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Systemic Review: Traditional and Intensive Filial Therapy Module

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Abstract

Filial therapy is a training process given by counselors or therapist to parents. In Filial therapy module trainings, parents will learn the techniques and skills of Play Therapy in non-directive way applicable in play sessions for 30 minutes. The goal of Filial therapy is to enhance parent to child relationship. The process to establish the relationship is the result of the interaction and the application of the learnt skills. In short, Filial therapy is an approach whereby parents carry out therapeutic play sessions with their respective child. Parents will apply the skills in the playing sessions with their child in a non-directive way under the guidance of a counselor or a therapist. This paper will therefore, specifically discuss filial therapy approach which has been applied in the traditional and intensive way. In addition, this study also examines the effects of Filial therapy application across various cultures. This paper focuses only on the studies which have adopted qualitative approach.

Keywords: Filial Therapy, Child Parent Relationship Therapy, Play Session

Introduction

Modules are small parts which are interrelated (Alsagoff, 1981; Sidek & Jamaludin, 2005). In education field, modules are the medium or tools in teaching plans as to accelerate student's understanding. In the counseling field, modules are materials which serve as a reference which consists of systematically planned activities aiding individuals to acquire and empower the objectives which have been set (Sidek & Jamaludin, 2005). In this study, Filial therapy module consists of a collection of materials, information and the activities which are well planned according to the respective objectives in helping the parents learn and apply basic concepts of play therapy sessions with their child in a systematic way under counselor guidance (Nadziroh et al., 2018).

The advent of Filial therapy module coincides with the the third revolution in mental health (Marziyeh & Khaidzir, 2009). Initially, Filial Therapy was initiated by Guerney (1964) as a structured intervention program to handle emotional and behavioral problem in children between 3 to 12 years

old in helping parents to become therapeutic agents. This intervention capitalizes on the relationship and natural bonding between parent and child.

According to Ginsberg (2003), the growth of Filial Therapy modules owes to the combination of Freud's Psychoanalysis Theory, Carl Rogers's Humanity theory and Skinner's Behavior Reinforcement Theory. The Filial Therapy module intervention is perceived as a viable approach and possesses the combinatorial features of various theories and unique approaches (Van Fleet, 2005). In the early 1960s, Filial Therapy was not well received by psychologists. Guerney (2000) put forth that one of the major obstacles was the strong influence of psychoanalysis and psychologists preferred to use approaches which were more individually oriented and more interpersonal. Furthermore psychologists have the impression that the main factor in family issues/problems are results of problems and pathology which stem from children.

However, the early 1960s also observed the transition of the focus of treatment from identifying patients to involving the whole family system. In addition, the progress of approaches involving behaviors in the year of 1970 was another stumbling block to the wide use of this type of intervention. In fact, it can be said that the period of 1970s and 1980s was the dark age for the progress of Filial Therapy (VanFleet, 2005). Nevertheless in 1982, therapists discovered that the behavioral approach was not applicable in solving all the problems ensued. As a result, psychologists slowly considering the integration of important components such as approaches involving family members, behaviors and humanity should be adapted in overcoming problems efficiently (VanFleet, 2005).

Following a few stages of transitions in ideas and thoughts, Schaefer and O'Conner took the initiative in setting up Organization of Play Therapists in America in 1982 (VanFleet, 2005). In the era of 1990s, there was a renaissance of Filial therapy in the psychology world, children counseling and related research. In the 1980s, based on the assumptions that parents are important agents in changing children's behavior and emotions, Garry Landreth and Sue Bratton (2006) developed a more structured model involving 10 sessions and this was officially manualised and termed Child Parent Centered Therapy (CPRT)) (Landreth & Bratton, 2006).

In Malaysia, Filial therapy is closely linked to the existence of Play therapy approach. In the beginning, Play therapy approach was widely used and applied under an NGO called Malaysian Associate Play and Expressive Art (MAPET), an initiative which was carried out in 2008 under the full supervision of Linda Homeyer. This society prepared play activities, syllabus and supervision. Play therapy approach had an exponential growth due to increasing demands amongst Malaysians. Learning activities and supervision were mostly carried out in the presence of important figures specially invited for the events namely Daniel Sweeney and Mark Pearson (Ng & Homeyer, 2017).

Following that in 2014, the play therapy approach was widely applied in the counseling field by counselor in the counseling process. Therefore, the Society of Play Therapy Counseling was set up in Malaysia in 2015 which was led by Ku Suhaila Ku Johari (Ng & Homeyer, 2017). In line with the features and the need of child counseling and family counseling, Filial Therapy module intervention was introduced. Filial therapy preserves the concept which have been applied in the Play therapy approach which put emphasis on the philosophy that building the relationship between the counselor and the children is crucial in exploring children's problem naturally (Landreth & Bratton, 2006; Ku Suhaila et al. 2014).

It was this philosophy which convinced councilors to introduce Filial therapy to parents. Parents are unique therapeutic agents trained to become para professionals helping to overcome behavioral, emotional and social problems amongst children (Suhaila & Isa, 2017; Landreth & Bratton, 2006).

In conclusion, in the 1990s Filial therapy or Child Parent Centered Therapy slowly began gaining acceptance amongst psychologists especially when psychologists eventually considering the integration of important components in Filial therapy such as play therapy, family therapy, relationship therapy and group therapy in the world of child psychotherapy. Meanwhile, in Malaysia play therapy and Filial therapy began gaining traction and was widely used in 2004. This development was in line with the demand of current needs, therefore counselling involves the application of play therapy not only focusing on children but also to young adults and adults in individual, group, spouse and family counseling at various settings including schools, Public Universities, hospitals, drug rehabilitation centers and other settings. Play therapy and Filial Therapy module intervention has been proven empirically and widely proven serving an added value in the practice of conventional counselling (Suhaila et al., 2018).

Filial therapy was initiated and researched by Bernard and Louis Guerney in the early 1960s and the initial objective was for Filial Therapy to serve as a long term training. Module focus helped parents of children under the age of 10 who suffer emotional and behavioral problems. The development of Filial Therapy is the result of the need to involve children in family intervention and mental health (Solis & Varjas, 2004). This module adapted the concept and philosophy of Carl Roger's Self Actualization theory (Landreth & Bratton, 2006; Cynthia & Haslee, 2006). In short, Filial Therapy module is a therapy module to train parents to become therapeutic agents for their children using the skills in Play therapy sessions focusing on children. Parents are trained on the basic principles of Child-Centered Play therapy such as Tracking, Reflect Feeling, restating content, facilitating decision-making, self-responsibility, and creativity and limit setting. Each session, parents have to structure with their child using selected play kit (Ku Suhaila & Isa, 2017; Landreth & Bratton, 2006).

The selected child will undergo play sessions and known as focus child (Landreth & Bratton, 2002). The need for filial therapy is more widespread because of its cost efficiency. As a result of this need Landreth & Bratton (2006) has revised and rebuild the module in a more structured and systematic way involving 10 sessions to overcome the 'time duration' issue. On top of this, the intervention is an effective intervention and is able to reduce costs (Foley et al., 2006). Nevertheless to fulfill the current and population needs, this module was appropriately modified according to the timing and the population respectively. Hence this paper will analyze qualitatively the traditional and intensive way of the module application. In addition, this paper will discuss the effectiveness of the application of Filial therapy module.

Overview

This qualitative approach was carried out to explore the experience and the effects of Traditional and intensive Therapy Filial Module. The paper discusses studies that has been carried out between the year of 2013 to 2018. In total, 13 studies were analyzed using case design studies, phenomenology, grounded theory, constructivist theoretical perspective and mix methods analysis. The details of each of the studies analyzed are as outlined in the table below:

Table 1. Studies on Filial Therapy 2013-2018

No	Study	Study Year	Methodology approach	Sample	Filial and CPRT Modul
1	Application of Filial Therapy Module in Counselling In Addressing Child Relations and Emotions Issues: A Case Study	2018	Case Study	1 Malay mother	7 weeks
2	A Qualitative Study of an Intensive Filial Intervention Using Child-Parent Relationship Therapy (CPRT)	2015	Constructivist theoretical perspective	6 African American Parent	4 Weeks
3	"Once I Had Kids, Now I Am Raising Kids": Child-Parent Relationship Therapy (CPRT) with a Sudanese Refugee Family—A Case Study	2014	Case Study	1 Sudanese refugee family	8 Weeks
4	Conservative Christian Parents' Perceptions of Child Parent Relationship Therapy	2013	Phenomenology	10 Conservative Christian Parent	5 Weeks
5	Child Parent Relationship Therapy: Exploring Parents' Perceptions of Intervention, Process, and Effectiveness	2012	Mix Method	6 parents	10 Weeks
6	A Qualitative Study of parents perception of Filial Therapy in a public school	2010	Grounded Theory	3 African American, 2 Hispanic & 2 Caucasian parent	10 Weeks
7	Filial Therapy With Monolingual Spanish-Speaking Mothers: A Phenomenological Study	2010	Phenomenology	4 Spanish-Speaking Mothers	5 Weeks

8	Filial Therapy with Victims of Family Violence: a Phenomenological Study	2010	Phenomenology	16 Parent 10 Hispanic 6 White	10 Weeks
9	The Process of Systemic Change in Filial Therapy: A Phenomenological Study of Parent Experience	2009	Phenomenology	8 Parent Caucasian	10 weeks
10	Perceived Effectiveness of Filial Therapy for a Jamaican Mother: A Qualitative Case Study	2007	Case Study	1 immigrant Jamaican Mother	8 Weeks
11	Filial Therapy : A Process for Developing Strong Parent-Child Relationship	2007	Case Study	1 Parent	10 weeks
12	A Qualitative Study Of Filial Therapy: Parents' Voices	2006	Grounded Theory	6 parent	9 weeks
13	A Qualitative Case Study Of The Process And Impact Of Filial Therapy With An African American Parent	2004	Case Study	1 Single mother African American	10 weeks

Traditional Format

Lindo et al. (2012) carried out a study on parents with school drop outs children and having behavioral problems. This study utilized a 10-week Therapy filial Module (Landreth & Bratton, 2006) carried out in groups. This study also involved mixed methods design is quantitative and qualitative approach. The qualitative approach was adopted to support the quantitative data. Six persons were involved in this study and participants were interviewed following intervention. Results from the quantitative approach discovered that there was a significant difference in children's behavior following Filial Therapy module intervention. The qualitative approach discovered that parents who underwent this therapy able to reduce the emotional burden faced by them, strengthening parent to child relationship and able to reduce problematic behaviors among the children. Besides that, interventions carried out in groups enhance motivation and reduce the feeling of 'left out' and rejection, as parents would share issues and problems faced by them and help each other in the group in solving the problems.

Foley (2010) did a study in public schools involving three parents and four mothers from different ethnicities. Participants were Afro-American, Hispanic and Caucasian and focus child was identified following any disciplinary problem. The focus child was reported by parents of frequent fights, nonstop crying, lose control, emotional issues, being aggressive and feeling suicidal. This study was carried out using the grounded theory approach to explore the perception and experience of parents who undergo filial therapy module intervention (Landreth & Bratton, 2006). This study involved conducted interviews as an instrument. Parents were interviewed twice a week and two weeks after the end of Filial Therapy Module intervention. Results showed that there were changes

in both the parents and the children. Parents felt more patient, calm and more alert about parenting style. In addition, parents opted for more positive words and applied skills learned from the therapy. Results also showed that the skills that were frequently used by parents following the therapy was giving options to the child. In short, Filial Therapy module intervention could increase self-awareness and unconditional acceptance among parents. Besides that, consistent application of skills in giving encouragement, structuring and setting limitations could reduce the pressure faced by parents and improve parent to child relationship. The changes in parents also gave positive effects on the child focus's behavior, child focus seemed to be more understanding, showed more cooperation, responsible and more respectful to their parents.

In another study, Wickstrom (2009) carried out a study involving Caucasian parents implementing group Filial Therapy module intervention (Landreth & Bratton, 2006). The objective of the study was to explore the changes in parents following intervention and also the perception changes on self and adaptation among parents in a wider social space. This study utilised phenomenology design involving eight participants. Participants were interviewed using focus group interview technique. Participants were selected after successfully finishing intervention for the duration of three weeks to one year. Results of the study showed that there was improvement in the parent to child relationship, spousal relationship, and also improved relationship between siblings. In addition, the dimension of changes in the family system from the context of gender and culture, as well as function in family members skewed to be more balanced.

In addition, Kinsworthy and Garza (2010) carried out a study using phenomenology design among parents who had suffered domestic abuse. Participants involved were 16 Caucasian white parents who underwent group 10-week Filial Therapy module intervention. This study was undertaken to explore the experience of parents who had underwent domestic abuse on their perception towards Filial Therapy module intervention. Results showed that intervention helped strengthen relationship and improved cordiality between parents and children, able to change parenting style, and reduce stress level among parents.

In a different study, Garza et al. (2007) studied divorced women and had suffered domestic abuse. This study adopted a 10 week traditional Filial Therapy module intervention (Landreth & Bratton, 2006). This study using a single case design and participants were selected based on the rationale that this study put emphasis on the focus child who showed aggressive and bullying behaviors in school. Focus child showed behavioral issue as a protest following the divorce of respective parents. Initially participants were reluctant to join Filial Therapy module intervention due to the lack of trust on the group intervention and inferiority complex. Results showed that participants felt awkward and uncomfortable going through the play sessions in the first stage. In the mid stage which was the sixth session, participants started to feel comfortable and beginning to feel confident to play with the focus child. The dynamic change of the participants and the focus child was seen to be more positive during the whole process of Filial Therapy module intervention. Towards the end, the acceptance of parents of the focus child became more positive. The behavioral issues on the focus child became more positive and focus child also was also shown to be more interested in learning and easily adapt with school friends.

Solis et al., (2004) did a study using a single case design on African American mothers. This study utilized Filial Therapy module intervention which was adapted to be a 10 week intervention following Landreth & Bratton (2006) and following the approach and the element of Filial Therapy module by VanFleet (2005). The objectives of the study was to examine the perception of the participants on the process and the effects of the intervention of Filial Therapy module in the context of values, culture and the African American context. Findings of the study showed that the structure and the module in session one to three were much focused on the learning of the skills which render information giving and obtainment of new information. Meanwhile the fourth session to the tenth session in which supervision and discussion could help participants re-evaluate the interaction and the paying methods with the focus child and appreciate play sessions as meaningful moments and special. Nevertheless, the content was difficult to follow through such as focus child should lead the play session and apply the limitation setting. The genuineness and the standardization of the intervention contradict with the parenting style and the different culture of the parents. However, the intervention managed to increase awareness and parents were more empathized and sensitive to the children's feelings. The benefits of the skills learned through the intervention enabled the parents in forming new parenting style and participants were more self-reflective and self-changed and had more acceptance toward their focus child. The focus child had more confidence and much improved behavior. There was stronger parent to child bond and participants felt that the reason of the aggressive behavior of the child was due to the dissatisfaction and the disappointment over the divorce of the respective parents. In addition, paly session therapy increased the communication skills of parents in dealing with the focus child.

Intensive Format

Socarras et al. (2015) did a study on poverty stricken Afro-American parents examining how the parents applied Filial Therapy module intervention for four weeks. This study utilized Constructivist theoretical perspective design whereby 6 respondents were successful in finishing the intervention. Results showed that the intervention was effective toward the relationship between parent and focus child as well as the behavior of the focus child. Besides that, results showed that there were challenges in applying Filial Therapy module intervention which was participants felt that the skill learned in the intervention were incompatible with their respective culture, age and lifestyle such as the culture of strong disciplining children through domestic corporal punishment.

Sangganjanavanich et al. (2010) utilized a five week Filial Therapy module intervention on Spanish American parents. This study was adapted based on Landreth & Bratton (2006) module and was carried out in groups. This intensive module was modified to accommodate the needs in the context of Spanish American parents where English is not the first language. For that, module contents were translated into Spanish. This study utilized phenomenology design involving four participants. Findings showed that there were four main themes involved which were challenges in applying the skills, improving the power and motivation of mothers through support group, improving mother-child relationship and changes in children behavior.

In a different study involving Christian participants, Boswell et al. (2013) utilized a five week intensive module which was structurally adapted from a ten Filial therapy week module (Landreth & Bratton, 2006). This intensive module was to reduce the time involved in the intervention as well as

reducing the risk of quitting among the participants during the Filial Therapy module intervention. In addition, the suitability and the adaptation to the culture were imperative in the context of Christian parents. Nonetheless, the process and the procedure taken could help parents in adapting and applying the skills in stages and in more practical ways. Besides, this module could help parents in learning effective communication skills such as changing the sentence structure in asking questions into a statement consisting of more encouraging words. It was also discovered that this module render lessening of behavioral problems of the focus child as well as improving parent to child relationship.

Nadzirah et al. (2018) studied the use of seven week filial therapy module intervention in the Malay race in which the module was adapted and modified according to the context of the Malay culture. Participants were given 2 hours per week intervention. This study utilized a case study design and participants included mothers who have problems in their relationship with their focus child. Findings showed that this module was able to change and affect positively the behavioral problems of the focus child towards the mothers.

Lim and Ogawa (2014) had carried a study in the Sudanese refugees using an eight week Filial Therapy module intervention. The objective of the study was to explore the experience and the effects of the adapted Filial Therapy towards Sudanese refugees. This study utilized an intrinsic case study design using both qualitative and quantitative approach. Participants were Sudanese single fathers and who became refugees in America for 10 years. The participants' main objective was to improve the focus child's behavior. Findings showed that in the qualitative approach, there were changes in the behaviors of the fathers and the respective focus child each week. Changes took place when the fathers made changes in the way they behaved and responded in each situation. In short, changes would happen when parents adopted self-change, be more empathetic, and spend more time in playing with the focus child. Indirectly, the parent-to child relationships were much improved.

In addition, Edwards and Ladner (2007), used an eight week intensive module (VanFleet, 2005) involving American-Jamaican mothers with the objective to explore and examine the process and the effects of Filial therapy module intervention in the context of Jamaican culture. This study utilized a case study design and the objective of the participants joining the therapy was to improve parent to child relationship. The findings showed that the content and the structure of the intervention were suitable to the context and the need of the participants. Moreover, towards the end of the intervention, there were changes in the perception of the parents as regards the concept and the way the play sessions were conducted. In a way, this also affects the culture of playing in between the family members. Findings also showed that participants felt that there were changes in the parenting style and parents were found to be more friendly and amicable as well as tolerant besides having more parent centered parenting style. The changes in the focus child were apparent and the parent to child relationships were improved. Nonetheless, participants felt that domestic corporal punishment is still relevant although it contradicts with the concept and philosophy Filial Therapy module intervention. Counselors should take into consideration the cultural issues involved as something that has to be respected.

Finally, Foley et al. (2006) studied Caucasian parents at school using a nine week intensive module intervention modified according to the Landreth & Bratton (2006) module. This study utilized a grounded theory involving six participants who volunteered and participants were interviewed after

2 months signing up for Filial Therapy module. Results showed parenting stress was reduced among parents although that gave way to the increased pressure due to more self-awareness on the need to applying the new skills. In addition, parents discovered that grouping process was more helpful in increasing awareness and motivation. Parents were also of the view that the most challenging skills to apply was tracking and giving encouragement. Finally, parents could observe changes in their focus child.

In conclusion, seven studies utilized Filial Therapy intensive module and the intensive module was adapted and modified according to the Filial Therapy module of Landreth and Bratton (2006). This modified module was also adapted and modified according to the current needs such as culture, to reduce dropping out of participants and reducing the intervention period in making the therapy to be more practically conducted. This module was modified to four weeks (Socarras et al. 2015), five weeks (Sangganjanavanich et al., 2010; Bornsheuer-boswell et al. 2013), seven weeks (Nadziroh et al., 2018), eight weeks (Lim & Ogawa, 2014; Edwards & Ladner, 2007) and nine weeks (Foley et al., 2006).

Issues and Effectiveness

Thirteen studies of Filial Therapy modules were applied on divorced parents (Solis et al., 2004, Garza et al., 2007, single parent (Lim & Ogawa, 2014), domestic abuse parents (Kinsworthy & Garza, 2010; Garza et al., 2007) and normal parents. This module is applicable across different cultures such as American (Solis et al., 2004; Socarras et al, 2015), Hispanic and Caucasian (Foley, 2010; Wickstrom, 2009; Kinsworthy & Garza, 2010; Garza et al., 2007), Christians (Bornsheuer-boswell et al., 2013), Spanish (Sangganjanavanich et al., 2010), Sudanese (Lim & Ogawa, 2014), Jamaica (Edward & Ladner, 2007) and Malaysians (Nadziroh et al., 2018).

This module is effective in helping to reduce various child problem issues as well as improving parent to child relationship. In addition, the module is able to reduce stress, enhance the motivation to change, increase awareness towards children's feelings, more progressive acceptance of parents toward their children and importantly improving parent to child relationship.

Conclusion

There is an emphasis for the need for Filial Therapy module intervention but this is hampered by the long period intervention. Following feedbacks on the intervention, Landreth and Bratton (2006) has reviewed and build a more structured module consisting of 10 sessions to overcome the duration issue. In addition, this intervention is an effective intervention and is much more cost effective (Foley et al., 2016). However, to fill the current need and the different population/demography, this module has to be modified accordingly.

In addition, there is not much difference between the traditional 10 week intervention and the four week intensive module (Socarras et al., 2015), five weeks (Sangganjanavanich et al., 2010 & Bornsheuer-boswell et al., 2013), seven weeks (Nadziroh et al, 2018), eight weeks (Lim & Ogawa, 2014 ; Edwards & Ladner, 2007) and nine weeks (Foley et al., 2006).

Findings from all the thirteen studies showed that Filial therapy module intervention is able to give a positive impact and provides the same effect in improving parent to child relationship , and also poses positive impact to mothers as well as to the focus child. Therefore this module is widely

applicable across all different populations and ethnicities. Researches in consensus support the efficacy of Filial Therapy application in varying population representing different cultures which are African American (Solis et al., 2004; Socarras et al., 2015), Hispanic and Caucasian (Foley, 2010; Wickstrom, 2009; Kinsworthy & Garza, 2010; Garza et al., 2007), Christians (Bornsheuer-boswell et al., 2013), Spanish (Sangganjanavanich et al., 2010), Sudanese (Lim & Ogawa, 2014), Jamaica (Edward & Ladner, 2007) and Malaysians (Nadzirah et al., 2018).

In conclusion, this module is a flexible module suitable for any revision or modification depending on different cultures involved. Nevertheless, the basic component of the module should be retained in allowing involving parents achieve the main objective of the module. In addition, counselors and therapists involved should have the awareness and the openness in facing the diverse issues as well as cross cultural issues. Play therapy and Filial Therapy in Malaysia is still in the early stages of development (Suhaila et al., 2018). The issue of Family and children common psychosocial phenomenon seems to be regarded as one of the most significant issues in the psychological domain and needs to be taken into serious consideration due to emotional, psychological, and social problems created by it (Hasan et al., 2014). With regard to the rapidly growing population of single parents and their children experiencing relationship-based problems, interventions which deal with relational issues are worth in-depth explorations (Marziah & Khaidzir, 2009; Norsayyidatina et al., 2011; Khaidzir et al., 2017). To conclude, Filial Therapy, on the one hand, has been widely used to help children with different problems. It has been claimed that if biological factors have been ruled out, filial therapy can offer children an opportunity to explore and express their feelings through play and is an effective way for child psychologists to understand children's underlying thoughts and feelings and help them to make meaningful changes in their lives (Marziah & Khaidzir, 2004).

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