm group were selected at random, i.e., a third grade ($N = 26$) and a seventh grade ($N = 30$) and asked to write out the "common meaning" of each set of pictures. Two scorers (with an inter-rater reliability of .84) then scored each scale to determine whether each subject's response matched the FES scale dimension. Z values were calculated in order to determine how well the raters

agreed with the children's analysis of each CVFES scale. All 10 subscales were shown to be correctly identified (p.01).

In another study of the content validity of the CVFES, a sample of 16 children were asked to write out the meaning of each of the pictures on all of the scales. The children, aged six to 12, wrote out at least one sentence on what they felt each picture was saying to them. Then two clinicians, using a rate of reliability of .90, ranked each picture according to agreement between the children's responses and the intent of each picture. Correlations ranged from 4.20 to 8.44 (Pino, Simons, & Slawinowski, 1984).

Selection of Subjects

The subjects (N = 47) for this study included 27 parents and 20 children who had voluntarily signed up for filial therapy at a counseling center. (see Appendix D). The experimental parent group included the first 15 parents who had contacted the center. The control group included the remaining 12 parents who were put on the waiting list to receive filial therapy at a future date. The experimental parent group was divided into three treatment groups. The parents included both parents in a family or one self-selected parent in a single parent or two-parent family. The

children who participated in the study were one child selected by each parent to participate in weekly at home play therapy sessions. The children met the following criteria: 1) between the ages of five and ten, and 2) exhibited at least one concern as defined by the parent.

Collection of Data

During the first group meeting, each parent in the three experimental groups was administered the pretest battery of tests by the experimenter. The battery of tests included: 1) Porter Parental Acceptance Scale, 2) Coopersmith Self-Esteem Inventory, 3) Madanes Family Hierarchy Test, 4) Family Environment Scale, and 5) Questions for Parents (see Appendix B).

Also, within one week following the first group meeting, each child was brought to the clinic by their parent and individually administered a battery of tests by the experimenter. In special cases where the parent was unable to bring the child to the clinic (transportation, child care, etc.), the experimenter went to the child's house. The battery of tests included: 1) Primary Self-Concept Inventory, 2) Madanes Family Hierarchy Test and 3) Family Environment Scale - Children's Version. All directions and written material were read aloud by the

experimenter to provide for differences in reading ability.

The parents in the control group were contacted by the clinic by telephone and requested to bring themselves and their child to the clinic during the same week as the experimental group. Again, in special cases where the parent was unable to come to the clinic, the experimenter went to the house. The battery of tests included the same tests as the experimental group and were administered in an identical manner conforming to the administration directions of each specific test. Tests were presented in a random order to provide for fatigue factors.

The posttest battery of tests were administered to the parents in the experimental group during the last group meeting. The battery of tests included the same tests as the pretest administered in an identical manner. Again, the parents were required to bring their child to the center for posttesting during the week following the last group meeting.

The control group was contacted again by the clinic by telephone and requested to bring themselves and their child to the center for posttesting during the same week. Special cases in all groups were

offered to allow the experimenter to come to their house for testing.

Each parent was advised that the tests were for the purpose of a research project run by the experimenter, and their participation was voluntary. They were informed that the information would be kept in strict confidence and all names would be excluded from any report of the findings (see Appendix C).

Treatment of the Data

The test instruments were blind scored by the experimenter, then keypunched and submitted to the North Texas State University Computer Center for processing. Every subject was randomly assigned a second code number by a research assistant. These numbers were keyed to the original code numbers and were kept hidden from the experimenter until the data was processed. For the purposes of statistical analysis, the hypotheses were converted to the null form. The significance was set at the .05 level. Both the parents' scores and the childrens' scores were treated as independent units. There were no computations which treated the scores as intact family units.

Hypotheses (1) a) through e), (2), (3), (4) b), (5) b), (6) a) through j), and (7) a) through j) were

tested by the analysis of covariance (ANCOVA). In each case the posttest specified in the hypothesis was used as the dependent variable and the pretest was used as the covariant. ANCOVA was used to adjust the group means on the posttest on the basis of the pretest, thus statistically equating the control and experimental groups.

Hypotheses (4) a) and (5) a) were treated with chi-square and its measure of association, the contingency coefficient. Separate contingency coefficients were calculated comparing the distribution of perceived parent-child hierarchy before and after the treatment for the control and experimental groups. A significant difference between the contingency coefficients for control and experimental groups would indicate that one group experienced greater change in parent-child hierarchy than the other.

Treatment and Therapists

Two parent groups met weekly for two-hour sessions for ten consecutive weeks which began the fifteenth and sixteenth of August and ended the seventeenth and eighteenth of October, 1985. One group met on Thursday nights and the other on Friday mornings. The third parent group met in the same manner and began on Friday

morning the first of November, 1985 and ended on the twenty-fourth of January, 1986. These sessions included didactic and experiential exercises using an orientation and methodology modeled after client-centered therapy (see Appendixes E, F, G, H and I). Parents were trained to conduct weekly one-half hour play sessions with their children at home while they continued their weekly group meetings. Parents' sessions began with discussions of their play sessions and extended to any other areas that were emotionally relevant.

The two group therapists were Garry Landreth and Nancy Smith. Garry Landreth received his doctorate in education from the University of New Mexico, is a licensed psychologist and licensed professional counselor in the state of Texas, and is currently a professor of counselor education at North Texas State University. Nancy Smith received her masters in education from the University of Missouri, is a clinical member and approved supervisor of the American Association of Marriage and Family Therapists, and is currently director of the Swiss Avenue Counseling Center. Both leaders are trained filial and play therapists and have led many identical groups

previously. Nancy Smith served as a co-leader in Garry Landreth's first group, and Mike Rutledge served as a co-leader in Nancy Smith's and Garry Landreth's second group. Mike Rutledge is an ordained minister with experience in parish setting, community mental health agency, and private practice and is currently a marriage and family therapist at the Swiss Avenue Counseling Center.

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CHAPTER III

RESULTS AND DISCUSSION

Analysis of Data

The results of this study are presented in the order of the hypotheses which were tested. For the purpose of statistical analysis, all hypotheses were restated in the null form. The null hypotheses were retained unless significance was found beyond the five percent confidence level.

Hypotheses 1a through 1e - Parental Acceptance

Hypothesis 1a. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Porter Parental Acceptance Scale - total score are presented in Table 1.

Table 1

Means and Standard Deviations on the Porter
Parental Acceptance Scale - Total Score

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	154.25	155.17	148.75	14.38	14.52
Exper. (N=15)	130.40	154.13	159.27	24.09	17.36

As can be seen in Table 1, the mean scores of the control parent group remained relatively constant from the pretest to the posttest, increasing .92 points. The mean scores of the experimental parent group increased 23.73 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a 10.52 point difference in favor of the experimental group. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, increasing .14 points. The standard deviations of the experimental parent group decreased 6.73 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and experimental parent groups on the Porter Parental Acceptance Scale - total score, are presented in Table 2.

Table 2

Analysis of Covariance Data on the Porter Parental Acceptance Scale - Total Score

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	540.86	1	540.86	3.17	.09
Within	4096.16	24	170.67		

As can be seen in Table 2, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 1a was retained.

Hypothesis 1b. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Porter Parental Acceptance Scale - Respect for the

Child's Feelings and Right to Express Them subscale are presented in Table 3.

Table 3

Means and Standard Deviations on the Porter
Parental Acceptance Scale - Respect for
the Child's Feelings and Right
to Express Them Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	38.00	38.67	37.82	4.67	2.90
Exper. (N=15)	30.87	39.60	40.28	7.24	6.39

As can be seen in Table 3, the mean scores of the control parent group remained relatively constant from the pretest to the posttest, increasing .67 points. The mean scores of the experimental parent group increased 8.73 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a 2.46 difference in favor of the experimental group. The standard deviations of the control parent group decreased 1.77 points from the pretest to the posttest.

The standard deviations of the experimental parent group decreased .85 points. Both groups moved toward more homogeneous groups.

The analysis of covariance data, showing the significance of difference between the control and experimental parent groups on the Porter Parental Acceptance Scale - Respect for the Child's Feelings and Right to Express Them subscale, are presented in Table 4.

Table 4

Analysis of Covariance Data on the Porter Parental Acceptance Scale - Respect for the Child's Feelings and Right to Express Them Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	39.88	1	29.88	1.16	.29
Within	619.75	24	25.82		

As can be seen in Table 4, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 1b was retained.

Hypothesis 1c. -- The mean score, adjusted mean scores, and standard deviations obtained from the Porter Parental Acceptance Scale - Appreciation of the Child's Unique Makeup subscale are presented in Table 5.

Table 5

Means and Standard Deviations on the Porter Parental Acceptance Scale - Appreciation of the Child's Unique Makeup Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	36.33	37.50	36.72	4.56	5.38
Exper. (N=15)	30.13	34.73	35.35	7.79	5.26

As can be seen in Table 5, the mean scores of the control parent group increased 1.17 points from the pretest to the posttest. The mean scores of the experimental parent group increased 4.60 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a 1.37 difference in favor of the control group. The standard deviations of the control

parent group remained relatively constant from the pretest to the posttest, increasing .82 points. The standard deviations of the experimental parent group decreased from the pretest to the posttest, 2.53 points moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and experimental parent groups on the Porter Parental Acceptance Scale - Appreciation of the Child's Unique Makeup subscale are presented in Table 6.

Table 6

Analysis of Covariance Data on the Porter Parental Acceptance Scale - Appreciation of the Child's Unique Makeup Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	10.14	1	10.14	.37	.55
Within	651.39	24	27.14		

As can be seen in Table 6, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On

the basis of this data, null hypothesis 1c was retained.

Hypothesis 1d. -- The mean scores, adjusted mean scores, and standard deviations, obtained from the Porter Parental Acceptance Scale - Recognition of the Child's Need for Autonomy and Independence subscale are presented in Table 7.

Table 7

Means and Standard Deviations on the Porter Parental Acceptance Scale - Recognition of the Child's Need for Autonomy and Independence Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	44.08	44.33	43.64	2.71	3.28
Exper. (N=15)	39.60	44.20	44.76	6.29	3.99

As can be seen in Table 7, the mean scores of the control parent group remained relatively constant from the pretest to the posttest, increasing .25 points. The mean scores of the experimental parent group increased 4.60 points from the pretest to the posttest. After the posttest means were adjusted for initial

differences using the pretest scores, there was a 1.12 point difference in favor of the experimental group. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, increasing .57 points. The standard deviations of the experimental parent group decreased 2.3 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and experimental parent groups on the Porter Parental Acceptance Scale - Recognition of the Child's Need for Autonomy and Independence subscale are presented in Table 8.

Table 8

Analysis of Covariance Data on the Porter Parental Acceptance Scale - Recognition of the Child's Need for Autonomy and Independence Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	6.95	1	6.95	.57	.46
Within	291.21	24	12.13		

As can be seen in Table 8, there was a difference between the adjusted mean posttest scores of the control and experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 1d was retained.

Hypothesis 1e. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Porter Parental Acceptance Scale - Unconditional Love subscale are presented in Table 9.

Table 9

Means and Standard Deviations on the
Porter Parental Acceptance Scale -
Unconditional Love Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	35.83	34.67	31.62	7.55	8.75
Exper. (N=15)	29.80	35.60	38.03	7.15	9.64

As can be seen in Table 9, the mean scores of the control parent group decreased 1.16 points from the

pretest to the posttest. The mean scores of the experimental parent group increased 5.8 points from pretest to posttest. After the posttest means were adjusted for initial differences using the pretest scores there was a 6.41 difference in favor of the experimental group. The standard deviations of the control parent group increased 1.20 points. The standard deviations of the experimental parent group increased 2.49 points from the pretest to the posttest. Both groups moved toward more heterogeneous groups.

The analysis of covariance data, showing the significance of difference between the control and experimental parent groups on the Porter Parental Acceptance Scale - Unconditional Love subscale are presented in Table 10.

Table 10

Analysis of Covariance Data on the
Porter Parental Acceptance Scale -
Unconditional Love Subscales

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	232.05	1	232.05	5.38	.03
Within	1034.64	24	43.11		

As can be seen in Table 10, there was a significant difference between the adjusted mean posttest scores of control and the experimental parent groups. On the basis of this data, null hypothesis 1e was not retained, and the research hypothesis 1e was supported.

Hypotheses 2 and 3 - Self Esteem

Hypothesis 2. -- The means scores, adjusted mean scores, and standard deviations obtained from the Coopersmith Self-Esteem Inventory are presented in Table 11.

Table 11

Means and Standard Deviations on the
Coopersmith Self-Esteem Inventory

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	85.33	85.67	75.82	13.68	13.15
Exper. (N=15)	60.00	71.47	79.35	22.73	18.07

As can be seen in Table 11, the mean scores of the control parent group remained relatively constant from

the pretest to the posttest, increasing .34 points. The mean scores of the experimental parent group increased 11.47 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a 3.53 point difference in favor of the experimental group. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, decreasing .53 points. The standard deviations of the experimental parent group decreased 4.66 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and experimental parent groups on the Coopersmith Self-Esteem Inventory are presented in Table 12.

Table 12

Analysis of Covariance Data on the
Coopersmith Self-Esteem Inventory

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	56.80	1	59.80	.71	.41
Within	1924.96	24	80.21		

As can be seen in Table 12, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 2 was retained.

Hypothesis 3. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Primary Self-Concept Inventory are presented in Table 13.

Table 13
Means and Standard Deviations on the
Primary Self-Concept Inventory

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	15.91	16.54	15.76	2.30	1.92
Exper. (N=9)	13.78	14.33	15.29	2.44	2.65

As can be seen in Table 13, the mean scores of the children of the control parent group remained

relatively constant from the pretest to the posttest, increasing .63 points. The mean scores of the children of the experimental parent group remained relatively constant from pretest to posttest increasing .55 points. After the posttest means were adjusted for initial differences using the pretest scores, there was a .47 point difference in favor of the control group. The standard deviations of the children of the control parent group remained relatively constant from the pretest to the posttest, decreasing .38 points. The standard deviations of the children of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .21 points, moving to a more heterogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Primary Self-Concept Inventory are presented in Table 14.

Table 14

Analysis of Covariance on the
Primary Self-Concept Inventory

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.89	1	.89	.59	.45
Within	25.45	17	1.50		

As can be seen in Table 14, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 3 was retained.

Hypothesis 4a, 4b, 5a, and 5b -
Parent-Child Relationship

Hypothesis 4a. -- The observed frequencies of the parent-child hierarchy for the control and experimental parent groups on the Madanes Family Hierarchy Test are presented in Table 15.

Table 15

Observed Frequencies of Parent-Child
Hierarchy for the Parents on the
Madanes Family Hierarchy Test

Group	Pretest			Posttest		
	H	HR	NH	H	HR	NH
Control (N=12)	10	0	1	10	0	2
Exper (N=15)	12	0	3	11	0	4

H = Hierarchy

HR = Hierarchical Reversal

NH = No Hierarchy

As can be seen in Table 15, the frequencies of the hierarchical reversals of both the control and the experimental parent groups remained constant from the pretest to the posttest. The frequencies of hierarchy decreased by one person, while the frequencies of no hierarchy increased by one person from the pretest to the posttest in both the control and experimental parent groups.

The chi-square and contingency coefficient data, showing the significance of difference between the control and experimental parent groups on the Madanes Family Hierarchy Test are presented in Table 16.

Table 16

Chi-Square and Contingency Coefficient Data of the
Parent-Child Hierarchy for the Parents on the
Madanes Family Hierarchy Test

Group	Chi-Square	Contingency Coefficient
Control (N=12)	3.79	.12
Exper (N=15)	.19	.08

As can be seen in Table 16, there was a difference between the contingency coefficients for the control and experimental parent groups, yet the difference was not significant. On the basis of this data, null hypothesis 4a was retained.

Hypothesis 4b. -- The mean scores, adjusted mean scores, and standard deviations obtained from the parent-child closeness scores of the parents on the Madanes Family Hierarchy Test are presented in Table 17.

Table 17

Means and Standard Deviations of the Parent-Child
Closeness Scores for the Parents on the
Madanes Family Hierarchy Test

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	2.22	1.79	1.79	1.53	.64
Exper. (N=15)	2.25	1.55	1.55	2.27	.70

As can be seen in Table 17, the mean scores of the control parent group increased in parent-child closeness from the pretest to the posttest, moving closer together by .43 inches. The experimental parent group increased in parent-child closeness from the pretest to the posttest, moving closer together by .70 inches. After the posttest means were adjusted for initial differences using the pretest scores, there was a .24 inch difference in favor of the experimental group. The standard deviations of the control parent group decreased .89 points from pretest to the posttest. The standard deviations of the experimental parent group decreased 1.57 points from pretest to

posttest. Both groups moved toward more homogeneous groups.

The analysis of covariance data showing the significance of difference between the control and experimental parent groups of the Madanes Family Hierarchy Test are presented in Table 18.

Table 18

Analysis of Covariance Data of the Parent-Child
Closeness Scores for the Parents on the
Madanes Family Hierarchy Test

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.39	1	.39	.92	.35
Within	10.17	24	.42		

As can be seen in Table 18, there was a difference between the adjusted mean posttest scores of the control and the experimental parent groups in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 4b was retained.

Hypothesis 5a. -- The observed frequencies of the parent-child hierarchy for the children of the control

and experimental parent groups on the Madanes Family Hierarchy Test are presented in Table 19.

Table 19

Observed Frequencies of Parent-Child
Hierarchy for the Children on the
Madanes Family Hierarchy Test

Group	Pretest			Posttest		
	H	HR	NH	H	HR	NH
Control (N=11)	8	0	3	8	0	3
Exper (N=9)	6	1	2	7	1	1

H = Hierarchy
HR = Hierarchical Reversal
NH = No Hierarchy

As can be seen in Table 19, the frequencies of the parent-child hierarchy of the children of the control parent group remained constant from the pretest to the posttest. The frequencies of the hierarchical reversals of the children of the experimental parent group remained constant from the pretest to the posttest. The frequencies of hierarchy increased by one person, while the frequencies of no hierarchy decreased by one person from the pretest to the

posttest.

The chi-square and contingency coefficient data, showing the significance of difference between the children of the control and experimental parent groups on the Madanes Family Hierarchy Test are presented in Table 20.

Table 20

Chi-Square and Contingency Coefficient Data of the Parent-Child Hierarchy for the Children on the Madanes Family Hierarchy Test

Group	Chi-Square	Contingency Coefficient
Control (N=11)	0	0
Exper (N=9)	.41	.15

As can be seen in Table 20, there was a difference between the contingency coefficients for the children of the control and experimental parent groups, yet the difference was not significant. On the basis of this data, null hypothesis 5a was retained.

Hypothesis 5b. -- The mean scores, adjusted mean scores, and standard deviations obtained from the parent-child closeness scores for the children on the

Madanes Family Hierarchy Test are presented in Table 21.

Table 21

Means and Standard Deviations of the Parent-Child
Closeness Scores for the Children on the
Madanes Family Hierarchy Test

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	1.70	1.71	1.65	.49	1.11
Exper. (N=9)	4.58	3.26	3.33	3.31	3.15

As can be seen in Table 21, the mean parent-child closeness scores of the children of the control parent group remained relatively constant from the pretest to the posttest, decreasing in closeness by .01 inches. The children of the experimental parent group increased in parent-child closeness from the pretest to the posttest, moving closer together by 1.32 inches. After the posttest means were adjusted for initial differences using the pretest scores, there was a 1.68 inch difference in favor of the control group. The standard deviations of the children of the control

parent group increased .62 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group decreased .16 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data showing the significance of difference between the children of the control and experimental parent groups of the Madanes Family Hierarchy Test are presented in Table 22.

Table 22

Analysis of Covariance Data of the Parent-Child
Closeness Scores for the Children on the
Madanes Family Hierarchy Test

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	9.52	1	9.52	1.77	.20
Within	91.38	17	5.38		

As can be seen in Table 22, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent groups in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 5b was retained.

Hypotheses 6a through 6j and 7a
through 7j - Family Environment

Hypothesis 6a. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Cohesion subscale are presented in Table 23.

Table 23

Means and Standard Deviations on the Family
Environment Scale - Cohesion Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	3.17	3.17	3.09	.94	1.19
Exper. (N=15)	2.87	3.00	3.06	1.25	1.46

As can be seen in Table 23, the mean scores of the control parent group remained constant from the pretest to the posttest. The mean scores of the experimental parent group increased .13 points from the pretest to the posttest. After the posttest, means were adjusted for initial differences using the pretest scores, there was a .03 point difference in favor of the control

group. The standard deviation of the control parent group remained relatively constant from the pretest to the posttest, increasing .25 points. The standard deviations of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .21 points. Both groups moved toward more heterogeneous groups.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Cohesion subscale are presented in Table 24.

Table 24

Analysis of Covariance Data on the Family Environment Scale - Cohesion Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.01	1	.01	.01	.94
Within	39.72	24	1.66		

As can be seen in Table 24, there was a difference between the adjusted mean posttest score of the control and the experimental parent group in favor of the control group, yet the difference was not sufficient to

reach the .05 level of significance. On the basis of this data, null hypothesis 6a was retained.

Hypothesis 6b. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Expressiveness subscale are presented in Table 25.

Table 25

Means and Standard Deviations on the Family Environment Scale - Expressiveness Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	3.08	3.08	2.92	1.16	.90
Exper. (N=15)	2.40	2.93	3.06	.83	1.10

As can be seen in Table 25, the mean scores of the control parent group remained constant from the pretest to the posttest. The mean scores of the experimental parent group increased .58 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there

was a .14 point difference in favor of the experimental group. The standard deviations of the control parent group decreased .26 points from the pretest to the posttest. The standard deviations of the experimental parent group increased .27 points from the pretest to the posttest moving toward a more heterogeneous group.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Expressiveness subscale are presented in Table 26.

Table 26

Analysis of Covariance Data on the
Family Environment Scale -
Expressiveness Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.11	1	.11	.12	.73
Within	21.51	24	.90		

As can be seen in Table 26, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not

sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6b was retained.

Hypothesis 6c. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Conflict subscale are presented in Table 27.

Table 27

Means and Standard Deviations on the Family Environment Scale - Conflict Subscales

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	2.33	1.92	1.94	1.16	1.08
Exper. (N=15)	2.40	2.60	2.58	1.12	.91

As can be seen in Table 27, the mean scores of the control parent group decreased 41 points from the pretest to the posttest. The mean scores of the experimental parent group increased .20 points from the pretest to the posttest. After the posttest means were

adjusted for initial differences using the pretest scores, there was a .64 point difference in favor of the experimental group. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, decreasing .08 points. The standard deviations of the experimental parent group decreased .21 points from the pretest to the posttest, moving to a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Conflict subscale are presented in Table 28.

Table 28

Analysis of Covariance Data on the Family Environment Scale - Conflict Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	2.79	1	2.79	4.53	.04
Within	14.77	24	.62		

As can be seen in Table 28, there was a significant difference between the adjusted mean posttest scores of the control and the experimental parent group. On the

basis of this data, null hypothesis 6c was not retained, and the research hypothesis 6c was supported.

Hypothesis 6d. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Independence subscale are presented in Table 29.

Table 29

Means and Standard Deviations on the Family Environment Scale - Independence Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	2.83	2.50	2.41	1.03	1.00
Exper. (N=15)	2.40	2.80	2.88	1.18	.78

As can be seen in Table 29, the mean scores of the control parent group decreased .33 points from the pretest to the posttest. The mean scores of the experimental parent group increased .40 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest

scores, there was a .47 point difference in favor of the experimental group. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, decreasing .03 points. The standard deviations of the experimental parent group decreased .40 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Independence subscale are presented in Table 30.

Table 30

Analysis of Covariance Data on the Family Environment Scale - Independence Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	1.41	1	1.41	2.31	.14
Within	14.64	24	.61		

As can be seen in Table 30, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of

the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6d was retained.

Hypothesis 6e. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Achievement Orientation Subscale are presented in Table 31.

Table 31

Means and Standard Deviations on the
Family Environment Scale - Achievement
Orientation Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	1.33	1.67	2.04	.89	1.23
Exper. (N=15)	2.27	2.20	1.90	1.10	1.15

As can be seen in Table 31, the mean scores of the control parent group increased .34 points from the pretest to the posttest. The mean scores of the experimental parent group remained relatively constant

from the pretest to the posttest, decreasing .07 points. After the posttest means were adjusted for initial differences using the pretest scores, there was a .14 point difference in favor of the control group. The standard deviations of the control parent group increased .34 points from the pretest to the posttest. The standard deviations of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .05 points.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Achievement Orientation subscale are presented in Table 32.

Table 32

Analysis of Covariance Data on the Family Environment Scale - Achievement Orientation Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.11	1	.11	.12	.73
Within	21.65	24	.90		

As can be seen in Table 32, there was a difference between the adjusted mean posttest scores of the

control and the experimental parent group in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6e was retained.

Hypothesis 6f. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Intellectual-Cultural Orientation subscale are presented in Table 33.

Table 33

Means and Standard Deviations on the Family Environment Scale - Intellectual-Cultural Orientation Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	2.42	2.50	2.23	1.08	1.09
Exper. (N=15)	1.67	2.07	2.28	1.11	1.03

As can be seen in Table 33, the mean scores of the control parent group remained relatively constant from the pretest to the posttest, increasing .08 points.

The mean scores of the experimental parent group increased .40 points from the pretest to the posttest. After the posttest, means were adjusted for initial differences using the pretest scores, there was a .05 point difference in favor of the experimental group. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, increasing .01 points. The standard deviations of the experimental parent group remained relatively constant from the pretest to the posttest decreasing .08 points.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Intellectual-Cultural Orientation subscale are presented in Table 34.

Table 34

Analysis of Covariance Data on the Family Environment Scale - Intellectual-Cultural Orientation Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.02	1	.02	.03	.86
Within	14.93	24	.62		

As can be seen in Table 34, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6f was retained.

Hypothesis 6g. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Active-Recreational Orientation subscale are presented in Table 35.

Table 35

Means and Standard Deviations on the Family
Environment Scale - Active-Recreational
Orientation Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	2.50	2.58	2.33	1.09	1.16
Exper. (N=15)	2.00	2.13	2.33	.93	1.19

As can be seen in Table 35, the mean scores of the control parent group remained relatively constant from the pretest to the posttest, increasing .08 points. The mean scores of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .13 points. After the posttest means were adjusted for initial differences using the pretest scores, there was no difference between the control and experimental parent groups. The standard deviations of the control parent group remained relatively constant from the pretest to the posttest, increasing .07 points. The standard deviations of the experimental parent group increased .26 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Active-Recreational Orientation subscale are presented in Table 36.

Table 36

Analysis of Covariance Data on the Family
Environment Scale - Active-Recreational
Orientation Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.00	1	.00	.00	1.00
Within	14.40	24	.60		

As can be seen in Table 36, there was no difference between the adjusted mean posttest scores of the control and the experimental parent group. On the basis of this data, null hypothesis 6g was retained.

Hypothesis 6h. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Moral-Religious Emphasis subscale are presented in Table 37.

Table 37

Means and Standard Deviations on the Family
Environment Scale - Moral-Religious
Emphasis Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	3.33	3.50	3.40	.65	1.00
Exper. (N=15)	2.80	2.87	2.94	1.15	.92

As can be seen in Table 37, the mean scores of the control parent group increased .17 points from the pretest to the posttest. The mean scores of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .07 points. After the posttest means were adjusted for initial differences using the pretest scores, there was a .46 point difference in favor of the control group. The standard deviations of the control parent group increased .35 points from the pretest to the posttest. The standard deviations of the experimental parent group decreased .23 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Moral-Religious subscale are presented in Table 38.

Table 38

Analysis of Covariance Data on the Family
Environment Scale - Moral-Religious
Emphasis Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	1.29	1	1.29	1.53	.23
Within	20.23	24	.84		

As can be seen in Table 38, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the control group yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6h was retained.

Hypothesis 6i. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Organization subscale are presented in Table 39.

Table 39

Means and Standard Deviations on the Family
Environment Scale - Organization Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	2.58	2.75	2.86	1.16	1.29
Exper. (N=15)	2.80	3.00	2.91	.86	1.25

As can be seen in Table 39, the mean scores of the control parent group increased .17 points from the pretest to the posttest. The mean scores of the experimental parent group increased .20 points from the pretest to the posttest. After the posttest, means were adjusted for initial differences using the pretest scores, there was a .05 point difference in favor of the experimental group. The standard deviations of the control parent group increased .13 points from the pretest to the posttest. The standard deviations of the experimental parent group decreased .39 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the

significance of difference between the control and the experimental parent groups on the Family Environment Scale - Organization subscale are presented in Table 40.

Table 40

Analysis of Covariance Data on the Family Environment Scale - Organization Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.01	1	.01	.02	.89
Within	17.97	24	.75		

As can be seen in Table 40, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6i was retained.

Hypothesis 6j. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Family Environment Scale - Control subscale are presented in Table 41.

Table 41

Means and Standard Deviations on the Family
Environment Scale - Control Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=12)	1.75	1.50	1.71	1.48	1.31
Exper. (N=15)	2.80	2.53	2.37	1.15	.83

As can be seen in Table 41, the mean scores of the control parent group decreased .25 points from the pretest to the posttest. The mean scores of the experimental parent group decreased .27 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .66 point difference in favor of the experimental group. The standard deviations of the control parent group increased .7 points from the pretest to the posttest. The standard deviations of the experimental parent group decreased .32 points from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the control and the experimental parent groups on the Family Environment Scale - Control subscale are presented in Table 42.

Table 42

Analysis of Covariance Data on the Family Environment Scale - Control Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	2.49	1	2.49	2.55	.12
Within	23.39	24	.97		

As can be seen in Table 42, there was a difference between the adjusted mean posttest scores of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 6j was retained.

Hypothesis 7a. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Cohesion subscale are presented in Table 43.

Table 43

Means and Standard Deviations on the Children's
Version of the Family Environment
Scale - Cohesion Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	7.00	7.18	7.25	.89	1.25
Exper. (N=9)	7.33	7.00	6.91	2.12	2.24

As can be seen in Table 43, the mean scores of the children of the control parent group increased .18 points from the pretest to the posttest. The mean scores of the children of the experimental parent group decreased .33 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .34 point difference in favor of the control group. The standard deviations of the children of the control parent group increased .36 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group increased .12 points from the pretest to the posttest, moving toward a more

heterogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Cohesion subscale are presented in Table 44.

Table 44

Analysis of Covariance Data on the Children's
Version of the Family Environment
Scale - Cohesion Subscales

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.57	1	.57	.21	.65
Within	45.61	17	2.68		

As can be seen in Table 44, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7a was retained.

Hypothesis 7b. -- The mean scores, adjusted mean scores, and standard deviations obtained from the

Children's Version of the Family Environment Scale - Expressiveness subscale are presented in Table 45.

Table 45

Means and Standard Deviations on the Children's Version of the Family Environment Scale - Expressiveness Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	7.27	6.00	5.80	1.10	1.18
Exper. (N=9)	6.56	5.67	5.91	1.51	1.66

As can be seen in Table 45, the mean scores of the children of the control parent group decreased 1.27 points from the pretest to the posttest. The mean scores of the children of the experimental parent group decreased .89 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .11 point difference in favor of the experimental group. The standard deviations of the children of the control parent group remained relatively constant from the

pretest to the posttest, increasing .08 points. The standard deviations of the children of the experimental parent group increased .15 points from the pretest to the posttest, moving toward a more heterogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Expressiveness subscale are presented in Table 46.

Table 46

Analysis of Covariance Data on the Children's
Version of the Family Environment
Scale - Expressiveness Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.05	1	.05	.04	.85
Within	24.54	17	1.44		

As can be seen in Table 46, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of

significance. On the basis of this data, null hypothesis 7b was retained.

Hypothesis 7c. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Conflict subscale are presented in Table 47.

Table 47

Means and Standard Deviations on the Children's
Version of the Family Environment
Scale - Conflict Subscales

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	7.09	6.91	6.95	.70	.54
Exper. (N=9)	6.56	6.00	5.95	.88	1.22

As can be seen in Table 47, the mean scores of the children of the control parent group decreased .18 points from the pretest to the posttest. The mean scores of the children of the experimental parent group decreased .56 points from the pretest to the posttest. After the posttest means were adjusted for initial

differences using the pretest scores, there was a 1.00 point difference in favor of the control group. The standard deviations of the children of the control parent group decreased .16 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group increased .34 points from the pretest to the posttest, moving toward a more heterogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Conflict subscale are presented in Table 48.

Table 48

Analysis of Covariance Data on the Children's
Version of the Family Environment
Scale - Conflict Subscales

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	4.40	1	4.40	5.13	.04
Within	14.58	17	.86		

As can be seen in Table 48, there was a significant difference between the adjusted mean posttest scores of

the children of the control and the experimental parent group. However, the difference was not in the direction of the research hypothesis. On the basis of this data, null hypothesis 7c was retained.

Hypothesis 7d. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Independence subscale are presented in Table 49.

Table 49

Means and Standard Deviations on the Children's
Version of the Family Environment
Scale - Independence Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	5.00	5.09	5.23	1.26	.83
Exper. (N=9)	5.56	5.33	5.16	1.67	2.06

As can be seen in Table 49, the mean scores of the children of the control parent group remained relatively constant from the pretest to the posttest, increasing .09 points. The mean scores of the children

of the experimental parent group decreased .23 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .07 point difference in favor of the control parent group. The standard deviations of the children of the control parent group decreased .43 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group increased .39 points from the pretest to the posttest, moving toward a more heterogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Independence subscale are presented in Table 50.

Table 50

Analysis of Covariance Data on the Children's
Version of the Family Environment
Scale - Independence Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.02	1	.02	.01	.91
Within	29.00	17	1.71		

As can be seen in Table 50, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group. Yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7d was retained.

Hypothesis 7e. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Achievement Orientation subscale are presented in Table 51.

Table 51

Means and Standard Deviations on the Children's
Version of the Family Environment Scale -
Achievement Orientation Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	7.46	7.54	7.47	1.04	1.21
Exper. (N=9)	7.00	7.11	7.20	1.66	1.17

As can be seen in Table 51, the mean scores of the children of the control parent group remained relatively constant from the pretest to the posttest, increasing .08 points. The mean scores of the children of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .11 points. After the posttest means were adjusted for initial differences using the pretest scores, there was a .27 point difference in favor of the control group. The standard deviations of the children of the control parent group increased .17 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group decreased .49 points

from the pretest to the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Achievement Orientation subscale are presented in Table 52.

Table 52

Analysis of Covariance Data on the Children's
Version of the Family Environment Scale -
Achievement Orientation Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.33	1	.33	.27	.61
Within	21.01	17	1.24		

As can be seen in Table 52, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group. Yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7e was retained.

Hypothesis 7f. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Intellectual-Cultural subscale are presented in Table 53.

Table 53

Means and Standard Deviations on the Children's
Version of the Family Environment
Scale - Intellectual-Cultural
Orientation Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	6.27	5.64	5.16	1.01	1.03
Exper. (N=9)	4.89	5.44	6.03	.78	1.01

As can be seen in Table 53, the mean scores of the children of the control parent group decreased .63 points from the pretest to the posttest. The mean scores of the children of the experimental parent group increased .55 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .87

point difference in favor of the experimental group. The standard deviations of the children of the control parent group remained relatively constant from the pretest to the posttest, increasing .02 points. The standard deviations of the children of the experimental parent group increased .23 points from the pretest to the posttest, moving toward a more heterogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Intellectual-Cultural subscale are presented in Table 54.

Table 54

Analysis of Covariance Data on the Children's
Version of the Family Environment
Scale - Intellectual-Cultural
Orientation Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	2.29	1	2.29	3.91	.06
Within	9.94	17	.58		

As can be seen in Table 54, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the experimental group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7f was retained.

Hypothesis 7g. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Active-Recreational Orientation subscale are presented in Table 55.

Table 55

Means and Standard Deviations on the Children's Version of the Family Environment Scale - Active Recreational Orientation Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	6.36	6.46	6.45	.92	1.13
Exper. (N=9)	6.33	5.67	5.68	1.66	1.87

As can be seen in Table 55, the mean scores of the children of the control parent group remained relatively constant from the pretest to the posttest, increasing .10 points. The mean scores of the children of the experimental parent group decreased .66 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .77 point difference in favor of the control group. The standard deviations of the children of the control parent group increased .21 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group increased .21 points from the pretest to the posttest. Both groups moved toward more heterogeneous groups.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Active-Recreational subscale are presented in Table 56.

Table 56

Analysis of Covariance Data on the Children's
Version of the Family Environment Scale -
Active Recreational Orientation Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	2.95	1	2.95	1.56	.23
Within	32.16	17	1.89		

As can be seen in Table 56, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7g was retained.

Hypothesis 7h. -- The mean scores, adjusted mean scores, and standard deviations obtained from the Children's Version of the Family Environment Scale - Moral-Religious Emphasis subscale are presented in Table 57.

Table 57

Means and Standard Deviations on the Children's
Version of the Family Environment Scale -
Moral-Religious Emphasis Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	8.09	7.73	7.70	.94	1.01
Exper. (N=9)	8.00	8.22	8.25	1.12	.83

As can be seen in Table 57, the mean scores of the children of the control parent group decreased .36 points from the pretest to the posttest. The mean scores of the children of the experimental parent group increased .22 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .55 point difference in favor of the experimental group. The standard deviations of the children of the control parent group remained relatively constant from the pretest to the posttest, increasing .07 points. The standard deviations of the children of the experimental parent group decreased .29 points from the pretest to

the posttest, moving toward a more homogeneous group.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Moral-Religious subscale are presented in Table 58.

Table 58

Analysis of Covariance Data on the Children's
Version of the Family Environment Scale -
Moral-Religious Emphasis Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	1.49	1	1.49	2.81	.11
Within	9.02	17	.53		

As can be seen in Table 58, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the experimental group. Yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7h was retained.

Hypothesis 7i. -- The mean scores, adjusted mean scores, and standard deviations obtained from the

Children's Version of the Family Environment Scale - Organization subscale are presented in Table 59.

Table 59

Means and Standard Deviations on the Children's Version of the Family Environment Scale - Organization Subscale

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	7.54	7.82	7.80	.52	.87
Exper. (N=9)	7.44	7.22	7.25	1.67	1.72

As can be seen in Table 59, the mean scores of the children of the control parent group increased .28 points from the pretest to the posttest. The mean scores of the children of the experimental parent group decreased .22 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .55 point difference in favor of the control group. The standard deviation of the children of the control parent group increased .35 points from the pretest to

the posttest. The standard deviations of the children of the experimental parent group remained relatively constant from the pretest to the posttest, increasing .05 points.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Organization subscale are presented in Table 60.

Table 60

Analysis of Covariance Data on the Children's Version of the Family Environment Scale - Organization Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	1.48	1	1.48	1.00	.33
Within	25.22	17	1.48		

As can be seen in Table 60, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group, yet the difference was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7i was retained.

Hypothesis 7j. -- The mean scores, adjusted mean scores, and the standard deviations obtained from the Children's Version of the Family Environment Scale - Control subscale are presented in Table 61.

Table 61

Means and Standard Deviations on the Children's
Version of the Family Environment Scale -
Control Subscales

Group	Means			Standard Deviations	
	Pretest	Posttest	Adjusted Posttest	Pretest	Posttest
Control (N=11)	6.64	6.27	6.25	1.29	1.10
Exper. (N=9)	6.56	6.00	6.02	1.51	1.32

As can be seen in Table 61, the mean scores of the children of the control parent group decreased .37 points from the pretest to the posttest. The mean scores of the children of the experimental parent group decreased .56 points from the pretest to the posttest. After the posttest means were adjusted for initial differences using the pretest scores, there was a .23 point difference in favor of the control group. The

standard deviations of the children of the control parent group decreased .19 points from the pretest to the posttest. The standard deviations of the children of the experimental parent group decreased .14 points from the pretest to the posttest. Both groups moved toward more homogeneous groups.

The analysis of covariance data, showing the significance of difference between the children of the control and experimental parent groups on the Children's Version of the Family Environment Scale - Control subscale are presented in Table 62.

Table 62

Analysis of Covariance Data on the Children's
Version of the Family Environment Scale -
Control Subscale

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Sign. of F
Between	.26	1	.26	.27	.61
Within	16.77	17	.99		

As can be seen in Table 62, there was a difference between the adjusted mean posttest scores of the children of the control and the experimental parent group in favor of the control group, yet the difference

was not sufficient to reach the .05 level of significance. On the basis of this data, null hypothesis 7j was retained.

For the purpose of clarity, the gain scores and analysis of covariance significance levels on the Family Environment Scale and the Children's Version of the Family Environment Scale are again presented in Table 63.

Table 63

Gain Scores and Significance Levels on the Family
Environment Scale and the Children's Version
of the Family Environment Scale

Subscale	FES			CVFES		
	Group		p	Group		p
	Control	Exper.		Control	Exper.	
1) Cohesion	0	.13	.94	.18	-.33	.65
2) Expressiveness	0	.58	.73	-1.27	-.89	.85
3) Conflict	-.41	.20	.04	-.18	-.56	.04
4) Independence	-.33	.40	.14	.09	-.23	.91
5) Achievement Orientation	.34	-.07	.73	.08	.11	.61
6) Intellectual- Cultural Orientation	.08	.40	.86	-.63	.55	.06
7) Active- Recreational Orientation	.08	.13	1.00	.10	-.66	.23
8) Moral-Religious Emphasis	.17	.07	.23	-.36	.22	.11
9) Organization	.17	.20	.89	.28	-.22	.33
10) Control	-.25	-.27	.12	-.37	-.56	.61

Related Findings

To further explore not only the quantity but also the quality of change due to the filial therapy treatment, the Questions for Parents (see Appendix B) was administered. This five point Likert-type scale was constructed by the experimenter in order to further distinguish between ten predictable outcome dimensions for the parents. The gain scores were computed and an F-test was conducted to show the significance of difference between the parents who received filial therapy and the parents who did not receive filial therapy. The mean scores, gain scores, and significance levels are presented in Table 64.

Table 64

Mean Scores, Gain Scores, and Significance
Levels on the Questions for Parents

Ques.	Group	Means			F	Sign. of F
		Pretest	Posttest	Gain		
1	Cont. (N=12)	3.83	3.92	.08	1.47	.24
	Exper. (N=15)	3.40	3.87	.46		
2	Cont.	3.83	3.83	.00	4.87	.04
	Exper.	3.33	3.87	.53		
3	Cont.	3.50	3.50	.00	28.57	.001
	Exper.	2.47	3.67	1.20		
4	Cont.	3.75	3.83	.08	3.90	.06
	Exper.	3.13	3.67	.53		
5	Cont.	3.42	3.58	.16	1.12	.30
	Exper.	2.93	3.40	.46		
6	Cont.	3.83	3.75	-.08	5.95	.02
	Exper.	3.07	3.60	.53		
7	Cont.	3.67	3.75	.08	.90	.35
	Exper.	3.20	3.60	.40		
8	Cont.	4.33	4.42	.08	3.17	.09
	Exper.	3.80	4.33	.53		
9	Cont.	4.25	4.17	-.08	5.77	.02
	Exper.	3.47	4.13	.67		
10	Cont.	4.25	4.25	.00	.54	.47
	Exper.	3.80	4.00	.20		

As can be seen in Table 64, four out of the ten questions reached significance of difference at the .05 level. The dimension showing the highest difference in gain scores is question three - I feel I understand the meaning of my child's play. Following in descending order are: question nine - I feel my child expresses himself/herself with me, question six - I have faith in my child's ability to solve his/her own problems, question nine - I feel I understand my child, question four - I feel I know how to be helpful to my child, question eight - I accept my child for who he/she is, question one - I feel in control with my child, question seven - I know how to communicate understanding to my child, question five - I feel sure of what to do with my child, and question ten - I respect my child's feelings.

It is interesting to note that this scale is the only measure of the parents' ability to understand the meaning of their child's play and that this dimension showed the greatest significance of difference in the gain scores of the two groups. It may be that this skill is not only a major outcome of filial therapy,

but also an important tool for increasing the other dimensions. It appears that when parents learn to understand the meaning of their child's play or "talk their child's language", the parents also gain in perceived expression, faith, and understanding of their child. These findings may lend understanding to the previously mentioned increases on the parent-child closeness measure of the Madanes Family Hierarchy Test. These findings also are supported by the parents' scores on the Family Environment Scale.

Discussion

This study was conducted for the purpose of 1) determining the effect of filial therapy on parental acceptance, self-esteem, parent-child relationship, and family environment and 2) making recommendations concerning its effectiveness as a treatment modality for parents and their children. This discussion will focus on the following questions for each variable: 1) Does filial therapy produce change? 2) What is the nature of this change? 3) How do these findings compare with other studies? and 4) What recommendations can be made based on this information?

It should be noted here that due to chance, the control group has scored consistently higher than the experimental group on the pretests with the exception

of six subscales. While randomization of subjects would have made this occurrence less likely, it was not possible to alter the standard procedures in this particular clinic setting. Even though the use of analysis of covariance helped to statistically control for initial differences, the results may not reveal the full extent of the differences which exist between the two groups due to the treatment.

Parental Acceptance

As can be seen in Table 1 through Table 10, the parental acceptance mean scores on the Porter Parental Acceptance Scale of the parents who received filial therapy did change to a greater extent than the mean scores of the parents who did not receive filial therapy. The total mean scores of the parents who received filial therapy increased 23.73 points. The total mean scores of the parents who did not receive filial therapy increased .92 points. Although not statistically significant at the .05 level, the difference between the two groups was significant at the .09 level.

The nature of change can be seen in the four subscale dimensions. The parents in the filial therapy group showed the greatest difference from the parents who did not receive filial therapy in their

unconditional love. This dimension was statistically significant at the .03 level. The next greatest difference was with the parents' respect for the child's feelings and right to express them, followed by the parents' recognition of the child's need for autonomy and independence, with the least difference being in the parents' appreciation of the child's unique makeup. The Unconditional Love subscale differed from the other scales in that it measured the parents' feelings, whereas the other scales measured the parents' manifested behavior in a specified situation. Perhaps filial therapy has a greater effect on changing feelings than it does on changing behavior. Or perhaps a change in feelings can be identified earlier with changes in behavior to follow.

These results tend to support the other studies in filial therapy (Sywulak, 1977; Sensue, 1981; Dematatis, 1981; Lebovitz, 1982) in that parental acceptance, as measured by the Porter Parental Acceptance Scale, did increase after treatment. However statistically significant results seem to be a function of the number of subjects and time of measurement. Sywulak measured 32 parents during four intervals: 1) four months prior to treatment, 2) immediately prior to treatment, 3) after two months of treatment, and 4) after four months of

treatment. Sensue measured 25 of Sywulak's parents at a six month and three year follow-up. Sywulak (1977) found that 70 percent of the gain occurred during the first two months of treatment and continued upward, though not significantly, during the second two months. Sensue (1981) found that parental acceptance increased significantly at both six months ($p < .001$) and three years ($p < .016$). Lebovitz (1982) measured 7 parents after ten weeks of filial therapy and at a two month follow-up and found nonsignificant increases ($p = .38$ for mothers and $p = .90$ for fathers). Overman (1974) measured 31 parents after a ten week parent education group based on Rogerian, Adlerian and behavioristic approaches and found nonsignificant increases ($p = .90$) in the total score with the Unconditional Love subscale one of the least increased ($p = .83$).

Based on this information, it appears that filial therapy may be an effective treatment for increasing the parents' acceptance of their children. It also appears that parental acceptance can be increased effectively in ten weeks and tends to increase significantly over time. It is also possible, due to the experiential nature of filial therapy, that increases in parents' feelings of acceptance and unconditionality are initially impacted and lay a foundation for later behavioral changes.

Self Esteem

As can be seen in Table 11 through Table 14, the mean self-esteem scores of the parents who received filial therapy increased 11.47 points. The mean self-esteem scores of the parents who did not receive filial therapy increased .34 points. The mean self-esteem scores of the children of the parents who received filial therapy increased .55 points. The mean self-esteem scores of the children of the parents who did not receive filial therapy increased .63 points. It appears that filial therapy did produce change in the direction of increased self-esteem, yet to a greater extent with the parents than with the children of the filial therapy group. The parents may have experienced a greater change as a function of the amount of time spent in treatment. The parents received a total of 20 hours of contact with the group and therapists while the children received a total of three hours of contact with their parents. The results may be function of the nature of time spent. The parents received ongoing group education, interaction, feedback, and support, while the children received play experiences with their parents. Perhaps self awareness as a result of treatment tends to initially deflate self-esteem and the lag will increase with time. Or

perhaps self-esteem itself is a complex characteristic which requires more time to show the effect of any treatment on either parents or children.

The results of this study tend to support previous research. The sole treatment of play therapy has shown increases in childrens' self-esteem (Gould, 1980; Aust, 1984). Yet Carns (1979) measured the long term effects of play therapy on 16 children and found that play therapy or length of time following therapy contact did not have an appreciable effect on self-esteem. Due to the relationship of parents' self-esteem, attitudes, and behavior to childrens' self-esteem (Jourard, 1955; Wylie, 1961; Coopersmith, 1967; Miller, 1971; Eisman, 1981), various parent training groups have also shown increases in the self-esteem of parents and their children (Overman, 1974; Esters, 1980; Scovern et al., 1980; Bennett; 1982). Filial therapy, a combination of play therapy and parent training seems to be a logical method to maximize and continue impact on self-esteem. Although not statistically significant, the findings of this study supported the other research in filial therapy which has shown increases in childrens' self-esteem (Gilmore, 1971) and both parents' and childrens' self-esteem (Ginsberg, Stutman, & Hummell, 1978). Eardley (1978) measured the effect of a

fourteen week didactic version of filial therapy and found scores to increase, yet not significantly (parent $p = .29$ and children $p = .10$), at both the posttest and fourteen week follow-up. A one to three year follow-up conducted by L. Guerney (1975) in filial therapy also demonstrated promising reports of continued improvements.

Based on this information, it appears that filial therapy may be helpful in increasing the self-esteem of both parents and their children. It also appears that filial therapy has a greater impact on the self-esteem of parents. There is no reason to believe that both the parents' and childrens' scores should not continue to increase with time, however the lack of follow-up information makes this tentative rather than conclusive.

Parent-Child Relationship

As can be seen in Table 15 through Table 22, the scores on both dimensions of the parent-child relationship of the parents and children who received filial therapy did change to a greater extent than the scores of the parents and children without treatment. The children changed to a greater extent than the parents, however, neither group reached statistical significance.

The nature of change is shown in the amount and direction of movement. The parents who received filial therapy moved .70 inches closer to their children. The parents who did not receive filial therapy moved .43 inches closer to their children. The children of the parents who received filial therapy moved 1.32 inches closer to their parents. The children of the parents who did not receive filial therapy moved .01 inches farther from their parents. Five parents in the filial therapy group changed their hierarchy scores, cancelling each other out to one parent changing from a hierarchy to no hierarchy. One parent in the group without treatment changed from a hierarchy to no hierarchy. Five children of the parents in the filial therapy group changed their hierarchy scores, cancelling each other out to one child changing from a no hierarchy to a hierarchy. Two children of the parents in the group without treatment changed, cancelling each other out.

Another interesting trend, as measured by the Madanes Family Hierarchy Test, was the closeness scores of the mother and father. The married parents who received filial therapy (N=8) moved .38 inches closer to their spouses. The married parents without treatment (N=10) moved .34 inches closer to their

spouses ($p=.40$). The children of the parents who received filial therapy ($N=4$) perceived their parents as moving 2.14 inches closer together. The children of the parents without treatment ($N=8$) perceived their parents as moving .01 inches farther apart ($p=.77$).

Although this study used different measures, it supports Gilmore's (1971), Wall's (1979), and Kezur's (1980) findings that filial therapy does affect a positive change on the parent-child relationship. It also supports Bennett's (1982) findings that parent groups are effective in enhancing the parent-child relationship. And it tends to concur with Scovern et al.'s (1980) findings in that parent groups affect an increase in perceived marital adjustment.

Based on this information, it appears that filial therapy may be a promising treatment for increasing the closeness of the parent-child relationship without greatly altering the authority hierarchy in any discernable direction.

Family Environment

As can be seen in Table 23 through Table 63, the family environment mean scores of the parents who received filial therapy changed a total of 2.45 points. The mean scores of the parents who did not receive filial therapy changed a total of 1.83 points. The

mean scores of the children of the parents who received filial therapy changed a total of 4.33 points. The mean scores of the children of the parents who did not receive filial therapy changed a total of 3.54 points. Both the parents and the children who received filial therapy scored significantly different ($p = .04$) from the parents and children who did not receive treatment on the Conflict subscale.

The nature of change can be further analyzed by looking at the amount and direction of the change on each of the ten subscales. The family dimensions which were most affected by filial therapy as perceived by the parents were 1) expressiveness, 2) conflict, 3) independence, and 4) control. The family dimensions which were most effected by filial therapy as perceived by the children were 1) expressiveness, 2) conflict, 3) intellectual-cultural orientation and 4) control.

On the Expressiveness subscale, how much family members are encouraged to act openly to express their feelings directly, the parents' scores increased while the childrens' scores decreased. Perhaps the parents were more aware of their feelings and felt more open to express them, while the children felt more attention had been directed to them and were less in need of expressing themselves. These results support

Lebovitz's (1982) findings that mothers in filial therapy showed significant increases in communication of acceptance of their children's feelings. It also supports Wall's (1979) findings which showed that parents who conducted play therapy significantly improved their ability to communicate empathically with their children.

On the Conflict subscale, the amount of openly expressed anger, aggression, and conflict among family members, the parents' scores also increased, while the children's scores decreased. Perhaps this has to do with the way conflict is expressed in the family. It is possible that both the parents and the children have learned ways to deal with their anger and aggression which is perceived by the children as less conflict. While the parents are more aware of the conflicts which exist, the children perceive the difference in expression as a difference in amount. These results support Lebovitz's (1982) findings that children in filial therapy showed significant decreases in aggression. This also supports Walls' (1979) results which showed that children in play therapy with their parents showed significant differences in improved adjustment by expressing their negative attitudes, suggesting that the acceptance of negative feelings by

a parent has a more powerful impact on a child than does acceptance by a therapist. These results, however, do not support Rosenthal's (1975) findings which found that parents after a parent training group perceived less conflict in the family environment.

On the Independence subscale, the extent to which family members are assertive, self-sufficient, and make their own decisions, the parents' scores increased again, while the children's scores decreased slightly. These results support Lebovitz's (1982) findings that mothers in filial therapy showed significant increases in allowing their children more self-direction along with demonstrated involvement. It is possible that the children viewed this new demonstrated involvement as less independence, perceiving less isolation as less independence.

On the Intellectual-Cultural Orientation subscale, the degree of interest in political, social, intellectual and cultural activities, both the parents' and the children's scores increased. This could be due to the influence of the new course for the parents and perhaps the time and energy that has been released from other less enjoyable family pursuits for both. These results support both Andronico, B. Guernsey, Fidler, and L. Guernsey's (1967) and B. Guernsey, Stover, and

Andronico's (1967) studies which showed filial therapy to improve childrens' academic aspirations and performance.

On the Control subscale, the extent to which set rules and procedures are used to run family life, both the parents' and the childrens' scores decreased. This dimension along with the variation in scores on all the subscales suggests that after ten weeks of filial therapy, the family is in a state of flux. This is what Minuchin (1981) would term "unbalancing" to create change. This suggests that filial therapy does have an impact on the family environment, yet the effects are hard to identify at the time of the posttest while the family is still in a state of change.

Based on this information, it appears that filial therapy does have an effect on the family environment, especially the conflict dimension. Yet due to the idiosyncratic nature of family members' perceptions this area needs further study to be more definitive.

Conclusions

Based on the findings of this study, it may be concluded that:

- 1) Filial therapy does significantly increase parents' feeling of unconditional love for their children.

2) Filial therapy does significantly increase parents' perception of expressed conflict in their family.

In addition to the statistically significant results, there were some important trends which, while not reaching the .05 significance level, deserve mentioning as directional conclusions. Based upon strong trends, the following are nevertheless qualitative judgements:

1) Filial therapy may be an effective treatment for increasing parents' acceptance of their children, especially parents' feelings of unconditional love.

2) Filial therapy may be a somewhat effective treatment for increasing self-esteem, yet more effective in increasing parents' self-esteem than children's self-esteem.

3) Filial therapy may be an effective treatment for increasing the closeness of the parent-child relationship without altering the authority hierarchy.

4) Filial therapy may influence the family environment, especially in the areas of expressiveness, conflict, independence, intellectual-cultural orientation, and control.

5) Filial therapy may be an effective treatment for increasing parents' understanding of the meaning of their childrens' play.

Recommendations

Based on the findings of this study, the following recommendations are suggested:

- 1) Further research in filial therapy might include a replication of this study, using increased numbers of subjects.
- 2) Further research in filial therapy might include a follow-up study, using the subjects and instruments used in this study.
- 3) Further research in filial therapy might include the use of alternative instruments, especially instruments which are sensitive to measuring young children and family dynamics.
- 4) Further research in filial therapy might include a combination of instruments which not only measure the subjects' self reported perceptions but also measure objective ratings from others, such as raters, therapists, and teachers.
- 5) Further research in filial therapy might include alternative designs such as using subjects as their own controls with repeated measurements or randomly assigning treatment and control groups.
- 6) Further research in filial therapy might include the comparison of alternate treatment groups, such as play therapy from a therapist, filial therapy

from a parent, and play therapy with filial therapy.

7) Further research in filial therapy might include the comparison of the outcomes of different family structures, such as single parent families, two-parent families, and blended families.

8) Further research in filial therapy might include the comparison of the outcomes of different levels of family health and style, such as healthy, adequate, midrange, borderline and severely disturbed (Lewis, Beavers, Gossett, & Phillips, 1976) and centrifugal or centripetal (Stierlin, 1974).

9) Further research in filial therapy might include the comparison of the use of different parents, such as mother, father, stepparent, and closest or most distant parent.

10) Further research in filial therapy might include the responses of family members not included in treatment, such as siblings, other parents, and relatives.

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Appendix A

Porter Parental Acceptance Scale

PORTER PARENTAL ACCEPTANCE SCALE

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We are trying to learn more about parent-child relationships. To do this we need the cooperation and assistance of many parents. You can help us a great deal by filling out the attached questionnaire as frankly and as carefully as possible. Sincere and frank answers are requested so that valid data can be secured.

You will note that the questionnaire does not call for any mark of identification. Thus your answers as well as the many others will be absolutely anonymous. Furthermore, all of the responses will be treated confidentially and will be used only for purposes of scientific research.

Please answer all questions. If you cannot give the exact answer to a question, answer the best you can.

GENERAL INFORMATION

1. Sex: Male ___ Female ___ 2. Year of birth ___ 3. Year of marriage ___
4. Living with spouse at present time. Yes ___ No ___.
5. Married more than once. Yes ___ No ___.
6. If married more than once, was previous marriage ended because of:
 ___ death ___ divorce ___ other (Please state) _____
7. Draw a circle around the number of years of schooling you have completed.

1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3 4
Grade School	High School	College	Post Graduate
8. Religious Affiliation:
 ___ Protestant ___ Jewish ___ None
 ___ Catholic ___ Other _____
9. Was your childhood and adolescence, for the most part, spent in:
 ___ open country or village under 1,000
 ___ a town of 1,000 to 5,000
 ___ a city of 5,000 to 10,000
 ___ a city of 10,000 to 50,000
 ___ a city of 50,000 to 100,000
 ___ a city of 100,000 to 250,000
 ___ a city of 250,000 or over
10. Present family income (annual)
 ___ under \$4,000
 ___ 4,000 to 7,000
 ___ 7,000 to 10,000
 ___ 10,000 to 13,000
 ___ 13,000 to 16,000
 ___ 16,000 to 25,000
 ___ 25,000 or over
11. Husband's occupation (Be specific such as Dairy Farmer, Drug Store Clerk, College Professor, Automobile Mechanic, etc.) _____
12. Wife's occupation _____

13. Ages of children (to nearest birthday)
 Ages of boys _____; _____; _____; _____;
 Ages of girls _____; _____; _____; _____;

While responding to the following questions please think of only one child. If you have a child in the age range of six to ten years, choose that one. If you have more than one child in that age range, choose the one nearest to ten. If your children are all younger than six years, choose the one nearest six. Place a circle around the age (in question 13 above) of the one which you will be thinking of while answering the questions about your child. **BE SURE AND REFER ONLY TO THIS CHILD WHILE ANSWERING THE QUESTIONS.**

14. Is this child your: (circle one) Own child stepchild adopted child

INFORMATION ABOUT YOUR CHILD

Many parents say that their feeling of affection toward or for their child varies with his behavior and with circumstances. Will you please read each item carefully and place a check in the column which most nearly describes the degree of feeling of affection which you have for your child in that situation.

Check One Column For Each Item Below	Degree of Feeling of Affection				
	Much more than usual	A little more than usual	The same	A little less than usual	Much less than usual
1. When he is obedient					
2. When he is with me					
3. When he misbehaves in front of special guests					
4. When he expresses unsolicited affection. "You're the nicest mommy (daddy) in the whole world."					
5. When he is away from me					
6. When he shows off in public					
7. When he behaves according to my highest expectations					
8. When he expresses angry and hateful things to me					
9. When he does things I have hoped he would not do					
10. When we are doing things together					

Listed below are several statements describing things which children do and say. Following each statement are five responses which suggest ways of feeling or courses of action.

Read each statement carefully and then place a circle around the letter in front of the one response which most nearly describes the feeling you usually have or the course of action you most generally take when your child says or does these things.

It is possible that you may find a few statements which describe a type of behavior which you have not yet experienced with your child. In such cases, mark the response which most nearly describes how you think you would feel or what you think you would do.

Be sure that you answer every statement and mark only one response for each statement.

11. When my child is shouting and dancing with excitement at a time when I want peace and quiet, it:
 - a. Makes me feel annoyed
 - b. Makes me want to know more about what excites him
 - c. Makes me feel like punishing him
 - d. Makes me feel that I will be glad when he is past this stage
 - e. Makes me feel like telling him to stop

12. When my child misbehaves while others in the group he is with are behaving well, I:
 - a. See to it that he behaves as the others
 - b. Tell him it is important to behave well when he is in a group
 - c. Let him alone if he isn't disturbing the others too much
 - d. Ask him to tell me what he would like to do
 - e. Help him find some activity that he can enjoy and at the same time not disturb the group

13. When my child is unable to do something which I think is important for him, it:
 - a. Makes me want to help him find success in the things he can do
 - b. Makes me feel disappointed in him
 - c. Makes me wish he could do it
 - d. Makes me realize that he can't do everything
 - e. Makes me want to know more about the things he can do

14. When my child seems to be more fond of someone else (teacher, friend, relative) than me, it:
 - a. Makes me realize that he is growing up
 - b. Pleases me to see his interest widening to other people
 - c. Makes me feel resentful
 - d. Makes me feel that he doesn't appreciate what I have done for him
 - e. Makes me wish he liked me more

15. When my child is faced with two or more choices and has to choose only one, I:
 - a. Tell him which choice to make and why
 - b. Think it through with him
 - c. Point out the advantages and disadvantages of each, but let him decide for himself
 - d. Tell him that I am sure he can make a wise choice and help him foresee the consequences
 - e. Make the decision for him
16. When my child makes decisions without consulting me, I:
 - a. Punish him for not consulting me
 - b. Encourage him to make his own decisions if he can foresee the consequences
 - c. Allow him to make many of his own decisions
 - d. Suggest that we talk it over before he makes his decision
 - e. Tell him he must consult me first before making a decision
17. When my child kicks, hits or knocks his things about, it:
 - a. Makes me feel like telling him to stop
 - b. Makes me feel like punishing him
 - c. Pleases me that he feels free to express himself
 - d. Makes me feel that I will be glad when he is past this stage
 - e. Makes me feel annoyed
18. When my child is not interested in some of the usual activities of his age group, it:
 - a. Makes me realize that each child is different
 - b. Makes me wish he were interested in the same activities
 - c. Makes me feel disappointed in him
 - d. Makes me want to help him find ways to make the most of his interests
 - e. Makes me want to know more about the activities in which he is interested
19. When my child acts silly and giggly, I:
 - a. Tell him I know how he feels
 - b. Pay no attention to him
 - c. Tell him he shouldn't act that way
 - d. Make him quit
 - e. Tell him it is all right to feel that way, but help him find other ways of expressing himself
20. When my child prefers to do things with his friends rather than with his family, I:
 - a. Encourage him to do things with his friends
 - b. Accept this as part of growing up
 - c. Plan special activities so that he will want to be with his family
 - d. Try to minimize his association with his friends
 - e. Make him stay with his family

21. When my child disagrees with me about something which I think is important, it:
- Makes me feel like punishing him
 - Pleases me that he feels free to express himself
 - Makes me feel like persuading him that I am right
 - Makes me realize he has ideas of his own
 - Makes me feel annoyed
22. When my child misbehaves while others in the group he is with are behaving well, it:
- Makes me realize that he does not always behave as others in his group
 - Makes me feel embarrassed
 - Makes me want to help him find the best ways to express his feelings
 - Makes me wish he would behave like the others
 - Makes me want to know more about his feelings
23. When my child is shouting and dancing with excitement at a time when I want peace and quiet, I:
- Give him something quiet to do
 - Tell him that I wish he would stop
 - Make him be quiet
 - Let him tell me about what excites him
 - Send him somewhere else
24. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:
- Try to minimize his association with that person
 - Let him have such associations when I think he is ready for them
 - Do some special things for him to remind him of how nice I am
 - Point out the weaknesses and faults of that other person
 - Encourage him to create and maintain such associations
25. When my child says angry and hateful things about me to my face, it:
- Makes me feel annoyed
 - Makes me feel that I will be glad when he is past this stage
 - Pleases me that he feels free to express himself
 - Makes me feel like punishing him.
 - Makes me feel like telling him not to talk that way to me
26. When my child shows a deep interest in something I don't think is important, it:
- Makes me realize he has interests of his own
 - Makes me want to help him find ways to make the most of this interest
 - Makes me feel disappointed in him
 - Makes me want to know more about his interests
 - Makes me wish he were more interested in the things I think are important for him

27. When my child is unable to do some things as well as others in his group, I:
- Tell him he must try to do as well as the others
 - Encourage him to keep trying
 - Tell him that no one can do everything well
 - Call his attention to the things he does well
 - Help him make the most of the activities which he can do
28. When my child wants to do something which I am sure will lead to disappointment for him, I:
- Occasionally let him carry such an activity to its conclusion
 - Don't let him do it
 - Advise him not to do it
 - Help him with it in order to ease the disappointment
 - Point out what is likely to happen
29. When my child acts silly and giggly, it:
- Makes me feel that I will be glad when he is past this stage
 - Pleases me that he feels free to express himself
 - Makes me feel like punishing him
 - Makes me feel like telling him to stop
 - Makes me feel annoyed
30. When my child is faced with two or more choices and has to choose only one, it:
- Makes me feel that I should tell him which choice to make and why
 - Makes me feel that I should point out the advantages and disadvantages
 - Makes me hope that I have prepared him to choose wisely
 - Makes me want to encourage him to make his own choice
 - Makes me want to make the decision for him
31. When my child is unable to do something which I think is important for him, I:
- Tell him he must do better
 - Help him make the most of the things which he can do
 - Ask him to tell me more about the things which he can do
 - Tell him that no one can do everything
 - Encourage him to keep trying
32. When my child disagrees with me about something which I think is important, I:
- Tell him he shouldn't disagree with me
 - Make him quit
 - Listen to his side of the problem and change my mind if I am wrong
 - Tell him maybe we can do it his way another time
 - Explain that I am doing what is best for him

33. When my child is unable to do some things as well as others in his group, it:
- Makes me realize that he can't be best in everything
 - Makes me wish he could do well
 - Makes me feel embarrassed
 - Makes me want to help him find success in the things he can do
 - Makes me want to know more about the things he can do well
34. When my child makes decisions without consulting me, it:
- Makes me hope that I have prepared him adequately to make his decisions
 - Makes me wish he would consult with me
 - Makes me feel disturbed
 - Makes me want to restrict his freedom
 - Pleases me to see that as he grows he needs me less
35. When my child says angry and hateful things about me to my face, I:
- Tell him it's all right to feel that way, but help him find other ways of expressing himself
 - Tell him I know how he feels
 - Pay no attention to him
 - Tell him he shouldn't say such things to me
 - Make him quit
36. When my child kicks, hits, and knocks things about, I:
- Make him quit
 - Tell him it's all right to feel that way, but help him find other ways of expressing himself
 - Tell him he shouldn't do such things
 - Tell him I know how he feels
 - Pay no attention to him
37. When my child prefers to do things with friends rather than with his family, it:
- Makes me wish he would spend more time with us
 - Makes me feel resentful
 - Pleases me to see his interests widening to other people
 - Makes me feel he doesn't appreciate us
 - Makes me realize that he is growing up
38. When my child wants to do something which I am sure will lead to disappointment for him, it:
- Makes me hope that I have prepared him to meet disappointment
 - Makes me wish he didn't have to meet unpleasant experiences
 - Makes me want to keep him from doing it
 - Makes realize that occasionally such experiences will be good for him
 - Makes me want to postpone these experiences

39. When my child is not interested in some of the usual activities of his age group, I:
- a. Try to help him realize that it is important to be interested in the same things as others in his group
 - b. Call his attention to the activities in which he is interested
 - c. Tell him it is all right if he isn't interested in the same things
 - d. See to it that he does the same things as others in his group
 - e. Help him find ways of making the most of his interests
40. When my child shows a deep interest in something I don't think is important, I:
- a. Let him go ahead with his interest
 - b. Ask him to tell me more about this interest
 - c. Help him find ways to make the most of this interest
 - d. Do everything I can to discourage his interest in it
 - e. Try to interest him in more worthwhile things

THANK YOU VERY MUCH FOR YOUR COOPERATION

Appendix B

Questions for Parents

Questions for Parents

Please rate how you feel about your child on a 1 to 5 scale:

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

- _____ 1. I feel in control with my child.
- _____ 2. I feel I understand my child.
- _____ 3. I feel I understand the meaning of my child's play.
- _____ 4. I feel I know how to be helpful to my child.
- _____ 5. I feel sure of what to do with my child.
- _____ 6. I have faith in my child's ability to solve his/her own problems.
- _____ 7. I know how to communicate understanding to my child.
- _____ 8. I accept my child for who he/she is.
- _____ 9. I feel my child expresses himself/herself with me.
- _____ 10. I respect my child's feelings.

Appendix C
Informed Consent Form

INFORMED CONSENT FORM

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I, _____ hereby give consent to Nancy Glass, M. Ed. to perform the research project entitled Parents As Therapists: A Study of the Effect of Filial Therapy. I am aware that my participation includes filling out four measures at this time and again in ten weeks. I am also aware that I will be asked to cooperate in the administration of three measures to my child at this time and again in ten weeks.

I understand that one risk involved in this project is loss of confidentiality. I also understand that to protect against this, code numbers will be used instead of names on all forms. The master list of names and code numbers will be kept in the private locked files of the experimenter and will be destroyed along with all measures after the research project has ended. I also understand that the measures which I will complete are for research purposes only and do not indicate that any psychological problems are present, nor will they result in any labeling of myself and my child.

I have heard a clear explanation and understand the nature and purpose of the procedures involved, the possible alternative procedures, and the attendant risks and benefits to be expected. I understand that the procedures to be performed are investigational and that I may withdraw my consent at any time without prejudice. With my understanding of this, having received this information and satisfactory answers to the questions I have asked, I voluntarily consent to the procedures designated in this form for myself and my child.

Signed: _____

Date: _____

Witness: _____

Witness: _____

Appendix D

Filial Therapy Announcement



SWISS AVENUE
COUNSELING CENTER

FILIAL THERAPY

Children don't speak English, or Spanish, or any other language when expressing their feelings. They speak a special language, one that we adults have forgotten: play. Through play, our children tell us clearly if they are happy or sad, angry or scared . . .

But we parents can't truly "hear" our children unless we are trained to understand the special language of play.

Filial therapy offers us a unique opportunity to learn how to interact with our children through the media of our child's play activity. Small groups of parents (usually 8 - 10) meet for two hours per week for ten weeks to learn how to better understand our children's world and to help remedy current behavioral problems as well as prevent future ones. Parents are taught by an experienced play therapist how to do at home what the therapist does in a clinical setting.

If you are interested in learning how to use play therapy with your child, please contact the Swiss Avenue Counseling Center for further information about our filial therapy training groups. Filial therapy could be your best investment in your child's — and your family's — happiness.

3611 Swiss Avenue
Dallas, Texas 75204
214-821-3680

To: Interested Parents and Referring Adults
(Teachers, Counselors, Ministers, Physicians,
Day-Care and Social Workers)

SUMMER FILIAL TRAINING SERIES

(Play Therapy Skills for Parents)

SWISS AVENUE
COUNSELING CENTER

A parent's relationship with his child is the most significant factor in the child's becoming a healthy, balanced adult. Yet, parents have had little training in how to respond to the emotional needs of children and ways to help them grow into happy, responsible persons.

Filial therapy is a practical teaching/training experience for parents of children ages 3 to 10. Parents are taught both the concept and techniques of play therapy to use with their own children. The structure offers both group and individual instruction, and parents are given homework assignments to observe and practice with their children. The weekly training session allows group interaction, wherein feedback and supportive suggestions are offered. Most importantly, skills learned for the filial sessions transcend into any area of the child's world, and parents are better able to be positive and powerful influences in dealings with all children.

The classes are designed for any parent (or significant caretaker), single or married, and couples are encouraged to attend. Classes are limited to 10 participants, in order to assure adequate time for each member. The training consists of 10 weekly, 2-hour sessions, and parents are asked to commit to the full ten sessions. Group members pay for their place in the group and are charged for each session, even should they need to be absent. The Center is pleased to offer the filial series on a sliding fee scale, ranging from \$30 - \$60 per class (\$300 - \$600 per series) with adjustments for couples. Scholarship funds are available on a limited basis. Insurance handling is available for participants whose policies allow.

Parents will also be asked to assemble a play therapy kit of designated toys.

In an effort to accommodate the needs of parents, the Center is offering three series:

Beginning MONDAY, JULY 1 5:30 - 7:30 p.m. Led by Anita Strand and Mike Rutledge

Beginning THURSDAY, AUGUST 15 5:30 - 7:30 p.m. Led by Nancy Smith and Mike Rutledge

Beginning FRIDAY, AUGUST 16 9:00 - 11:00 a.m. Led by Nancy Smith and Garry Landreth

Interested participants should phone and reserve a place immediately.

Filial classes will be conducted in the Prevention/Intervention Center, located behind the main facility.

6-85

3611 Swiss Avenue
Dallas, Texas 75204

214-821-3680



SWISS AVENUE
COUNSELING CENTER

REGISTRATION FORM FOR
FILIAL TRAINING SERIES

NAME OF PARENT/S _____

ADDRESS: _____
Street Address

_____ City State Zip

PHONE/S _____
Home Work

Please enroll me/us for the _____ series beginning
_____ day of week, _____ time
_____ date

Please return the completed form to Anne Wagner as soon as possible. If you have additional questions, please phone Anne.

Appendix E

Filial Therapy Manual

Developed by: Louise F. Guerney, Lillian Stover, Bernard G. Guerney.

Reprinted by:
Schaefer, C. E. (Ed.) Therapeutic Use of Child's Play.
N. Y.: Jason Aronson, 1976, 216-227

TRAINING MANUAL FOR PARENTS

INSTRUCTION IN FILIAL THERAPY

Why Play Sessions? Play sessions are recommended for 4 to 10 year old children who have problems with their own feelings and/or difficulty in relationships with others. Children often misperceive parents' intentions and feel unhappy or insecure or abused for very little apparent reason. Often the child may not be aware of his own needs and feelings, and thus parents cannot always help him in their usual way. Communication between parent and child on the child's deeper needs is therefore insufficient or incomplete.

One purpose of a play session is to create a situation in which the child may become aware of the feelings he has not allowed himself to recognize. In the presence of the parent, the child has an opportunity to communicate his feelings through play. The parent's acceptance of the child's feelings is essential and helps the child to come to a better understanding of how to cope with his feelings as he experiences or re-experiences difficulties in the session.

Another purpose of the session is to build your child's feeling of trust and confidence in you. If you respond to him in the manner prescribed in the play session, it will increase his feeling that he can communicate with you more fully and honestly about his experiences and feelings. This should eventually lead to more moderate and mature ways of expression, and less use of extreme and immature forms of emotional expression. He will have less fear that being open with you will lose your respect or affection.

A third purpose is to build the child's confidence in himself. Just as we expect you will eventually experience a greater feeling that your child trusts you, your child should experience your sense of trust in him. One goal is for him to feel more secure in making his own decisions where that is appropriate. He needs to learn to be less fearful of making mistakes. It is important for him to learn that he has choices, and is himself responsible for much of what befalls him. This is very important for any child who has a problem to overcome. This means being free to make choices (including many mistakes) and experiencing the consequences, good or bad. By allowing him freedom of choice in the play session and by allowing him to experience the consequence of free choice, you build his sense of confidence. You build his confidence in himself also by

giving him your complete and exclusive attention in the session. This leads to his experience of himself as a more worthwhile and likeable person, which is a key ingredient not only to self-confidence, but to good adjustment to and in relation with you and other people.

Setting up a play session. The following specific recommendations are essential for obtaining the desired results of closer understandings between parent and child.*

1. Set aside a time (to begin with, at least $\frac{1}{2}$ hour, and later somewhat longer) every week for a session with your child. Hopefully, this will be at a time and place where you are completely isolated from the rest of the family and can guarantee no interruptions. If the phone rings, let it ring. Try to have arrangements for other children so they will not interrupt this session. Your uninterrupted attention is one of the most important conditions for fruitful play sessions. Do not impede your progress by changing the time each week or cancelling a session. Such changes have undesirable effects that go far beyond what you would suppose. Whether they say so or not, children tend to feel that cancellations and changes reflect disapproval of their behavior in the previous play session. It also breeds lack of confidence and trust--the

*There are two participants in each play session: one child and one parent.

very things which we are trying to promote. If a change is absolutely necessary, it should be discussed in advance with the child. Once you begin play sessions, you should consider their availability to the child as a form of contract which you cannot break.

2. Select a room for play where there will be least concern if things get spoiled or broken. Least preferred is the child's own room, where other toys might be distracting. Water may be spilled, clay smeared, or toys dropped, and broken, so a basement or kitchen floor would be best.

3. The choice of toys is important to the success of the play session. Primarily, the toys should be plastic, inexpensive, or unbreakable. The following will be most useful for a beginning:

- Inflated plastic bop bag (at least 4 ft. high)
- Dart gun with darts
- Rubber knife
- Nonhardening modeling clay
- Plastic cowboys, Indians, soldiers
- Family of puppets
- Doll family (mother, father, brother, sister, baby)
- Baby bottle
- Bowl for water
- Crayons, paints
- House box for doll furniture and family

Cups and saucers

Drawing paper

Tinker toy or similar construction toy.

These toys are reserved for use in the play session only. They should not be used by another child at all, except in their own play session if you are having sessions with him. The child may not take the toys out of the session (his own drawing or painting is an exception). Ordinarily, he may not add any of his own toys. The toys have been especially selected in order to help the child release his aggressiveness and to re-enact his feelings in relation to family members in a safe and accepted place.

4. What to tell the child. It is not necessary to go into a long explanation with the child. You may simply say you want to spend more time with him. Older children may insist on further details. In this case, place the emphasis on your wanting to spend time alone with your child in a special play setting. Not that you want to help him, but that you want to be together, have fun, and improve your relationship. There is usually very little difficulty in getting the child to participate.

Some children, of course, take more time than others to feel comfortable enough to express themselves freely. On some occasions, children object to having sessions. But most of the time they enjoy the sessions and look forward to them.

5. What the parent does. The role of the parent in a play session is to establish an atmosphere of free play and acceptance for the child. This means that the parent has to take a very unusual attitude toward the child--very different from the way you usually relate to people. You set the stage by setting the time and the few basic rules; but what the child does with the toys and what he says in the session are strictly up to him. The child may use the toys to express things he has not been able to express adequately before, or express things he often expresses in a more extreme and direct manner. He may want to use the time to be very aggressive; he may want to sit and stare at the wall, unwilling to involve himself at all. He may wish to leave after a few moments. The parent has to have an open mind and be willing to follow the child's lead, whatever form it takes (including not staying). Therefore, it is important that the parent engage in:

- NO criticism
- NO praise, approval, encouragement, or reassurance
- NO questions or leads or invitations
- NO suggestions, advice, or persuasion
- NO interruptions or interference
- NO information giving unless directly requested by child
- NO teaching, preaching, or moralizing
- NO initiating a new activity

In short, it is important for the parent to establish a setting in which the child, and the child alone, sets the values and judgments.

Equally important, the parent must be fully involved with the child, giving full attention to everything the child says and does and feels. It is most important to be attentive to the child's mood and to note very carefully all the feelings the child is willing to reveal. This will give the child the go-ahead to begin to uncover more of his deeper feelings. If the parent is asked to participate in an activity, he should engage in it fully. But attention should be primarily focused on how the child wants the parent to participate, following his direction, and on reflecting the child's feelings. The child's play in the session need not be conventional. For example, a child may like to cheat at cards or make new rules. In such instances the parent should reflect only the strong need to win or the child's desire to have things go his way, and the means the child uses to have things go his way, in an uncritical, warm, and supporting tone.

The parent can best demonstrate to the child that he accepts and understands the child's feelings by reflecting the child's expressed feelings and actions. This takes the form of noting aloud what the child seems to be feeling: e.g., "You're wondering what to do next." "Now, you'd like to kick the bop bag." "You wish you could shoot him dead." "You're disappointed it didn't hit the target." "That makes you mad." "You're very upset when I don't

answer your questions right away." "It's annoying when it doesn't go together the way you want it to."

The child's actions are also accepted by verbal comment from the parent: e.g., "You're really beating him up." "You're going to kick him around." "It's hard to make up your mind what to do." "You love to sit on my lap." "They're all going to be killed." "You're being very careful to make it come out just right." "You're aiming very slowly so it will be sure to hit."

These are the only types of appropriate comments from the parent. Complete silence on the one hand or merely sociable conversation on the other are discouraged. In regard to the first: a child may fear disapproval when a parent is silent; so it is important to comment, letting him know that your attitude is continuously accepting. With respect to the second: social conversation leads most children to feel that they should answer questions or talk about what the parent wants to, rather than take the initiative themselves.

More important than any technique is the spirit under which this is undertaken. It is important that you try not to be mechanical, stilted, or artificial. You can avoid this best by bending all your efforts toward trying to put yourself in the child's place and understand the world as he sees it, not as you see it or wish him to see it. Try to understand the child's feelings through what he is doing

and saying. Also, leave your own worries or reactions out of it as much as you can. Sometimes it will be difficult. Simply try to understand what the child is trying to express, and communicate to the child that you understand-- that you know what he is feeling, and it's all right with you. You will find that some of the things the child does are distasteful or worrisome. You need not permit such behavior outside of the play session, during any other time. However, it is crucial to be very giving and accepting of any and all behavior in the play session (except those things mentioned below). Children quickly pick up the idea that what goes in the play session may or may not be allowed out of the play session; outside the session you can continue to be very firm about prohibiting some of the activities which are permitted in the session.

There are few restrictions on the child's activity in the play session. These "limits" must be adhered to rigidly. If the child should "break a limit," you should point out that this particular behavior is not allowed. If the statement does not suffice and the behavior occurs a second time, warn him that the play session will end if it occurs a third time. Make sure the child understands. Thereafter, the next occurrence ends the session.* This

*This sequence applies to a single session. If the child repeats behavior at subsequent sessions, start with the warning and at the second occurrence, rather than third occurrence end the session.

is the one and only consequence of breaking the limit. The session ends without the parent having to get angry. The limits are:

CHILD MAY NOT HIT OR HURT OR ENDANGER PARENT IN ANY WAY. (He may not point the dart gun with a dart in it at the parent.) A similar limit on dirtying or wetting the parent may also be imposed if the parent wishes.

CHILD MAY NOT LEAVE THE SESSION (except for one bathroom trip).

CHILD MAY NOT POKE THE BOP BAG WITH A SHARP INSTRUMENT.

Do not discuss these limits with the children until the need arises. Tell him at the beginning of the early sessions that he may do almost anything he wants and that he can say anything he wants. If there is something he shouldn't do, you will tell him. And do not try to prevent or discourage a child from breaking a limit. Your task, when prohibited behavior first occurs, or is about to occur, is to let him know the consequences if he does it, or does it again. The ultimate consequence is termination of the session. If he does choose to do it anyway during that or a future session: (a) acknowledge and accept his strong desire to do what he did, and (b) always without exception, impose the consequences immediately. Remember that your purpose is not to prevent the behavior, but to allow him to make the choice, and to experience the consequences.

There may be one or two additional limits used at the discretion of the parent, if necessary; such as no shooting at windows or ceiling, dumping only one bowl of water on the floor (some should be allowed), and no smearing the walls. There should be no limits on what the child says, including swearing, dirty words, hostile comments towards the parent, or others.

Children's reactions. This can be a very rewarding experience for both parent and child. Some children move quickly in a direction opposite to the way they have been behaving; some at first behave like themselves but in an exaggerated or more forceful manner. Some become very aggressive, some very quiet, some may resort to very baby-like behavior, some like to order the parent around, taking complete control of the situation. Some of the children are unable to express their feelings in the beginning. Some, at first, act as though they have only negative feelings. Others may want you to make decisions, they may do things just to please you because you are spending this time alone with them. Try to reflect all of these feelings as they occur, rather than to give explanations or to make the choices for the child. You should learn a great deal about how your child feels at times toward his family and/or himself. You probably will also learn more about your own feelings towards your child.

Appendix F
Parent Handouts



SWISS AVENUE
COUNSELING CENTER

FILIAL TRAINING CLASS

3611 Swiss Avenue
Dallas, Texas 75204
214-821-3680

INFORMATION ABOUT THE FILIAL CLASS TRAINING

SWISS AVENUE
COUNSELING CENTER

The Center welcomes each participant to the filial training program. Skills learned in the filial classes transcend into any area of the child's world, and parents are enabled to become more positive and powerful in their dealings with all children.

The filial training begins with ten two-hour sessions held in the Prevention/Intervention Center, located behind the main facility. Each class offers both group and individual instruction, and participants are given homework assignments to observe and practice with their children. The weekly sessions allow group interaction, wherein feedback and supportive suggestions are offered. The teaching format will include lecture and discussion, videotape demonstrations and presentations and role-play sessions.

Parents will be asked to assemble a play therapy kit of designated toys. Class facilitators will instruct parents as to brands of toys, the rationale for the toys and how to actually use the special kit for home play sessions.

Group members pay for their place in the group, and participants are asked to commit to the full ten sessions; therefore, participants are charged for each session, even should they be unable to attend. The Center is pleased to offer the training series on a sliding fee scale, with adjustments made for couples. Fees are negotiated with class facilitators on or before the first session.

During the course of the training, each participant will videotape a brief play session with his child in one of the Center's two play therapy rooms. A separate sheet describing this procedure is included in the filial class folders.

Following the initial ten-week series, parents are encouraged to participate for one year in the monthly followup sessions, which the Center believes an essential part of integrating the concepts of filial therapy. Monthly followup sessions will include a speaker with a relevant topic and ample time for questions, answers and discussion between parents and class facilitators.

Additional handouts will be provided at each of the weekly sessions.



SWISS AVENUE
COUNSELING CENTER


LISTENING

Listening is a magnetic and strange thing, a creative force... The friends that listen to us are the ones we move toward, and we want to sit in their radius as though it did us good, like ultra-violet rays...When we are listened to, it creates us, makes us unfold and expand. Ideas actually begin to grow within us and come to life. . . It makes people happy and free when they are listened to . . .When we listen to people there is an alternating current, and this recharges us so that we never get tired of each other. We are constantly being recreated.

Now there are brilliant people who cannot listen much. They have no ingoing wires on their apparatus. They are entertaining but exhausting too. I think it is because these lecturers, these brilliant performers, by not giving us a chance to talk, do not let us express our thoughts and expand; and it is this expressing and expanding that makes the little creative fountain inside us begin to spring and ease up new thoughts and unexpected laughter and wisdom.

I discovered all this about three years ago, and truly it made a revolutionary change in my life. Before that, when I went to a party, I would think anxiously: "Now try hard. Be lively. Say bright things. Talk, don't let down." And when tired, I would have to drink lots of coffee to keep this up. But now before going to a party, I just tell myself to listen with affection to anyone who talks to me, to be in their shoes when they talk; to try to know them without my mind pressing against theirs, or arguing, or changing the subject. Now my attitude is: "Tell me more. This person is showing me his soul. It is a little dry and meager and full of grinding talk now, but presently he will begin to think, not just automatically to talk. He will show his true self. Then he will be wonderfully alive..."

Ueland, B. (1974). Tell me more. The Ladies' Home Journal. November, 51, 53.



FILIAL THERAPY PARENT GROUP

Dr. Garry L. Landreth

SWISS AVENUE
COUNSELING CENTER

Basic Principles of the Play Sessions

- (1) The child should be completely free to determine how he will use the time. The child leads and the parent follows without making suggestions or asking questions.
- (2) The parent's major task is to empathize with the child, to understand the intent of his actions, and his thoughts and feelings.
- (3) The parent's next task is to communicate this understanding to the child by appropriate comments, particularly, whenever possible, by verbalizing the feelings that the child is actively experiencing.
- (4) The parent is to be clear and firm about the few "limits" that are placed on the child. Limits to be set are time limits, not breaking specified toys, and not physical hurting the parent.

Goals of the Play Sessions

- (1) To help the child change his perceptions of the parent's feelings, attitudes, and behavior.
- (2) To allow the child - through the medium of play - to communicate thoughts, needs, and feelings to his parents.
- (3) To help the child to develop more positive feelings of self-respect, self-worth, and confidence.

REMINDER

These play sessions and the techniques you use are relatively meaningless if they are applied only mechanically and not as an attempt to be genuinely empathetic and to truly understand your child.

Toys for the Play Sessions

Play Doh, crayons, paper, blunt scissors, nursing bottle (plastic), rubber knife, toy pistol or dart gun, a family of small dolls, toy soldiers, small plastic car, Lone Ranger type mask, Tinkertoys, a small cardboard box with rooms indicated by strips of tape, doll house

furniture, doctor kit and Bobo. A hand puppet toy would be a special asset. Feel free to discuss with us the addition of other items.

Place for the Play Sessions

Whatever room you feel offers the fewest distractions to the child and the greatest freedom from worry about breaking things or making a mess. Set aside a regular time in advance. This time is to be undisturbed - no phone calls or interruptions by other children. You may wish to explain to your child that you are having these sessions because you are interested in learning how to play with them in a different, "special" way than you usually do.

Process

Let the child use the bathroom prior to the play session. Tell the child, "we will have thirty minutes of special play time and you may choose to play with the toys in many of the ways you like to." Let the child lead from this point. Play actively with the child if the child requests your participation. Set limits on behaviors that make you feel uncomfortable. Track his/her behavior and feelings verbally. Do not identify toys by their normal names; call them "it", "that", "her", "him", etc. Give the child a five minute advance notice before terminating the session. Do not exceed time limit by more than two to three minutes.

Toy Shops:

Constructive Playthings
11100 Harry Hines Blvd.
Dallas, TX
243-2353

Toys R Us



SWISS AVENUE
COUNSELING CENTER

FACILITATING REFLECTIVE COMMUNICATION

What response would you make to the following situations if you were practicing reflecting the child's feeling:

1. Joe: (With wrinkled brow, red face, and tears in his eyes) We lost. That team didn't play fair!

Parent: _____

2. Jill: (Enters with C- test paper in hand) I tried so hard but it didn't do any good.

Parent: _____

3. Janet: (Rummaging through her drawer wildly, looking for a particular sweater she wanted to wear to the party she had been looking forward to for a long time) I can never find anything I want. (Begins to cry.)

Parent: _____

4. John: (Undressing a Barbie doll) Wow! Look at her butt!

Parent: _____

5. Carol: (Looking through the doorway to a dark room) What's in there?
Will you come with me?

Parent: _____

6. Charlie: (Showing you his torn, smudged painting from school) Look, mom!
Isn't it neat! My teacher said I was a good artist!

Parent: _____

INSTRUCTIONS FOR VIDEOTAPING YOUR FILIAL SESSION

SWISS AVENUE
COUNSELING CENTER

Schedule your appointment at a time when a playroom is available and when there is a Center staff person or volunteer available to do the taping. This can be done with Anne Wagner or with the Center receptionist.

Please bring only the one child to the Center when you come to tape; bringing other children diminishes the experience for all involved, and the Center is not in a position to offer babysitting.

Please tell your child beforehand that you are coming to the Center to do a play session, that it will be just like the playtimes at home, except that this time you will use a special room for the session. We recommend that you both dress comfortably in casual clothing suitable for messes.

When you come to the Center for your scheduled taping session, report to the receptionist in the main building; she will notify the monitor of your arrival, allowing time to start the video equipment. Please take your child to the restroom at this time. The receptionist will notify you when to proceed to the playroom in the Prevention/Intervention Center. Take your child directly to the playroom and begin your session. It is our recommendation that the child not know in advance that he is being videotaped; however, should the child notice, please be honest and state that the taping is being done so that you can better learn how to play together.

Your play session should last no more than 20 minutes. At the end of the time, ask your child to sit in the waiting room while you clean up the playroom; we recommend that the child not be asked to help with this process.

Your videotape will remain at the Center. At a later class meeting, your film will be viewed by other class members, and feedback and suggestions will be offered by fellow classmates and facilitators.

You may purchase your own tape if you like. Cost is \$5 per tape. If you do not care to save your own tape, it may be recycled. The tapes are confidential and are not ever used without express permission from you.

Should your child want to take home a picture or a piece of artwork, this is fine.



SWISS AVENUE
COUNSELING CENTER

THE EIGHT BASIC PRINCIPLES
(of Non-Directive Play Therapy)

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

Axline, V. M. Play Therapy. New York: Ballantine Books, 1969, pp. 72-73.



SWISS AVENUE
COUNSELING CENTER

Learning to be Perfectionistic

(excerpted from body of
article)

I believe that perfectionism may be in part learned from a child's interactions with perfectionistic parents. This is the way I see the process working: a child is regularly rewarded with love and approval for outstanding performance; when the parents react to one child's mistakes and failures with anxiety and disappointment, the child is likely to interpret that as punishment or rejection. The perfectionistic parent often feels frustrated and threatened when a child is having difficulties in schoolwork or in relationships with peers. Because the parent is unrealistically self-critical, he or she personalizes the child's difficulties by thinking, "This shows what a bad mother (or father) I am." Because the parent's self-esteem is contingent on the child's success, the parent puts great pressure on the child to avoid failure. Consequently, when the troubled child turns to the parent for reassurance or guidance, the parent reacts with irritation, not love, and the child is flooded with shame.

The child begins to anticipate that mistakes will lead to a loss of acceptance. Because the child bases a sense of self-esteem on the parent's approval, the child begins to fear mistakes and to avoid failure. This leads to emotional constriction and fear of any experience or adventure in which the outcome is not guaranteed. The child becomes anxious and upset about making mistakes, which further reinforces the perfectionistic parent's belief that failure is dangerous and undesirable. Essentially, the parent and child are locked into a kind of folie-a-deux.

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"The Perfectionist's Script for Self-Defeat"
By David D. Burns

Psychology Today

November, 1980

TWO TECHNIQUES OF DISCIPLINE THAT WORK
Garry L. Landreth

SWISS AVENUE
COUNSELING CENTER

1. Firm limit-setting

A. Three steps:

- (1) Recognize the feeling - "I know you'd really like to...", or "I can tell you're really feeling...", etc.
- (2) Set the limit - "...but you may not _____...(because...)", or "but the answer is no" or "but the cabinet door is not for kicking."
- (3) Provide an alternative - "You can _____ if you'd like." Or "What you can do is _____."

B. After three-step process, DON'T discuss: "I can tell you'd like to discuss this some more, but I've already answered that question."

C. If you're not prepared to answer the question (want to talk it over with someone, want to get more information, want to think about it),

(1) "I can't answer that question now...(because...)"
"I'll let you know (specific time)."

(2) Nagging begins: "If you must have an answer now, the answer will have to be NO."

D. If s(he) asks the same question again: Calmly--"I've already answered that question." Variations:

(1) "Do you remember the answer I gave you a few minutes ago when you asked that same question?" (Child answers, "No, I don't remember.") "Go sit down in a quiet place and think and I know you'll remember."

(2) "I've answered that question once (twice) and that's enough."

(3) If you think s(he) doesn't understand: "I've already answered that question. You must have some question about the answer."

E. If you're undecided and open to persuasion: "I don't know. Let's sit down and discuss it."

BASIC RULES FOR FILIAL THERAPY



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Don'ts

1. Don't criticize any behavior.
2. Don't praise the child.
3. Don't ask leading questions.
4. Don't allow interruptions of the session.
5. Don't give information or teach.
6. Don't preach.
7. Don't initiate new behavior.
8. Don't be passive, quiet.

Do

1. Do set the stage.
2. Do let the child lead.
3. Do track behavior.
4. Do reflect the child's feelings.
5. Do set limits.
6. Do salute the child's power and effort.
7. Do join in the play as a follower.
8. Do be verbally active.

Check your responses to your children. Your responses should convey:

1. "You are not alone; I am here with you".
2. " I understand how you feel and I hear/see you".
3. " I care."

Your responses should not convey:

1. "I will solve your problems for you."
2. "I am responsible for making you happy."
3. "Because I understand you, that means I automatically agree with you."



COMMON PROBLEMS IN FILIAL THERAPY

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1. Q: My child notices that I talk differently in the play sessions, and wants me to talk normally. What should I do?
A: _____

2. Q: My child asks many questions during the play sessions and resents my not answering them. What should I do?
A: _____

3. Q: My child just plays and has fun. What am I doing wrong?
A: _____

4. Q: I'm bored. What's the value of this?
A: _____

5. Q: My child doesn't respond to my comments. How do I know I'm on target?
A: _____

6. Q: When is it okay for me to ask questions, and when is it not okay?
A: _____

7. Q: My child hates the play sessions. Should I discontinue them?
A: _____

8. Q: My child wants the play time to be longer. Should I extend the session?
A: _____



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QUESTIONNAIRE

1. a) What, if any difficulties did you have in actually following your role during this session?
b) What, if anything, do you think went particularly well as far as your role in the session?
2. a) What, if any, difficulty did you feel the child had in accepting the nature of the session?
b) What, if any, special satisfaction do you think the child gained because of the nature of the session?
3. a) What needs and/or feelings do you think the child showed during this session? For example, a desire to depend on others; a desire for independence, attention, belonging, affection, admiration, etc.; feelings such as enjoyment, aggression, guilt, jealousy, anger, pride in accomplishment, etc. Cite the words or behavior which suggested the presence of these needs to you.
4. Make any other comments you might wish to make about this session.



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EVALUATION: FILIAL THERAPY

Thank you for attending our course on Filial Therapy. We hope the program will have long-term benefits for you and your family.

We would appreciate your comments regarding the course, so that we can continue making the training relevant to parents' needs. Thank you for helping us by answering the following questions:

- (1) What did you want to get from the course?

- (2) Did you get what you wanted?

- (3) What was most helpful?

- (4) How would you change the sessions?

- (5) Additional comments?

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Appendix G

Ten Session Outline

Ten Session OutlineSession 1

- Introduction
- Get acquainted
- Identification of focus child
- Training in observing child

Session 2

- Report on observation of child
- Training in empathy and active listening
- Demonstration of therapist doing play session with child
- Critique of play session

Session 3

- Report of interaction with child
- Continued training in play therapy techniques
- Demonstration of therapist doing play session with child
- Critique of play session

Session 4

- Report on interactions with child
- Specific training for home sessions (time, place, toys, etc.)
- Demonstration of therapist doing play session with child
- Critique of play session

Parents are requested to begin play sessions at home.

Session 5 through Session 10

- Report on home play sessions
- Continued training in play therapy techniques
- Observation of a parent's video tape of play session
- Critique of parent's play session

Appendix H

Procedures for
Filial Therapy Sessions

PROCEDURES FOR
FILIAL THERAPY SESSIONS

FILIAL SESSION #1

1. Give name tags, introduce self, welcome group.

2. Give overview of play therapy.

--child's language

--based on action, not words.

--way of preventing problems because adults become aware of child's needs.

"In 10 weeks, you are going to be different, and your relationship with your child will be different".

Play therapy will:

--return control to you.

--provide happier times, more closeness with your child.

--give you a magic key to your child's inner world.

3. Ask group members to introduce themselves and tell about the child they are most concerned about.

Build group cohesion. Ask for responses to members' comments, such as:

--Anyone else felt angry at a child in the last week?

--Anyone else concerned about a child being unhappy?
How does that feel?

4. Provide basic agenda:

--each parent will set aside 1/2 hour per week to practice.

--each parent will bring their child to our play room 1 time during the course, and videotape a session, for replay in a later class session.

--I will do the first play session, with one of their children, within the next two weeks.

--parents will be learning a new language--be patient, allow for feeling awkward, practice, make mistakes.

5. Take notes on names of children, and issues of concern to parents.

6. Discuss need to not teach or ask questions, need to observe and be follower rather than leader.

"LISTEN, DON'T ASK QUESTIONS/REFLECT FEELINGS."

Responses should say:

--you are not alone, I am with you,

--I understand how you feel;

--I care.

Not

--I necessarily agree,

--I must make you happy;

--I will solve your problems.

7. Stroke parents' concerns, tell them "you've all done good things as parents. Maybe you just want a little more...." Take one-down role, not teacher role. NO CONFRONTATION: parents feel guilty already.
8. Keep focus on positive, not negatives. "It takes a lot of slow to grow." Encourage parents to give small messages to kids, not large.
9. Handouts: "Listening" and "Self Care."
10. Homework: 1) this week, notice some physical characteristic about your child that you have not noticed before - come back and share next week.
2) begin practicing some reflective listening, 3 x this week. "Guess, if you're not sure, but don't ask questions."

Suggested readings: "Between Parent and Child,"
Ginott, "Liberated Parents, Liberated Children"

FILIAL SESSION #2

1. Review parents' homework, debrief; "What was this week for you and your child? "What did you learn, what bothers you most about that, etc. What physical characteristic did they notice? Empathatic responses?
2. Be sure to respond to any small positive effort on the parent's part.
3. Handout: "Filial Therapy Parent Group," with list of toys, and "Facilitative Reflective Communication."
4. Bring box of toys to demonstrate.
5. Take parents on tour of play room.
6. Show demonstration tape from former Filial group. Ask one parent to bring his child for a live demonstration with the leader.
7. Ask for volunteer to bring in child for live demonstration next week, leader will work with child.

8. Homework:
 - Buy toys, keep in special box for only play sessions
 - Continue reflective responses.
 - Note one intense feeling in yourself.
9. After session, arrange for babysitter during next week and for someone to videotape sessions.

FILIAL SESSIONS #3

1. Reflect/debrief. Did they buy toys? What problems are they having? What intense feeling did they notice?
2. Continue focusing on positive efforts.
3. Focus on setting limits and basic rules for responding during play sessions.
4. Handout: "Two Techniques of Discipline That Work."
5. Arrange for one child (volunteer) to be videotaped for next session, ask for first volunteer to videotape self and child.
6. Homework: continue reflective responses, structure one-half hour sessions.

7. Demonstrate, live, with one child - or provide video from session this week. Co-leader will explain responses to group as group watches demonstration. Tell parents to take child to bathroom before video taping session, and to clean up playroom after their child finishes session.

FILIAL SESSION #4

1. Continue debriefing. Increase/decrease group interaction and support.
2. Review general rules for filial therapy.
3. Focus on how they are setting limits and responding to kids' feelings in general.
4. Handout: "Basic Rules for Filial Therapy (Do's and Don't)."
5. Arrange for one more parent to bring child for videotape session during next week.
6. Show video from parent-child session.
7. Homework: Continue sessions, practice setting limits.

FILIAL SESSION #5

1. Continue group process, focus on how parents felt during play sessions, what they learned about themselves and child.
2. Show videotape from parent-child session.
3. Arrange for next volunteer.
4. Homework: continue weekly sessions.
5. Handout: "Common Problems in Filial Groups," and "Enslaved Parent."
6. Anticipate/discuss group discouragement soon - members will need to review their expectations of results of play therapy (kids will become more independent, not more submissive).
7. Invite parents to follow-up sessions after "graduation" from the course. Also invite them to bring their children to playroom and practice filial therapy techniques occasionally.

FILIAL SESSION #6

1. Debrief, "How did the week go for you and your child?"

2. Show videotape. Review answers to "Common Problems."
3. Arrange for next volunteer.
4. Homework: Continue sessions.
5. Ask, "Are your responses saying you are not alone, I am with you; I understand how you feel; and I care?"

FILIAL SESSION #7

1. Debrief, keep focusing on small positive efforts. Keep group support active. Encourage parents to continue even if the changes are disturbing to them and the family.
2. Show videotape.
3. Arrange for volunteer.
4. Handout: "Questionnaire."
5. Homework: as before.

FILIAL SESSION #8

1. Continue positive debriefing.

2. Review "Questionnaire."
3. Show videotape.
4. Arrange for next volunteer.
5. Continue as above.

FILIAL SESSION #9

1. Continue positive debriefing.
2. Show videotape.
3. Arrange for next volunteer.
4. Invite members to joint "Filial Follow Up" group - establish time. Also invite them to use play room, videotape. Continue play sessions as a way of terminating.
5. Handout: "Evaluation: Filial Therapy."

FILIAL SESSION #10

1. Debrief as usual.
2. Provide closure time, let each person say how they have changed, let group respond to each person in regard to perceived changes/wishes for individual in future.

3. Show last videotape.
4. Invite group to become resource people and to meet monthly for follow up. Also use play therapy room.
5. Hand out diplomas.
6. Collect "Evaluations".
7. Circulate list of group members' names/addresses/ phone numbers.

Appendix I

Behavioral Objectives and
Evaluation Procedures for Parents

BEHAVIORAL OBJECTIVES AND
EVALUATION PROCEDURES FOR PARENTS

AT THE END OF THE TEN WEEK COURSE THE PARENTS WILL BE
ABLE TO:

- 1) MAKE ACCURATE OBSERVATIONS OF THEIR CHILD'S
BEHAVIOR AND FEELINGS.

- _____ parent's responses in group discussions
- _____ parent's videotape of session with their
child
- _____ parent's reports of their homework
assignments
- _____ parent's roleplay with the leader during
class
- _____ parent's responses to the leader's
questions
- _____ parent's evaluations of their changes
during the ten weeks

- 2) MAKE ACCURATE IDENTIFICATIONS OF THEIR OWN
FEELINGS IN RESPONSE TO THEIR CHILD.

- _____ parent's responses in group discussions
- _____ parent's reports of their homework
assignments

_____ parent's responses to the leader's
questions

_____ parent's evaluations of their changes
during the ten weeks

3) RESPOND TO THEIR CHILD WITH REFLECTIVE LISTENING.

_____ parent's responses in group discussions

_____ parent's reports of their homework
assignments

_____ parent's responses to the leader's
questions

_____ parent's evaluations of their changes
during the ten weeks

_____ parent's videotape of session with their
child

_____ parent's roleplay with the leader during
class

_____ parent's performance on written handouts

4) SET CONSISTENT LIMITS IN A CONSISTENT MANNER.

_____ parent's responses in group discussions

_____ parent's reports of their homework
assignments

_____ parent's responses to the leader's

questions

_____ parent's evaluations of their changes
during the ten weeks

_____ parent's videotape of session with their
child

_____ parent's roleplay with the leader during
class

5) APPLY THE BASIC RULES OF FILIAL THERAPY IN
SESSIONS WITH THEIR CHILD.

_____ parent's responses in group discussions

_____ parent's reports of their homework
assignments

_____ parent's responses to the leader's
questions

_____ parent's evaluations of their changes
during the ten weeks

_____ parent's videotape of session with their
child

_____ parent's roleplay with the leader during
class

_____ parent's performance on written handouts

6) RESPOND TO THEIR CHILD IN A WAY WHICH WILL ENHANCE
THEIR CHILD'S SELF-ESTEEM.

- _____ parent's responses in group discussions
- _____ parent's reports of their homework assignments
- _____ parent's responses to the leader's questions
- _____ parent's evaluations of their changes during the ten weeks
- _____ parent's videotape of session with their child
- _____ parent's roleplay with the leader during class
- _____ parent's performance on written handouts
- _____ parent's evaluations of their child's changes during the ten weeks

7) RESPOND TO THEIR CHILD IN A WAY WHICH WILL DEVELOP THEIR CHILD'S SELF-CONTROL.

- _____ parent's responses in group discussions
- _____ parent's reports of their homework assignments
- _____ parent's responses to the leader's questions
- _____ parent's evaluations of their changes during the ten weeks

- _____ parent's videotape of session with their child
- _____ parent's roleplay with the leader during class
- _____ parent's performance on written handouts
- _____ parent's evaluations of their child's changes during the ten weeks

8) RESPOND TO THEIR CHILD IN A WAY WHICH WILL DEVELOP THEIR CHILD'S INDEPENDENCE.

- _____ parent's responses in group discussions
- _____ parent's reports of their homework assignments
- _____ parent's responses to the leader's questions
- _____ parent's evaluations of their changes during the ten weeks
- _____ parent's videotape of session with their child
- _____ parent's roleplay with the leader during class
- _____ parent's performance on written handouts
- _____ parent's evaluations of their child's changes during the ten weeks

_____ parent's videotape of session with their
child

_____ parent's roleplay with the leader during
class

_____ parent's performance on written handouts

_____ parent's evaluations of their child's
changes during the ten weeks

8) RESPOND TO THEIR CHILD IN A WAY WHICH WILL DEVELOP
THEIR CHILD'S INDEPENDENCE.

_____ parent's responses in group discussions

_____ parent's reports of their homework
assignments

_____ parent's responses to the leader's
questions

_____ parent's evaluations of their changes
during the ten weeks

_____ parent's videotape of session with their
child

_____ parent's roleplay with the leader during
class

_____ parent's performance on written handouts

_____ parent's evaluations of their child's
changes during the ten weeks

NOTE: The leaders will currently evaluate group and individual progress. They will recycle a lesson or give individual attention (additional assignments, readings, experiences, etc.) until progress is noted.

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