FILIAL THERAPY WITH INCARCERATED MOTHERS

DISSERTATION

Presented to the Graduate Council of the University of North Texas in Partial Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Zella Lois Harris, B.S., M.Ed.
Denton, Texas
August, 1995
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This study was designed to determine the effectiveness of filial therapy with incarcerated mothers as a method of increasing empathic behaviors with their children, increasing attitudes of acceptance toward their children, and reducing stress related to parenting. Filial therapy, a method of training parents to respond and interact therapeutically with their children, focuses on enhancing the parent-child relationship.

The sample population of 22 volunteer subjects was drawn from a pool of incarcerated mothers in the Denton County Jail who had children between three and ten years of age. The experimental group parents, consisting of 12 incarcerated mothers, received 2-hour filial therapy training sessions biweekly for five weeks and participated in biweekly 30-minute play sessions with one of their children. The control group parents, consisting of 10 incarcerated mothers, received no treatment during the five weeks.
The three written self-report instruments completed for pretesting and posttesting purposes by both groups were The Porter Parental Acceptance Scale, The Parenting Stress Index, and The Filial Problem Checklist. The parents were also videotaped in play sessions with their child before and after training as a means of measuring change in empathic behavior.

Analysis of Covariance revealed that incarcerated mothers in the experimental group had significant change in 9 of 13 hypotheses, including (a) a significant increase in their level of empathic interactions with their children, (b) a significant increase in their attitude of acceptance toward their children, and (c) a significant reduction in the number of reported problems with their children's behavior.

This study supports filial therapy as an effective intervention for enhancing the parent-child relationship with incarcerated mothers and their children. Utilizing instruction and practical application of positive therapeutic methods, filial therapy training empowers parents by increasing their parenting knowledge and skills, and indirectly empowers children who experience the parent-child relationship with an increase in unconditional acceptance and positive regard.
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CHAPTER I

INTRODUCTION

From 1983 to 1989, the number of female inmates in local jails increased 138%, nearly double that for male inmates, 72.7%. By 1989, women represented 9.5% of jail inmates, up from 7.1% in 1983 (U.S. Department of Justice, 1989, 1992). More than two-thirds of the women in local jails are estimated to have a child or children under age 18, or an estimated total of 76,329 children under age 18. The U.S. Department of Justice figures for incarcerated females in local jails are consistent with the findings for state and federal prisons surveyed, where two-thirds of the women have one or more dependent children under eighteen years of age (Baunach, 1985). "Women, in particular, are the fastest growing group with respect to drug offenses and incarceration. There is no reason to believe that this trend will be interrupted in the near future" (Stojkovic & Lovell, 1992, p. 619).

All too often the incarcerated parent may lose contact with the family. There are a variety of contributing factors to the disruption of the family: (a) geographic distances; (b) economic barriers; (c) children's placement; (d) relationship with children's caretakers; and (e)
institutional policies regarding contact visitations, telephone calls, and mail (Adalist-Estrin, 1986; Koban, 1983; Lobaugh, 1991; McGowan & Blumenthal, 1978). The negative effects of incarceration seem to be experienced to a much greater degree by children of incarcerated mothers, since children who were living with their mothers prior to arrest and incarceration are two-thirds more likely to be placed with extended families, friends or foster placements than are children of incarcerated fathers. Children of incarcerated fathers typically remain with the mother (Koban, 1983).

If the mother is incarcerated in a state or federal prison rather than a local jail, the effect of mother-child separation is even greater. Since there are fewer state and federal penal institutions, women are likely to be sent farther from home, as no state operates more than one female penal institution and eight states do not have prisons for women (Lobaugh, 1991). Therefore, female inmates are often forced to be separated from families by greater distances and to experience more difficulty in maintaining contact with family members than male counterparts (Koban, 1983; McGowan & Blumenthal, 1978; Stanton, 1980).

Children who have an incarcerated parent often have intense feelings of anger, frustration, abandonment and fear. Frightened by the sudden removal of a parent,
children are left to face a myriad of uncertainties about their future, "...the imprint of stigma, the mockery of peers, the enforced isolation, the sense that those placed in physical charge of their lives do not really want or love them....This is punishment beyond measure" (McGowan & Blumenthal, 1978, p. viii). The sense of loss, the fear, the damage to self esteem experienced by children may vary for different children at different stages of their development, but are ever-present (McGowan & Blumenthal, 1978).

Herrmann-Keeling (1988) reported children demonstrate lower self concept and lower achievement scores as a result of loss of contact with their incarcerated parents. Research also reveals children of an incarcerated parent are four times more likely to become involved in the criminal justice system (McPeek & Tse, 1988).

As many as a quarter of a million children are estimated to be separated from their parents each year by jail or prison walls (McPeek & Tse, 1988). Butterworth (1987) suggests approximately 8% of all children in the United States have one parent who is incarcerated. Research exploring the effects on children of the incarceration of their parents is limited (Sack, Seidler & Thomas, 1976).

Incarcerated parents experience tremendous stress related to the separation from their children. Among
children of incarcerated mothers, Baunach (1978) documented an increase in behavior problems at home, school, and in the number of contacts with law enforcement agencies. McPeek & Tse (1988) found that children of incarcerated parents are four times at greater risk of becoming juvenile delinquents than children from a similar socioeconomic background with parents at home. Maintaining the mother-child relationship can play a significant role in minimizing the impact of the separation during incarceration, according to Lundberg, Sheekley, and Voelker (1975).

According to Stojkovic and Lovell (1992), attempts to alleviate many of the problems inherent with the incarceration of mothers, such as interruption or loss of the mother-child relationship, loss of control regarding placement of children, limited contact with children and their appointed caretakers, decreased self-esteem of both mother and child, and emotional problems of children have been severely hampered by the modest accommodations provided by most prisons and jails. Baunach (1985), has pointed out that the burdens of motherhood for women prisoners are complex, and urgent, and has called for a national policy to integrate prison mothers with their children through programs that serve both inmate mothers and their children who are left behind by incarceration.
Parents are generally the most significant people in their children's lives, regardless of their personality, intelligence, values, lifestyle, socioeconomic status, or parenting ability. Our society in the past has not emphasized parenting, seemingly making the assumption no training, education, or preparation is required to meet the challenges of child-rearing. Although most parents seem to do the best job of parenting they know how to do, many parents have limited parenting knowledge and skills. As a result, parents often perpetuate the methods with which they were parented. If parents grew up in chaotic, dysfunctional family systems with parental role models who were abusive, neglectful, ignorant of a child's normal growth and developmental needs, or possibly absent, as adults the tendency is to repeat the inter-generational cycle of parenting they experienced (Hamner & Turner, 1985).

According to Landreth (1991, p. 335), "Children need time for emotional sharing with their parents, and parents need to know how to respond in facilitative ways if the necessary relationship is to develop". The need seems even greater when a parent is incarcerated, and is largely unavailable for the vital support and nurturing required by the child to facilitate the positive process and outcome for healthy emotional and psychological development.
Filial therapy training can provide the foundation of knowledge and skills necessary for incarcerated mothers to begin changing parental attitudes and behaviors. Based on the principle of respect, parents can learn to communicate with their children in a positive manner, and ultimately enhance the child-parent relationship. Filial therapy utilizes parents as therapeutic agents of change in the child-parent relationship (Bratton, 1993; Glass, 1986; B. Guerney, 1982; Kraft, 1973; Lobaugh, 1991). Using an educational model based on Axline's (1947, 1969) child-centered play therapy principles, parents learn specific therapeutic intervention skills, including the ability to convey acceptance, respect, empathy, and encouragement, which they practice in weekly supervised play sessions with their children. "This new creative dynamic of empathic responding by parents becomes the creative process through which change occurs within the parent and child and between the parent and child," according to Landreth (1991, p. 339). Also, while valuing the child's uniqueness, the parent learns to establish safe limits and to set boundaries, using alternatives, where the child is provided with choices and allowed to experience the naturally and logically related consequences of choosing appropriately or inappropriately.
Purposes of the Study

The purposes of this study were: (a) to determine the effectiveness of filial therapy in increasing incarcerated mothers' empathic behaviors with their children; (b) to determine the effectiveness of filial therapy in increasing incarcerated mothers' attitudes of acceptance toward their children; and (c) to determine the effectiveness of filial therapy in reducing incarcerated mothers' stress related to parenting.

Rationale for Filial Therapy

B. Guerney (1969), the founder of filial therapy, stated the following propositions as support for filial therapy:

1. The primary source of maladjustment of young children living within the family can presumably be attributed to interpersonal relationships within the family and to patterns of these relationships.

2. Traditional play therapy is presumably effective with children for three interrelated reasons: (a) because the therapist provides the child with respect and concern which facilitates the child's revision of the self-concept; (b) through permissiveness and understanding, the therapist can assist the child to extinguish anxieties, relax defenses, and correct distorted beliefs based on experiences within the family. (Guerney notes an in-depth knowledge of
intrapsychic dynamics seems secondary in bringing about change within the child, but rather permissiveness, understanding, interest and concern create the therapeutic milieu in which the child can resolve conflicts); and (c) through interactions with the child, the therapist serves to correct distortions or overgeneralizations that the child perceives to be the truth about people and situations.

3. The Filial Therapy method enlists the parent's participation as a key player, thus mobilizing parent's motivation to be helped and to be of help with their child. Unlike traditional therapy where parents may feel guilty as the cause of their child's problems and threatened by the therapist's relationship with their child, Filial Therapy appeals to the parent as an ally, an essential partner in the child's improvement. When parents feel valued and supported, they are more likely to support a child's therapy, rather than sabotage it.

4. Parent's difficulties in learning to utilize a therapeutic role may stimulate significant issues that may serve as a catalytic force for insight and personal growth for all members of the training group during the group discussion process.

5. As the parent develops observation skills and genuine interest in the child's needs, the parent may gain a greater understanding of the child, and more realistic expectations for the child.
6. If at the very minimum the parent is able to communicate genuine interest and attention in the child, an improved self-concept, an increased sense of security, and a decrease in hostility by the child may be expected.

7. Any success achieved by the parent in filling the prescribed therapeutic role should have an effect many times greater than a therapist doing the same thing.

8. The method of Filial Therapy offers parents an opportunity to learn attitudes and interpersonal skills which they can continue to use to maintain their progress long after the formal training has ended. Also, the newly acquired skills can be used to help all their children fulfill their potentials, and improve the interpersonal dynamics of the family system.

Synthesis of Related Literature

The following is a review of theoretical constructs and research related to two major areas: (a) incarcerated parents, focusing predominantly on incarcerated mothers, and the impact of incarceration on the child-parent relationship; and (b) the use of filial therapy and its significance as an area of study.

Incarcerated Parents

Incarceration places emotional as well as physical distance between inmates and families. In many cases, the separation is experienced by families whose relationships are already emotionally distant (Lobaugh, 1991).
The statistics related to incarcerated parents are discouraging. More than 70% of female inmates are mothers of dependent children under 18 years of age (McGowan & Blumenthal, 1978). Nearly 90% of incarcerated females are single parents and heads of households (Glick & Neto, 1977).

In the six year time period from 1983 to 1989, the number of females in local jails more than doubled (U.S. Department of Justice, 1989, 1992). Of the 37,383 female inmates in local jails, more than two-thirds were incarcerated mothers with children under age 18. Of these incarcerated mothers with young children, two-thirds reported they were living with their children prior to entering jail. Relatives cared for most of the children of incarcerated mothers. Approximately one-fourth of the incarcerated mothers with young children said that one or more of their children were living with the father at the time of the survey, and half reported their children were living with a grandparent, generally the maternal grandparent. A fifth of the children of incarcerated mothers were reported to be living with other relatives, while less than a tenth were placed in foster care or other type of institutional setting. An estimated 84.5% of the incarcerated mothers indicated they intended to live with their young children after release from jail (U.S. Department of Justice, 1989, 1992).
Koban (1983) found a far greater number of female inmates lived with their children prior to arrest and incarceration (74.3%) than did male inmates (24.5%). These findings are consistent with the results of similar studies by Baunach (1978) and McGowan and Blumenthal (1978). The majority of male prisoners reported that their children had lived with their mothers prior to sentencing. A large discrepancy between incarcerated mothers and fathers was found regarding current placement of their children. Only 28.6% of the incarcerated mothers' children were living with the children's father, compared to 87.1% of the incarcerated fathers' children living with the children's mother. Incarcerated mothers were more likely to resort to placements in the extended family and beyond, with approximately a third of their children being placed with a grandparent and another third with friends, relatives or foster placements. These findings support the assumption that the incarceration of a mother is more disruptive to the family than the incarceration of the father.

Although Koban (1983), found 72% of incarcerated mothers expected to be consulted by the caretaker frequently or occasionally regarding problems or emergencies with their children, compared to only 52% of incarcerated fathers, the degree of involvement is dependent on the facility policies and the quality of the relationship with the caretaker. In
contrast, most incarcerated fathers' children were living with their mothers prior to and after their father's arrest, where a relationship is generally established; yet another indication of how institutionalization places disproportionate pressure on incarcerated mothers and their children (Koban, 1983).

Incarcerated mothers who have limited or no contact with their children have been reported to have more difficulty in adjusting to living with their children after release (Zalba, 1964). "Female offenders return more often to a splintered family than do men because the primary caretaker has changed and sibling groups have been divided" (Koban, 1983, p. 181). Authorities in the field propose that recognition and enhancement of the maternal role by correctional institutions would probably tend to promote rehabilitation, as well as contribute to family solidarity (Bonfanti, Felder, Loesch, & Vincent, 1974; Lundberg, Sheekley & Voelker, 1975).

A few correctional facilities have recognized the need to provide services that will facilitate the relationship between incarcerated parents and their children (Adalist-Estrin, 1986; McPeek & Tse, 1988). The Bucks County Pennsylvania Correctional System's "Incarcerated Parents and Their Children" program provides parent training and a play room for parents to interact with their children
during visitation hours. Improvements have been observed in the children's emotional and behavioral stability and in child-parent relationships (Adalist-Estrin, 1986).

"Parents and Children Together" (PACT), a program at the Fort Worth Federal Correctional Institute, is another of the few programs available for incarcerated parents. PACT provides a playroom for parent and child visitations, parenting classes and play therapy for children of inmates. Such training programs have demonstrated that parenting programs can help inmates strengthen their family relationships, improve self-esteem and better prepare them to rejoin their families upon release (McPeek & Tse, 1988). The importance of programs which enhance the child-parent relationship is underscored by studies which have shown a strong and consistently positive correlation between parole success and the maintenance of strong family ties while in prison (Holt & Miller, 1972; Mustin, 1984).

Filial Therapy

The concept of Filial Therapy, a process of training parents to be therapeutic agents of change in their children's lives by utilizing special structured play times, was originated in the early 1960's by Bernard Guerney (1964). Forerunners to filial therapy can be traced to the works of Sigmund Freud (1959) who recorded success in the treatment of a phobic child in the early 1900's by working
solely with the father, instructing him in ways to respond to his child during special play sessions. Freud contended that only the father, based on special knowledge from the child-parent relationship, could have facilitated the positive changes in the son's behavior. Later in the 1940's, Baruch (1949) and Jacobs (1949) encouraged home play sessions to enhance child-parent relationships. Working with the guidance received from her father, Carl Rogers, based on Axline's (1947, 1969) client-centered principles of play therapy, Nancy Fuchs (1957) utilized regularly scheduled therapeutic play times with her daughter, and achieved significant improvement in emotional and behavioral problems related to toilet-training. Moustakas (1959) also encouraged parents to use special play times at home with their children in order to provide children with the opportunity to experience feeling accepted, understood and cared for unconditionally.

B. Guerney has been instrumental in demonstrating the effectiveness of filial therapy through research. Stover and B. Guerney (1967) trained mothers in filial therapy skills and found a significant increase in reflective responses and a marked decrease in the use of directive statements by the mothers. The mothers in the treatment group reported fewer behavior problems with their children at the end of treatment.
The study by Stover and B. Guerney (1967) did not include a control group, so Oxman (1971) matched the parents of the earlier study on variables of age, family size, geographic location and socioeconomic status. The findings demonstrated that the control group did not achieve the changes reported in the experimental group studied by Stover and B. Guerney (1967).

A later study by B. Guerney and Stover (1971) of 51 mothers and their children substantiated their earlier findings that mothers could learn to respond empathically, to allow the child to be self-directed, and to communicate involvement in their children’s emotional and behavioral expressions. The children, as a result of the play sessions, demonstrated an increased involvement with their mothers, moved through aggressive feelings and behaviors, learned to share and communicate more appropriately with their mothers and decreased their dependent behaviors.

A follow-up study with the participants of the B. Guerney and Stover (1971) study were surveyed one to three years later by L. Guerney (1975). The questionnaire responses revealed the following: (a) only one of the 42 children who participated in the play sessions required further treatment; (b) 32 of the 42 mothers indicated their children were continuing to show improvement, while four reported that their children had regressed and one indicated
her child's condition had deteriorated; (c) 64 percent of the respondents attributed their children's continued improvement to their own improved abilities in understanding and communicating with their children; and (d) the parents provided a generally positive evaluation of the filial therapy training. The implications of the follow-up study suggest that filial therapy is effective with parents and children.

To control for potential differences between troubled families who seek professional help and those that do not, Sywulak (1977) designed a filial therapy study in which the treatment group also served as the control group. Thirteen mother-father pairs and six single mothers were solicited through the Individual and Family Consultation Center of The Pennsylvania State University for participation in the study. Nineteen children were included in the study. The results of the study showed significant improvement in parental acceptance and child adjustment. A study by Sensue (1981) was conducted as a follow-up of the Sywulak study, and found no significant losses two to three years after the filial therapy training.

Payton (1980) demonstrated that parents trained in filial therapy can be more effective with their children than paraprofessionals. The results of the study indicated significant improvement in parental attitudes regarding child rearing and in the personality adjustment of the children.
After training mothers in filial therapy, Lebovitz (1982) reported a significant increase in the parent’s ability to effectively communicate acceptance of their children’s feelings. Results showed a significant decrease in the children’s aggressive, dependent, and withdrawn behaviors.

Glass (1986) studied parents trained to interact with their children as therapeutic agents of change and found significant differences. Parents who received the filial therapy training reported a significant increase in unconditional love for their children, a decrease in the level of conflict in the child-parent relationship, and an increase in their understanding of the meaning of their children’s play. Other results, while not significant, revealed that filial therapy produced greater positive changes in: (a) parental acceptance; (b) respect for children’s feelings and their right to be expressed; (c) recognition of children’s need for autonomy and independence; (d) self-esteem of parents and children; (e) closeness between parents and children, without greatly altering the authority hierarchy; and (f) enhancing the family environment.

showed: (a) a significant increase in their level of empathy in interactions with their children, (b) a significant increase in their attitude of acceptance toward their children, (c) a significant reduction in their level of stress related to parenting, and (d) a significant reduction in problems with their children's behavior.

A study at the The Fort Worth Correctional Institute (Lobaugh, 1991) trained 16 incarcerated fathers in filial therapy. The incarcerated fathers met once each week for ten weeks in two-hour parent group sessions, and also spent 30 minutes each week with one of their own children in a special play time implementing therapeutic and positive parenting skills taught in the filial therapy training group. A group of 16 incarcerated fathers volunteered to serve as the control group. Three instruments completed by all subjects were the Porter Parental Acceptance Scale, the Parenting Stress Index, and the Filial Problems Checklist. Also, the incarcerated fathers' children completed the Joseph Pre-school and Primary Self Concept Scale. Analyses of Covariance revealed significant treatment benefits including: (a) the fathers' acceptance level of their children increased; (b) the fathers' level of stress decreased; (c) the children's self concepts improved; and (d) the fathers reported fewer behavior problems with their children. The results of Lobaugh's study suggest incarcerated parents and their children could benefit from filial therapy training (Lobaugh, 1991).
Summary

Filial therapy training has been successfully introduced into the federal prison system with incarcerated fathers, both as an intervention method for enhancing the child-parent relationship and as a prevention model, generally empowering family relationships (Lobaugh, 1991). The results of previous studies support the use of filial therapy training with an incarcerated population and suggest the following benefits can be expected from similar programs: (a) significant increases in parental acceptance of their children; (b) significant increases in the self-esteem of children; (c) significant decreases in parental stress; and (d) significant reductions in the problematic behaviors of children as perceived by the parents. "Parents who practiced what they learned in filial therapy helped their families have less stress, more acceptance, and produced self-controlled, self-reliant children with positive self-concepts. These qualities seem to be the main themes of filial therapy" (Lobaugh, 1991, p. 21).
CHAPTER II

PROCEDURES

A pretest-posttest, nonequivalent control group design (Campbell & Stanley, 1963), was used in this study to measure the effectiveness of filial therapy with incarcerated mothers and their children. A total of 22 subjects meeting the criteria specifications for eligibility completed the study. Twelve subjects were assigned to the experimental group, and an additional ten subjects meeting the same criteria were assigned to the control group. Only the experimental group received the treatment at the time of the study. A majority of the subjects in the control group participated in the same treatment upon completion of the posttesting.

Four instruments were utilized in this research study, three of which were self-report, and focused on the parents' perspective of parenting and specific parental attitudes concerning children. The self-report instruments administered to the parents included the Porter Parental Acceptance Scale (PPAS), the Parenting Stress Index (PSI), and the Filial Problems Checklist (FPC). The Measurement of Empathy in Adult-Child Interaction (MEACI) was utilized to
measure parental empathic behaviors demonstrated by the incarcerated mothers in special play sessions with their children (Appendix F).

Definitions

_Incarcerated parents_ for purposes of this study were incarcerated mothers confined in the Denton County Detention Center. Incarcerated parents included convicted mothers who were either awaiting sentencing, serving county sentences, awaiting transfer to serve a prison sentence, or serving a prison sentence in a county jail. Incarcerated parents also included unconvicted mothers who had been arrested and were unable to obtain pretrial release by posting bail, often due to past criminal history, possibly detained for a period of several months while awaiting trial (U.S. Department of Justice, 1989, 1992).

_Jail_ is defined as a confinement facility administered by a local government agency that holds individuals detained either pending adjudication, or after adjudication, usually for sentences less than one year.

_Filial therapy_ is defined as the psychotherapeutic method developed by B. Guerney in the early 1960's that teaches client-centered play therapy concepts and skills to parents and is based on the assumption that parents can be trained to interact as therapeutic and positive change agents with their own children. The filial therapy training
follows a support group format in conjunction with didactic instruction, where parents shared their parenting concerns with the group facilitator and other parents, usually six to eight members. Parents are taught how to create an accepting, non-judgmental milieu where their children feel safe to explore thoughts and feelings during special 30-minute child-parent play times (Kraft, 1973; Landreth, 1991; Stover & B. Guerney, 1967).

Play therapy is defined as "a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play material and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play" (Landreth, 1991, p. 14).

Permissiveness in the child-centered approach of filial therapy training refers to permitting the child to select the theme, content, pace and process of the play session. The child chooses the toys with which to play, and leads the way. The parent does not make decisions for the child during this special parent-child play time, but allows the child to accept responsibility for self (Landreth, 1991).

Empathy refers to parents' sensitivity to their children's current feelings and parents' ability to verbally communicate this understanding to the child. Empathy is
operationally defined in this study as the parents' scores on the total Empathy Scale of the Measurement of Empathy in Adult-Child Interaction (MEACI) instrument (Stover, B. Guerney, & O'Connell, 1971).

Communication of acceptance in this study refers to the verbal expression of acceptance or rejection of the child by the parent and is operationally defined as the parents' scores on the Communication of Acceptance subscale of the MEACI (Stover et al., 1971).

Allowing the child self-direction is willingness, as demonstrated by parental behavior, to follow the child's lead, rather than attempt to control the behavior of the child. Allowing the child self-direction is operationally defined as the parents' scores on the Allowing the Child Self-Direction subscale of the MEACI (Stover et al., 1971).

Involvement is described in the study as an objective measurement of the parents' attention to and participation in the child's activities and is operationally defined by the parents' scores on the Involvement subscale of the MEACI (Stover et al., 1971).

Parental acceptance is the ability of the parent to love the child unconditionally, regardless of the child's behaviors, attitudes or feelings, and an essential component for the development of the child-parent relationship on which filial therapy training is based. For the purpose of
this study, parental acceptance is operationally defined as the parents' scores on the Porter Parental Acceptance Scale (PPAS) (Porter, 1954).

Respect for the child's feelings and right to express them is the parents' ability to let the child express feelings and continue to demonstrate positive regard for the child and is operationally defined as the parents' scores on the Respect for the Child's Feelings and Right to Express Them subscale of the PPAS (Porter, 1954).

Appreciation of the child's unique makeup involves parental values and the ability to show pleasure in the child's uniqueness. For the purpose of this study, appreciation of the child's unique makeup is operationally defined as the parents' scores on the Appreciation of the Child's Unique Makeup subscale of the PPAS (Porter, 1954).

Recognition of the child's need for autonomy and independence, as utilized in the study, refers to the parents' understanding of children's need to differentiate and separate from their parents in order to mature in a positive manner. For purposes of this study, recognition of the child's need for autonomy and independence is operationally defined as the parents' scores on the Recognition of the Child's Need for Autonomy and Independence subscale of the PPAS (Porter, 1954).
Unconditional love is the love communicated by a parent to a child without placing conditions or terms on the child's behavior in order to experience that love. For purposes of this study, unconditional love is defined as the parents' scores on the Unconditional Love subscale of the PPAS (Porter, 1954).

Parenting stress describes the degree of stress in the child-parent relationship as perceived by the parent. Parental stress is operationally defined for the purpose of this study as the parents' scores on the Parenting Stress Index (Abidin, 1983).

Hypotheses

1. The experimental parent group will attain a significantly lower mean total score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the control parent group.

   a) The experimental parent group will attain a significantly lower mean score on the Communication of Acceptance subscale of the MEACI posttest than will the parent control group.

   b) The experimental parent group will attain a significantly lower mean score on the Allowing the Child Self-Direction subscale of the MEACI posttest than will the control parent group.
c) The experimental parent group will attain a significantly lower mean score on the Involvement subscale of the MEACI posttest than will the control parent group.

2. 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.
   a) 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.
   b) 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.
   c) The experimental parent group will attain a significantly higher mean score on the Recognition of the Child's Need for Autonomy and Independence 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 Unconditional Love subscale of the PPAS posttest than will the control parent group.

3. The experimental parent group will attain a significantly lower mean total score on the Parenting Stress Index (PSI) posttest than will the control parent group.
   a) The experimental parent group will attain a significantly lower mean score on the parent domain of the PSI posttest than will the control parent group.
   b) The experimental parent group will attain a significantly lower mean score on the child domain of the PSI posttest than will the control parent group.

4. The experimental parent group will attain a significantly lower mean score on the Filial Problem Checklist (FPC) posttest than will the control parent group.

Limitations

The results of the study may be limited due to the specific population of incarcerated mothers selected and by the low number of subjects (N = 12) completing the ten sessions over a five week period. Due to an extremely high attrition rate (57%), random assignment had to be abandoned
In order to approximate experimental and control groups of comparable size. The initial group of subjects was randomly assigned to either the experimental or control groups, but early on in the data collection phase, it became painfully apparent that the pool of available subjects was smaller than had been available during the proposal period. Therefore, the data collection process, in order to obtain the final number of subjects, took place over a one year period and required the researcher to conduct four separate five-week training sessions. Another limitation of the study was the inability to provide weekly parent-child play sessions for the mothers in the control group due to security policies regulating contact visits for prisoners within the county jail facility. Incarcerated individuals are not permitted to have contact visits with family or friends. All visitation takes place over a speaker phone while seated on either side of a solid glass window. Also, all prisoners have to be supervised by sheriff's deputies at all times, and the extra staff was not available to facilitate the parent-child play sessions by the deputies for the control group. Other limitations could include the filial therapy trainer, who was also the researcher.

Instruments

The Porter Parental Acceptance Scale (PPAS), developed by Porter (1954), is a 40 item self-report inventory
designed to measure parental acceptance as revealed in the behaviors and feelings parents express toward, with, or about their child. The scale measures four variables (subscales): (a) respect for the child's feelings and right to express them; (b) appreciation of the child's unique makeup; (c) recognition of the child's need for autonomy and independence; and (d) unconditional love. The PPAS was selected for this study because all four of the variables measured are closely associated with the objectives of filial therapy training. The PPAS is simple to understand and administer, and can generally be completed in 30- minutes.

Each item of the PPAS has five multiple-choice responses, ranging from low to high acceptance. The scale is designed to measure two dimensions of parental acceptance: (a) how the parent feels in a specific situation, and (b) what the parent will do, behavioral expression, in a specific situation. The PPAS yields a total scale score and four subscale scores.

Porter (1954) reported a split-half reliability correlation of .76 raised by the Spearman Brown Prophecy formula to .86. Further research reported a split-half reliability coefficient of .66 which was raised to a total test reliability coefficient of .80 by utilizing the Spearman Brown Prophecy formula. Both reported coefficients are significant beyond the .01 level.
Using five expert judges to evaluate the responses, Porter (1954) investigated validity of the PPAS. At least three out of five judges agreed on all items. The greatest disagreement was by a range of two scale points out of a possible five that occurred less than twenty percent of the time, suggesting that the PPAS is a valid measure of parental acceptance as operationally defined by Porter (1954).

The internal consistency of the PPAS was determined by Burchinal, Hawkes, and Garner (1957) utilizing an item analysis. Analyzing responses by both mothers and fathers, researchers found that 39 of 40 items discriminated between high and low scores. The value of 3.46 needed for a probability level of .001 was exceeded by 35 items in responses by the mothers and 33 items in the fathers' responses, indicating that the PPAS is internally consistent at the .001 level of probability.

The Parenting Stress Index (PSI), developed by Abidin (1983), is a 101 item self-report index designed to measure the level of stress in the child-parent relationship. The items are separated into two domains, parent and child.

The parent domain measures stress related to parents' perceptions of their parenting skills and parenting style. The parent characteristics measured by the PSI include parent's sense of competence, parent attachment,
restrictions imposed by parental role, parent's feeling of social isolation, parent depression, relationship with spouse, and parental health.

The child domain measures parental stress related to their children's behavior, moods and personalities. The child characteristics measured include child's acceptability to the parent, child demandingness, child mood, child distractibility, child adaptability, and child's reinforcement of parent.

The PSI was selected for use in this study because (a) the characteristics assessed in each of the subscales are closely related to parents' ability to accept their child, and (b) if filial therapy training is effective in enhancing the child-parent relationship, there should be a reduction in perceived parental stress. The PSI is easy to administer, requires few directions, and can be completed in 30 minutes. Each of the items on the scale have five possible responses ranging from strongly agree to strongly disagree (Abidin, 1983).

Zakreski (1983) used the test-retest method to determine a coefficient of reliability, which produced coefficients of .77 for the child domain, .69 for the parent domain, and .88 for the total index. Alpha reliability coefficients were calculated on the total score and on the child and parent domains to determine internal consistency.
The coefficient reported for the child domain was .89 and the coefficient for the parent domain was .93 with a total reliability coefficient of .95. These findings indicate a high degree of internal consistency for the PSI (Hauenstein, Scarr, & Abidin, 1986).

The Filial Problem Checklist (FPC), developed by Horner in 1974, has been used extensively by the Individual and Family Consultation Center at Pennsylvania State University in filial therapy research. The FPC self-report instrument offers 108 potentially problematic situations related to parenting. Parents were instructed to consider each situation with their child in mind and to mark any that are a problem for their child with a 1, 2, or 3. A one means that a situation is true for the child, but not considered a problem. A two means that a situation is considered a moderate problem for the child. A three means that a situation is a severe problem for the child. Normative statistics concerning validity or reliability are not available on this instrument. The FPC was used as a means to compare results obtained by other studies in filial therapy. Upon completion of the pretest and posttest data collection, the three self-report instruments were blind-scored by a research assistant, and the results verified by a second research assistant.
The fourth instrument, the Measurement of Empathy in Adult-Child Interaction (MEACI), was developed by Stover, B. Guerney, and O'Connell (1971) to operationally define empathy as related to child-parent interactions. The MEACI is a revision of an earlier empathy measure (B. Guerney, Stover, & DeMerritt, 1968). The direct observational scale was used to measure empathic parental behaviors demonstrated in the videotaped pretraining and posttraining child-parent play sessions. Specific behaviors identified as major aspects of empathy in adult-child interactions include three subscale measures: (a) communication of acceptance; (b) allowing the child self-direction; and (c) involvement. The MEACI also provided a total empathy score. The MEACI was blind-scored by three trained professionals who have completed graduate courses in advanced play therapy and filial therapy.

The Communication of Acceptance subscale measures the parent's verbal expression of acceptance-rejection of the child's feelings and behaviors during spontaneous child-parent play sessions. Parental acceptance is considered a core condition for optimal development of the child's self-worth, and the major component in the communication of empathy (Rogers, 1957). Without parent training, such as filial therapy, Stover et al. (1971) found that the communication of acceptance regarding the child's feelings and behaviors did not generally occur during
spontaneous interactions. The finding was substantiated in the study conducted by Bratton (1993), where a reflection of feeling response, the primary behavioral indicator of the communication of acceptance on this scale, was not made by any parent in either the experimental or control group during the pretraining play sessions or by any of the control group parents during the posttraining sessions.

The Allowing the Child Self-Direction subscale measures the behavioral willingness of the parent to follow the child's lead instead of attempting to control the child's behavior. The Allowing the Child Self-Direction score contributed to the overall total empathy score as another dimension.

The third aspect of the MEACI is the Involvement subscale which measures the parent's attentiveness and participation in the child's activity. Stover et al. (1971) found that high scores on the involvement dimension of parental behavior may or may not be related to high levels of empathy. However, Bratton (1993) also found that parents who exhibited high levels of communication of acceptance and allowing the child self-direction demonstrated high levels of involvement.

The Measurement of Empathy in Adult-Child Interaction was selected for this study for the following: (a) the scoring is based on the coding of observed interactions
between parent and child; (b) the three parenting behaviors assessed by the instrument are closely related to a primary goal of filial therapy training, enhancing the child-parent relationship; and (c) research has shown the demonstration of empathy to be a measure of success in learning a therapeutic role (Carkhuff, 1969; Stover & B. Guerney, 1967).

A five-point bipolar scale was used to rate the three dimensions of parental behavior every three minutes for six consecutive coding intervals, following the protocol of Bratton (1993). The scales range from a high rating of one to a low rating of five. Examples of typical responses obtained from codings of the direct observations of child-parent interactions were provided for each of the possible five points on the continuum for all three subscales.

When all scales are considered together as components of empathic behavior, the highest level of empathy is evident when the adult (a) attends fully to the child's behavior, (b) comments frequently on the child's expression of feeling or behavior in a genuinely accepting manner, and (c) shows clearly that the child is fully permitted to engage in the chosen activity. The lowest level of empathic communication would be where the adult is either (a) inattentive or unavailable to the child who must repeat or
prompt to get a response from the adult, (b) verbally rejecting the feelings or behaviors of the child, or (c) cajoling, demanding, and directive of the child’s activity (Stover et al., 1971).

Reliability was established for each of the major variables of which the total empathy score is comprised. After four training sessions of collaborative rating on half hour play sessions, followed by discussion, six pairs of coders independently rated seven to ten mother-child play sessions of 20 to 30 minutes each. The average reliability correlation coefficient for the Communication of Acceptance subscale was .92. The Allowing the Child Self-Direction subscale average reliability correlation coefficient was .89, and for the Parental Involvement subscale, the median was .89. For comparison, using the Pearson product-moment, a correlation of .58 was determined to be significant at the .05 level, and a correlation of .75 to be significant at the .01 level with an N of 7 (Stover et al., 1971).

Construct validity was demonstrated for each subscale and the total empathy score in a study with a group of 51 mothers who were trained in filial therapy (B. Guerney & Stover, 1971). The filial therapy training model was utilized because this approach involves training parents in empathic skills closely related to the behaviors the scales are designed to measure. Empathic interactions demonstrated by the parents with their children during free-play sessions
were measured at three intervals: the pretraining play session, the first posttraining session, and the third posttraining play session. Highly significant increases (.0005) were obtained between the pretraining and the first posttraining sessions, and between the first and third posttraining sessions (.01), demonstrating that the scales are extremely sensitive measures of the empathic behaviors. Concurrent validity was determined by demonstrating a .85 correlation at the .005 level between the Measurement of Empathy and Adult-Child Interaction and an empathy scale developed previously (Stover et al., 1971).

Selection of Subjects

The research subjects were recruited from the incarcerated female prisoner population in the Denton County Detention Center, with the approval and cooperation of the Denton County Sheriff's Department staff, including Sheriff Weldon Lucas, Chaplain Dan Homeyer, and Program Director for inmates, Frank Owen. Recruitment of subjects began with a general information sheet posted on a bulletin board inviting female inmates, who were parents of children between the ages of 3 and 10, to an open meeting where information was provided about the study and questions were answered by the researcher and Program Director.

Subjects were selected based on the following criteria: (a) must be able to understand spoken English; (b) must be
incarcerated mothers awaiting trial and/or sentencing or serving a sentence (county, state or federal); (c) must have a child 3 to 10 years of age; and (d) must be detained in the Denton County Detention Center for a minimum of five weeks. After the initial selection process, the subjects were assigned to the experimental group or the control group.

All incarcerated mothers who met the criteria specified above (N = 51) completed all pretesting requirements and were included in the study. However, the process of recruiting subjects had to be repeated approximately every three months for one year in order to obtain a large enough sample, due to the variable number of incarcerated mothers available at any given time and due to the high state of flux inherent with a county jail census. Therefore, the total number of selected subjects (N = 51) who completed the pretesting is a cumulative figure obtained over the course of one year, as is the total number of subjects who completed the study (N = 22). Subjects were not matched on any demographic variable prior to group assignment. The initial group of subjects was randomly assigned to either the experimental or control groups, but early on in the data collection phase, it became evident that the pool of available subjects was smaller than had been available during the proposal period. Also, due to an extremely high
attrition rate (57%), random assignment had to be abandoned in order to approximate experimental and control groups of comparable size. Therefore, the data collection process of the filial therapy training, in order to obtain the final number of subjects \( N = 22 \), also took place over a one year period and required the researcher to conduct four separate, five-week training sessions, meeting biweekly, with each experimental group averaging from four to eight members per group. Thus, 22 subjects completed the present study, with 12 in the experimental group and 10 in the control group.

Members from both groups were asked to complete demographic questionnaires and the following is a summary of the information obtained. While 100% reported they could read and understand English, 18% asked for assistance with reading the written instruments. Of the population sampled, 38% expected to be released in less than two months, 45% expected to stay between two to 12 months, while 27% did not respond to the question. Breakdown by race was 5% Native American, 5% Hispanic, 41% Black/Afro-American, and 50% Caucasian. The incarcerated mothers average age was 32, with a range from 22 to 45, and the average age of the children who participated in the study was 5, with a range from 3 to 10, and 47% were girls and 53% were boys. The average number of reported children per family was 3, ranging from 1 to 8.
The completed educational level was an average of 10.7 years, with a range from 9th grade to 1 year of college. The breakdown was as follows: 9th grade was 18%, 10th grade was 36%, 11th grade was 14%, 12th grade was 14%, and 1 year of college was 14%, with one not reporting. When asked if they worked outside the home, 55% said yes, however, when asked to be more specific, 41% reported they worked full-time and 23% reported they worked part-time outside the home, a total of 64%, slightly higher than the previous item indicated. Regarding income status, 41% reported annual incomes less than $5,000, 9% less than $10,000, 5% less than $20,000, 5% less than $30,000, and 5% less than $40,000, with 36% not responding to this item. Of the incarcerated mothers who responded to the item regarding supplemental income, 14% received SSI (Social Security Income), and 27% received AFDC (Aid to Families with Dependent Children) benefits. Marital status was reported as follows: 23% were married, 9% were in a common law marriage, 9% were separated, 14% were divorced, and 41% were single. Regarding the question of whether they had a supportive system or network of family or friends, etcetera, 82% reported that they did and ranked family as the most important, followed by friends, and then church. The incarcerated mothers were also asked to respond to whether any other significant family member had previously served jail or prison time, and sadly but not surprisingly, 64% indicated yes.
The participants were asked if they had ever attended a parenting class, and 23% responded they had, and of those 80% felt the previous class had been helpful. Eighty-six per cent of the incarcerated mothers in the sample population reported retaining custody of their children. When asked about their relationship with the child of focus for the study, the following breakdown was reported: 9% below average, 36% average, 9% above average, and 46% responded very good. In rating themselves as parents, 18% thought they were below average, 55% believed they were average, 9% marked above average, and 18% indicated they were very good parents. When asked how they were coping with the separation from their children, 41% checked poor, 46% marked fair, 9% indicated good, and 6% reported very good. Regarding the question of how much they worried about their children while they were incarcerated, 41% were reportedly not at all worried, 32% marked sometime, 9% responded most of the time, and 18% indicated all the time.

Child care providers were varied and included fathers, boyfriends, husbands, relatives, grandparents, foster parents, and others. Of these categories, grandmothers provided 55% of the child care for the incarcerated mothers’ children, and grandfathers 14%, while husbands, relatives and others were each reported as 14% of the child care providers, and fathers, boyfriends and foster parents each
made up 5%. Obviously, the total of all these categories for child care providers exceeded 100%, due to some mothers marking more than one category.

Of the incarcerated mothers sampled, 59% reported that they had regular visitation with their children. Of those, 59% reported weekly visits, 27% monthly, 9% not at all, and 5% did not respond. It is important to note that visitation followed an established schedule at the jail, where the inmates were separated from the visitors by a glass barrier, and talked over connecting phones, but no physical contact was allowed. When asked if they lived with their children prior to arrest, 86% of the incarcerated mothers replied they did, and 86% reported they intended to live with their children again after release. Of those, 82% plan to be living with their children right away, 9% within a few days, 5% within a few months, and 5% within less than a year. When asked how the incarcerated mothers thought their children were coping with the separation from their mothers, 9% reported poor, 55% responded fair, 18% indicated good, and 18% reported their children were coping very good with the separation from them.

Collection of Data

Informed consent, including permission to be videotaped, was obtained prior to the beginning of the study. Informed consent included: (a) a consent form for
the parent to participate, signed by the incarcerated mother, indicating understanding of and agreement with the conditions of the study, as explained verbally and in writing by the researcher; and (b) a consent form for the child to participate, signed by the incarcerated mother (and the legal guardian or custodial parent of the child, when applicable), and the child (when applicable), indicating understanding of and agreement with the conditions of the study, as explained verbally and in writing by the researcher (Appendixes A and B). The consent forms were consistent with the recommendations established by the Research and Grants Office of the University of North Texas, and have been formally approved by the University of North Texas Review Board for the Protection of Human Subjects in Research (Appendix E).

Participating parents were asked to fill out three short forms, and a demographic form (Appendix C), as part of the research data collection, to measure the effectiveness of the filial therapy training. The written instruments included the following: (a) Porter Parental Acceptance Scale; (b) Parenting Stress Index; and (c) Filial Problem Checklist. The instruments were administered one at a time, all directions were read aloud, and assistants were available to read the questions and record the answers for those individuals who requested help due to limited reading and/or writing skills.
Videotapes were used as research data to assess change in parenting behaviors at two intervals, pretraining and posttraining. The participants made an appointment, prior to the first filial therapy training parent session, to be videotaped for the pretest with their child in a 30-minute play time at the Denton County Detention Center for Women, and again after the final filial therapy training session was completed for the posttest. The videotapes were analyzed and blind-scored after all data collection was completed, by doctoral students with advanced play therapy training from the University of North Texas. The videotapes were presented to the raters without identifying information as to whether they were evaluating pretest or posttest data. The Measurement of Empathy in Adult-Child Interaction (MEACI) instrument was used to score six 3-minute segments of each pretest and posttest videotape (Appendix F).

The control group participated in the same pretesting and posttesting and the pretraining and posttraining child-parent play sessions as the treatment group, but without the benefit of the filial therapy training. However, after completion of the initial five-week treatment period, and collection of posttesting data, the incarcerated mothers of the control group were offered the same opportunity to participate in filial therapy training.
Confidentiality

All videotapes were used strictly for educational and research purposes. Also, all research materials utilized to obtain data for the study were confidential and disguised to protect the identities of all participating parents and children, utilizing a number system instead of names. No personal identification was attached to the written forms or the videotapes, which were only viewed by the researcher and other doctoral graduate students from the University of North Texas, Department of Counseling, Development and Higher Education, who were selected by Dr. Garry Landreth. Signed consent forms to participate in the filial therapy and research, as well as signed releases for the videotaping, were obtained prior to beginning the study.

Treatment

The filial therapy training was conducted with four separate filial therapy training groups, averaging approximately one training session every three months over a one year period. The experimental groups, which consisted of four to ten members each, met with the researcher in a group discussion training format for 2-hour sessions, twice each week following a structured outline for five weeks, rather than the more commonly accepted protocol of weekly training sessions meeting for ten weeks. The condensed training format was utilized with two objectives in mind.
First, it was necessary to retain an adequate number of subjects due to the high attrition rate. The second objective was motivated by the researcher's attempt to ascertain if filial therapy training could be conducted in half the time usually followed and still obtain significant results. After the third filial therapy session, parents in the treatment group began special therapeutic 30-minute play times twice a week with one of their children, focusing on the same child for the duration of the training. Subjects who missed more than two training sessions were dropped from the study. However, makeup sessions were offered during the course of treatment.

A collection of specific toys similar to a portable play therapy kit that a play therapist might use in private practice, was provided during the child-parent play times to facilitate the therapeutic process (Appendix D). The child-parent play times were supervised and recorded by the researcher, utilizing a video-camera. The toys and videotapes were provided by the researcher and The Center for Play Therapy at the University of North Texas, at no cost to the parents or the Denton County Sheriff's Department. The videotapes, in addition to serving as pretests and posttests, were also used as educational tools in the parent training groups, where parents were provided an opportunity each session to show a videotaped therapeutic
play time of themselves with their child to the other group members. The videotapes also provided positive reinforcement for parents as they watched themselves, and other parents, demonstrate their newly acquired knowledge and skills with their children. The ten training sessions followed the methodology outlined by Landreth (1991) for filial therapy parent training groups (session outlines and handouts are included in Appendix G):

**Training Session One**

The incarcerated mothers introduced themselves and described their family, with a focus on the child who participated in the parent-child 30-minute play times. The facilitator/researcher gave an overview of the filial therapy training content and goals, which included developing sensitivity to their children and responding with empathy. A videotape was shown to the group demonstrating the skills of reflective listening and tracking behaviors. The facilitator/researcher conducted a role-play, with one of the parents assuming the role of the child, to further demonstrate empathic responding and behavioral tracking responses. A brief videotape introduced the group of incarcerated mothers to the process of emotional development in infants and toddlers, and demonstrated the accompanying facial expressions of emotions observed in young children. Homework for the next session was a handout of four facial
expressions which illustrated four basic feelings the
mothers were asked to identify in their children (or each
other if they did not have an opportunity to do so with
their children), and then to respond with a simple
reflective statement (Appendix G).

Training Session Two

Homework was shared on a voluntary basis at the
beginning of session two. The facilitator/researcher
demonstrated another live parent-child scenario using one of
the mothers to role-play the child, emphasizing reflective
responding and tracking behavior. The basic principles of
filial therapy were reviewed in the "Filial Therapy Parent
Handout" (Appendix G). The facilitator/researcher
demonstrated a box of toys to be used during the special
30-minute play times and discussed the rationale for
selecting the toys. The mothers were shown a videotape of
the facilitator/researcher conducting a play session with a
child, which demonstrated the skills of reflective listening
and tracking behaviors. The mothers were then asked to
chose a partner and take turns role-playing the parent and
child, and practiced making reflective responses. Homework
for the next session included reading the "Facilitating
Reflective Communication" handout (Appendix G), and picking
a specific time and place for their home parent-child play
sessions (after they are discharged).
Training Session Three

The session began with a review of the homework assignment on reflective communication, where group members shared their responses and received feedback from each other and the facilitator/researcher. Next the incarcerated mothers revealed their choices for time and location of their home parent-child play sessions, to begin once they are released. The facilitator/researcher reviewed the handouts, "Eight Basic Principles of Play Therapy" (Appendix G), and "Basic Rules for Filial Therapy" (Appendix G), in preparation for the incarcerated mothers beginning their 30-minute parent-child play sessions in the Denton County Detention Center. The incarcerated mothers were asked to tell their children that they were going to special classes to learn to play with them in some new ways, and that the children would be coming to a special play room to play with them for seven times. The homework assignment was to begin the parent-child play sessions, practicing the skills reviewed thus far. Arrangements were made for the first parent-child volunteers to be videotaped during their play session for demonstration in the next training session.

Training Session Four

The incarcerated mothers' discussed how they felt their play sessions with their children had gone. The researcher used the mothers' comments to reinforce the basic principles
of filial therapy, to encourage the skills they were using and to discuss possible alternatives to problem situations where the mothers' reported feeling "stuck", and practiced sharing a variety of empathic responses for any given parent-child scenario. A large part of this session was spent with the mothers sharing their feelings and events of the play session and seeking advice on how to handle challenging situations if they occur again. The group viewed the first parent-child videotaped play session of a group member, which offered an avenue of mutual expression for the strong personal emotions, such as joy, pride, and sadness, these incarcerated mothers and children seemed to feel as a result of this opportunity to be together in unprecedented contact visits. The facilitator/researcher was always alert for opportunities to encourage and support the mothers during their shared comments.

An introduction to limit-setting was outlined using the handout "Two Techniques of Discipline That Work" (Appendix G), which stimulated discussion among the mothers about how these techniques could be used in the 30-minute play sessions and in everyday interactions with their children, once the mothers are released. The facilitator/researcher demonstrated examples of applying the limit-setting technique, then the parents practiced limit-setting by role-playing with a partner, taking turns being the parent
and child. Homework was to continue play sessions and to notice one intense feeling within themselves. Two more incarcerated mothers volunteered to be videotaped along with their child for a demonstration tape to be shared in the next training session.

Training Sessions Five through Ten

The last five sessions all followed the same general format for the first half of the training session, where each mother reported on their previous parent-child 30-minute play session, and the parent group viewed the videotaped play session(s) of the volunteer members demonstrating their skills with their children. Suggestions, encouragements, and instructions from the facilitator/researcher, along with group member interactions, facilitated the learning of new skills in a supportive atmosphere. Mothers often gained insights into their personal feelings, thoughts, and behaviors related to parenting, as well as, comfort in the realization that they were not alone with their parenting concerns. Parental coping skills were emphasized to help the incarcerated mothers gain a sense of power and enhanced self-esteem.

Training Session Five

The facilitator/researcher reviewed the three main elements of limit-setting and focused on giving choices as a method of increasing the child's sense of responsibility,
and related consequences as an alternative to punishment. Homework was to practice using the limit-setting technique, giving their child a choice.

**Training Session Six**

The facilitator/researcher focused on children's aggression and ways parents could cope with it. The handouts, "Some thoughts on Aggression" and "When Limit-Setting Doesn't Work" (Appendix G), were reviewed with the incarcerated mothers.

**Training Session Seven**

The facilitator/researcher reviewed the handout "Common Problems in Filial Therapy" (Appendix G), and the mothers shared some of the related experiences they were having in their play sessions. The discussion provided the opportunity to review the skills of reflective listening, setting limits, and giving choices.

**Training Session Eight**

The handout "Learning to be Perfectionistic", was reviewed. The incarcerated mothers were developing increasing confidence in their newly acquired parenting skills, and were more open in sharing their suggestions with each other as the videotapes were reviewed each week.

**Training Session Nine**

The facilitator/researcher reviewed the handout, "Are You Listening To Your Child?", and the group discussed the
importance of continuing to practice active listening and reflective responding with their children. The incarcerated mothers were reminded they had two more contact visit, play sessions with their children. The facilitator/researcher discussed ways of preparing the children for termination of the special play sessions until the mothers discharge and return home. Group time was allowed to process the incarcerated parents feelings related to termination.

Filial Session Ten

The final session was used to review and summarize the content of previous classes. The incarcerated mothers shared how the parenting knowledge and skills had been helpful to them and to their children. Members were asked to think back to the first class and consider the progress they and their children had made. Even though the incarcerated mothers would be forced to terminate play sessions with their children after the final session of the study, the mothers were encouraged to resume the play sessions as soon as they were released and return home. A reading list on parenting was provided, and the members were encouraged to keep their handouts and read through them periodically as a refresher.

The filial therapy training groups were facilitated by the researcher. She has a Master's degree in Counseling from the University of North Texas, and had completed
graduate courses in introduction to play therapy, advanced play therapy, filial therapy, a master's and doctoral practicum in play therapy, and a doctoral internship in play therapy. She is also a Registered Play Therapy Supervisor by the International Association of Play Therapy.

Currently, she is a Licensed Professional Counselor, specializing in play therapy and filial therapy training, and has completed all the requirements for her Ph.D. with the exception of a dissertation.

Analysis of Data

The test instruments were coded to maintain the confidentiality of the participants. The researcher kept a master list in a locked bank deposit box with the subjects' names and correlating code numbers. When the study was completed, the master list was destroyed. The coding protocol followed was in accordance with the procedure recommended by the University of North Texas Computing Center, who entered the data for statistical analysis of covariance (ANCOVA). The final data results were analyzed by the researcher and a professional statistician to determine statistical significance, utilizing SPSS for MS Windows, Release 6.1.

Upon completion of the pretest and posttest data collection, the three self-report instruments were blind-scored by a research assistant, and the results
verified by a second research assistant. The pretraining and posttraining videotapes of child-parent 30-minute play sessions were blind-scored after completion of the study to insure that the raters were unaware as to whether they were rating sessions before or after training. Three doctoral students who had completed graduate courses in introduction to play therapy, advanced play therapy, filial therapy, and master's and doctoral practicums in play therapy, blind-scored the videotapes over a two week period. Initial interrater reliability was established during training sessions, following the protocol designed by Bratton (1993), which included discussions and collaborative rating sessions, as outlined by Stover et al. (1971). Interrater reliability was checked at midpoint and again at the end of the scoring process (Bratton, 1993). Kendall's Coefficient of Concordance $W$ was used to calculate interrater reliability (Bratton, 1993) and the resulting reliability coefficients are presented in Table 1.
Table 1

Interrater reliability coefficients of concordance (W)
for coding the Measurement of Empathy in Adult-Child Interactions scale

<table>
<thead>
<tr>
<th>Training Sessions</th>
<th>I Pre-coding</th>
<th>II Midpoint</th>
<th>III Post-coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td>.8923**</td>
<td>.7275*</td>
<td>.8185**</td>
</tr>
</tbody>
</table>

* p<.05
** p<.01

An analysis of covariance (ANCOVA) was computed to determine statistical significance. In order to test each hypothesis, the posttest was the dependent variable and the pretest 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. The hypotheses were either retained or rejected based on the ANCOVA results, with a level of significance established at .05.
CHAPTER III

RESULTS AND DISCUSSION

This chapter presents the results of the analysis of the data for each hypothesis tested in this study. Discussion of the results, implications and recommendations for further research are included.

Results

The results of this study are presented in the order the hypotheses were tested. Analyses of covariance were performed to test all hypotheses. A level of significance at .05 was established as the criterion for either accepting or rejecting the hypotheses.

Hypothesis 1

The experimental parent group will attain a significantly lower mean total score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the control parent group.

Table 2 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 3 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.
Table 2
Mean total scores for the Measurement of Empathy in Adult Child Interaction (MEACI)

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>49.96</td>
<td>33.46</td>
</tr>
<tr>
<td>SD</td>
<td>6.19</td>
<td>8.25</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Note. A decrease in the mean score indicates an increase in empathic behavior.

Table 3
Analysis of covariance data for the mean total scores on the Measurement of Empathy in Adult Child Interaction (MEACI)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>1637.560</td>
<td>1</td>
<td>1637.560</td>
<td>25.591</td>
<td>.000</td>
</tr>
<tr>
<td>Covariates</td>
<td>344.430</td>
<td>1</td>
<td>344.430</td>
<td>5.383</td>
<td>.032</td>
</tr>
<tr>
<td>Error</td>
<td>1215.783</td>
<td>19</td>
<td>63.989</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 show the F ratio for the main effects was significant to the .000 level indicating a significant increase in the experimental group parents' empathic interaction with their children as observed during play sessions. On the basis of this data, hypothesis 1 was retained.
Hypothesis 1.a

The experimental parent group will attain a significantly lower mean score on the Communication of Acceptance subscale of the MEACI posttest than will the control parent group.

Table 4 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 5 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttests mean scores.

Table 4

Mean scores for the MEACI subscale: Communication of Acceptance

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>18.12</td>
<td>14.38</td>
</tr>
<tr>
<td>SD</td>
<td>1.05</td>
<td>2.89</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Note. A decrease in the mean score indicates an increase in empathic behavior.
Table 5

Analysis of covariance data for the mean scores on the MEACI subscale: Communication of Acceptance

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>79.004</td>
<td>1</td>
<td>79.004</td>
<td>14.189</td>
<td>.001</td>
</tr>
<tr>
<td>Covariates</td>
<td>.023</td>
<td>1</td>
<td>.023</td>
<td>.004</td>
<td>.949</td>
</tr>
<tr>
<td>Error</td>
<td>105.791</td>
<td>19</td>
<td>5.568</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases = 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 shows the $F$ ratio for the main effects was significant to the .001 level indicating a significant increase in the experimental group parents' verbal expression of acceptance of their children's feelings and behaviors during observed play sessions. On the basis of this data, hypothesis 1.a was retained.

Hypothesis 1.b

The experimental parent group will attain a significantly lower mean score on the Allowing the Child Self-Direction subscale of the MEACI posttest than will the control parent group.

Table 6 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 7 presents the analysis of covariance of data, showing the significance of difference between the experimental and control groups' posttest mean scores.
Table 6
Mean scores for the MEACI subscale: Allowing the Child Self-Direction

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest  Posttest</td>
<td>Pretest  Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>19.08  10.08</td>
<td>20.30  20.10</td>
</tr>
<tr>
<td>SD</td>
<td>4.44   4.06</td>
<td>3.47   6.49</td>
</tr>
</tbody>
</table>

Total cases = 22

Note. A decrease in the mean score indicates an increase in empathic behavior.

Table 7
Analysis of covariance data for the mean scores on the MEACI subscale: Allowing the Child Self-Direction

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>$F$ Ratio</th>
<th>Sign. of $F$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>461.749</td>
<td>1</td>
<td>461.749</td>
<td>19.431</td>
<td>.000</td>
</tr>
<tr>
<td>Covariates</td>
<td>193.828</td>
<td>1</td>
<td>193.828</td>
<td>8.156</td>
<td>.010</td>
</tr>
<tr>
<td>Error</td>
<td>451.514</td>
<td>19</td>
<td>23.764</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total cases = 22

Table 7 shows the $F$ ratio for the main effects was significant at the .000 level indicating a significant increase in the experimental group parents' behavioral willingness to allow their children self-direction during observed play sessions. On the basis of this data, hypothesis 1.b was retained.
Hypothesis 1.c

The experimental parent group will attain a significantly lower mean score on the Involvement subscale of the MEACI posttest than will the control parent group.

Table 8 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 9 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 8
Mean scores for the MEACI subscale: Involvement

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>12.75</td>
<td>9.00</td>
</tr>
<tr>
<td>SD</td>
<td>2.18</td>
<td>3.02</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Note. A decrease in the mean score indicates an increase in empathic behavior.
Table 9

Analysis of covariance data for the mean scores on the MEACI subscale: Involvement

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>( F ) Ratio</th>
<th>Sign. of ( F )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>91.393</td>
<td>1</td>
<td>91.393</td>
<td>15.955</td>
<td>.001</td>
</tr>
<tr>
<td>Covariates</td>
<td>38.730</td>
<td>1</td>
<td>38.730</td>
<td>6.762</td>
<td>.018</td>
</tr>
<tr>
<td>Error</td>
<td>108.832</td>
<td>19</td>
<td>5.728</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases = 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9 shows the \( F \) ratio for the main effects was significant at the .001 level indicating a significant increase in the experimental group parents' attention to and participation in their children's play during observed play sessions. On the basis of this data, hypothesis 1.c was retained.

Hypothesis 2

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.

Table 10 presents the pretest and posttest means and standard deviations for the experimental control groups. Table 11 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.
Table 10

Mean total scores for the Porter Parental Acceptance Scale (PPAS)

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>130.25</td>
<td>152.58</td>
</tr>
<tr>
<td>SD</td>
<td>22.14</td>
<td>15.93</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Table 11

Analysis of covariance data for the mean total scores on the Porter Parental Acceptance Scale (PPAS)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>5563.535</td>
<td>1</td>
<td>5563.535</td>
<td>16.174</td>
<td>.001</td>
</tr>
<tr>
<td>Covariates</td>
<td>2147.074</td>
<td>1</td>
<td>2147.074</td>
<td>6.242</td>
<td>.022</td>
</tr>
<tr>
<td>Error</td>
<td>6535.754</td>
<td>19</td>
<td>343.987</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 11 shows the F ratio for the main effects was significant at the .001 level indicating a significant increase in the experimental group parents' perceived acceptance of their children. On the basis of this data, hypothesis 2 was retained.

Hypothesis 2.a

The experimental parent group will attain a significantly higher mean score on the Respect for the
Child's Feelings and Right to Express Themselves subscale of the PPAS posttest than will the control parent group.

Table 12 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 13 presents the analysis of covariance data, showing the significance between the experimental and control groups' posttest mean scores.

Table 12
Mean scores for the PPAS subscale: Respect for the Child's Feelings and Right to Express Themselves

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>32.33</td>
<td>44.42</td>
</tr>
<tr>
<td>SD</td>
<td>7.62</td>
<td>6.17</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Table 13
Analysis of covariance data for the mean scores on the PPAS subscale: Respect for the Child's Feelings and Right to Express Themselves

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>738.554</td>
<td>1</td>
<td>738.554</td>
<td>19.790</td>
<td>.000</td>
</tr>
<tr>
<td>Covariates</td>
<td>163.317</td>
<td>1</td>
<td>163.317</td>
<td>4.376</td>
<td>.050</td>
</tr>
<tr>
<td>Error</td>
<td>709.084</td>
<td>19</td>
<td>37.320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 13 shows the F ratio for the main effects was significant to the .000 level indicating a significant increase in the experimental group parents' respect for their children's feelings and their right to express them. On the basis of this data, hypothesis 2.a was retained.

**Hypothesis 2.b**

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.

Table 14 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 15 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

**Table 14**

*Mean scores for the PPAS subscale: Appreciation of the Child's Unique Makeup*

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>33.00</td>
<td>35.75</td>
</tr>
<tr>
<td>SD</td>
<td>5.44</td>
<td>4.61</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
Table 15

Analysis of covariance data for the mean scores on the PPAS subscale: Appreciation of the Child's Unique Makeup

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>176.715</td>
<td>1</td>
<td>176.715</td>
<td>8.697</td>
<td>.008</td>
</tr>
<tr>
<td>Covariates</td>
<td>110.329</td>
<td>1</td>
<td>110.329</td>
<td>5.430</td>
<td>.031</td>
</tr>
<tr>
<td>Error</td>
<td>386.048</td>
<td>19</td>
<td>20.318</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases =</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 15 shows the F ratio for the main effects was significant to the .008 level indicating a significant increase in the experimental group parents' appreciation for their children's uniqueness. On the basis of this data, hypothesis 2.b was retained.

Hypothesis 2.c

The experimental parent group will attain a significantly higher mean score on the Recognition of the Child's Need for Autonomy and Independence subscale of the PPAS posttest than will the control parent group.
Table 16

Mean scores for the PPAS subscale: Recognition of the Child's Need for Autonomy

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>35.33</td>
<td>40.67</td>
</tr>
<tr>
<td>SD</td>
<td>3.23</td>
<td>4.42</td>
</tr>
<tr>
<td>Total cases =</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

Table 17

Analysis of covariance data for the mean scores on the PPAS subscale: Recognition for the Child's Need for Autonomy

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>219.856</td>
<td>1</td>
<td>219.856</td>
<td>10.351</td>
<td>.005</td>
</tr>
<tr>
<td>Covariates</td>
<td>633.693</td>
<td>1</td>
<td>633.693</td>
<td>29.836</td>
<td>.000</td>
</tr>
<tr>
<td>Error</td>
<td>403.543</td>
<td>19</td>
<td>21.239</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases =</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 17 shows the F ratio for the main effects was significant to the .005 level indicating a significant increase in the experimental group parents' recognition of their children's need for autonomy and independence. On the basis of this data, hypothesis 2.c was retained.
Hypothesis 2.d

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.

Table 18 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 19 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 18
Mean scores for the PPAS subscale: Unconditional Love

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>29.58</td>
<td>31.75</td>
</tr>
<tr>
<td>SD</td>
<td>12.40</td>
<td>11.82</td>
</tr>
<tr>
<td>Total cases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 19

Analysis of covariance data for the mean scores on the PPAS subscale: Unconditional Love

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>393.064</td>
<td>1</td>
<td>393.064</td>
<td>3.553</td>
<td>.075</td>
</tr>
<tr>
<td>Covariates</td>
<td>154.282</td>
<td>1</td>
<td>154.282</td>
<td>1.395</td>
<td>.252</td>
</tr>
<tr>
<td>Error</td>
<td>2101.973</td>
<td>19</td>
<td>110.630</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total cases = 22

Table 19 shows the F ratio for the main effects at the .075 level indicating a significance greater than the established criterion of p<.05 for the experimental group parents' unconditional love for their children. On the basis of this data, hypothesis 2.d was rejected.

Hypothesis 3

The experimental parent group will attain a significantly lower mean total score on the Parenting Stress Index (PSI) posttest than will the control parent group.

Table 20 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 21 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.
Table 20

Mean total scores for the Parenting Stress Index (PSI)

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>251.148</td>
<td>1</td>
<td>251.148</td>
<td>0.217</td>
<td>.646</td>
</tr>
<tr>
<td>Covariates</td>
<td>4578.510</td>
<td>1</td>
<td>4578.510</td>
<td>3.959</td>
<td>.061</td>
</tr>
<tr>
<td>Error</td>
<td>21971.796</td>
<td>19</td>
<td>1156.410</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total cases = 22

Table 21 shows the F ratio for the main effects at the .646 level indicating a significance greater than the established criterion of p<.05 for the experimental group parents' perceived level of stress related to parenting. On the basis of this data, hypothesis 3 was rejected.

Hypothesis 3.a

The experimental parent group will attain a significantly lower mean score on the parent domain of the PSI posttest than will the control parent group.
Table 22 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 23 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 22

**Mean scores for the PSI subscale: Parent Domain**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>16.833</td>
<td>1</td>
<td>16.833</td>
<td>.051</td>
<td>.824</td>
</tr>
<tr>
<td>Covariates</td>
<td>3073.601</td>
<td>1</td>
<td>3073.601</td>
<td>9.244</td>
<td>.007</td>
</tr>
<tr>
<td>Error</td>
<td>6317.429</td>
<td>19</td>
<td>332.496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 23 shows the F ratio for the main effects at the .824 level indicating a significance greater than the
established criterion of p<.05 for the experimental group parents' perceived level of stress related to their attitudes and perceptions of themselves as parents. On the basis of this data, hypothesis 3.a was rejected.

**Hypothesis 3.b**

The experimental parent group will attain a significantly lower mean score on the child domain of the PSI posttest than will the control parent group.

Table 24 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 25 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 24

<table>
<thead>
<tr>
<th></th>
<th>Experimental (n=12)</th>
<th>Control (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Mean</td>
<td>135.33</td>
<td>105.50</td>
</tr>
<tr>
<td>SD</td>
<td>97.35</td>
<td>20.48</td>
</tr>
<tr>
<td>Total cases</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
Table 25

**Analysis of covariance data for the mean scores on the PSI subscale: Child Domain**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>127.308</td>
<td>1</td>
<td>127.308</td>
<td>.386</td>
<td>.542</td>
</tr>
<tr>
<td>Covariates</td>
<td>1165.581</td>
<td>1</td>
<td>1165.581</td>
<td>3.530</td>
<td>.076</td>
</tr>
<tr>
<td>Error</td>
<td>6272.975</td>
<td>19</td>
<td>330.157</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total cases = 22

Table 25 shows the F ratio for the main effects at the .542 level indicating a significance greater than the established criterion of p<.05 for the experimental group parents' perceived level of stress related to their children's behavior. On the basis of this data, hypothesis 3.b was rejected.

**Hypothesis 4**

The experimental parent group will attain a significantly lower mean score on the Filial Problem Checklist (FPC) posttest than will the control parent group.

Table 26 presents the pretest and posttest means and standard deviations for the experimental and control groups. Table 27 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.
Table 26

Mean scores for the Filial Problem Checklist

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign, of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental (n=12)</td>
<td>10916.144</td>
<td>1</td>
<td>10916.144</td>
<td>37.924</td>
<td>.000</td>
</tr>
<tr>
<td>Control (n=10)</td>
<td>24036.063</td>
<td>1</td>
<td>24036.063</td>
<td>83.503</td>
<td>.000</td>
</tr>
</tbody>
</table>

Total cases = 22

Table 27

Analysis of covariance data for the mean scores on the Filial Problem Checklist

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main effects</td>
<td>10916.144</td>
<td>1</td>
<td>10916.144</td>
<td>37.924</td>
<td>.000</td>
</tr>
<tr>
<td>Covariates</td>
<td>24036.063</td>
<td>1</td>
<td>24036.063</td>
<td>83.503</td>
<td>.000</td>
</tr>
<tr>
<td>Error</td>
<td>5469.065</td>
<td>19</td>
<td>287.846</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total cases = 22

Table 27 shows the F ratio for the main effects was significant at the .000 level indicating the experimental group parents perceived a significant reduction in the number of problems their children were experiencing. On the basis of this data, hypothesis 4 was retained.

Discussion

The results of this study strongly point to the effectiveness of filial therapy training with incarcerated
mothers. Significant results were found on 9 of 13 hypotheses. The meaning of these results is discussed below.

**Empathy in Parent-Child Interactions**

Tables 2 through 9 report the significant increases of the experimental group parents in empathic behavior during observed play sessions with their children as measured by the three subscales of the Measurement of Empathy in Adult Child Interaction (MEACI). It is important to note a decrease in the mean score indicates an increase in the desired behavior. The experimental group parents demonstrated: (a) a significant increase in their ability to communicate acceptance of their children's feelings and behaviors; (b) a significant increase in allowing the child to lead rather than attempting to control the child's behavior; and (c) a significant increase in attending fully to the child. The experimental parent group displayed the most dramatic increase in Allowing the Child Self-Direction, with a pretest to posttest mean score decrease of 9 points ($SD = 4.06$), while the control group showed a 0.20 point decrease ($SD = 6.49$).

Bratton (1993) found none of the parents in the pretest experimental or control groups, and none of the parents in the posttest control group demonstrated a reflection of feeling response prior to filial therapy training. The
authors of the MEACI scale, Stover, B. Guerney, & O'Connell (1971), stated that the verbal expression of acceptance was the major element in the communication of empathy, and did not generally occur in spontaneous interactions between parent and child. The present study supports this finding. A reflection of feeling response, the primary behavioral indicator of communication of acceptance on the MEACI scale, was observed to occur 2 out of 144, and 3 out of 120, possible scoring opportunities by the pretest experimental parent group and the pretest control parent group, respectively. The posttest MEACI scale mean scores demonstrated a significant increase \( p = .001 \) in verbal reflection of feeling responses by the experimental parent group, with 27 out of 144 possible scoring opportunities observed, while the control parent group dropped to 2 out of 120 scoring opportunities.

The results of the MEACI scale are of special interest because they are based on the direct observations of specific parenting behaviors by trained professionals rather than self-report instruments. As reported by Bratton (1993), the findings of this study support earlier research in filial therapy that used direct observations to measure empathic behaviors in parents as they interacted with their children in play sessions (Bratton, 1993; B. Guerney, Burton, Silverberg, & Shapiro, 1965; B. Guerney & Stover,
1971; B. Guerney, Stover, & DeMeritt, 1968; Stover & B. Guerney, 1967; Stover et al., 1971). Stover et al. (1971) found that a high level of empathic behavior in parents was a decisive factor in the success of the filial therapy training process and of paramount importance for a significant change in the child’s behavior. These findings suggest that a ten session filial therapy training program, in a five week format, can be an effective treatment method for incarcerated mothers to increase parental empathy in parent-child interactions.

**Parental Acceptance**

Tables 10 through 19 report increases in the experimental group parents in their perceived acceptance of their children in the total score and in three of four subscale scores on the Porter Parental Acceptance Scale (PPAS). The most dramatic increase reported by the experimental group parents was in respect for the child’s feelings and the child’s right to express themselves (p = .000), which may be attributed to the fact that the behavior measured is closely related to specific play therapy skills that the parents are encouraged to practice during the filial therapy training classes and concurrent parent-child play sessions. The parents also reported significant increases in appreciation of the child’s unique makeup (p = .008) and in recognition for the child’s need for autonomy (p = .005).
Although the experimental group parents reported increases in unconditional love for their children, the results exceeded the $p = .05$ criterion. A possible contributing factor to not obtaining significance with the PPAS Unconditional Love subscale could be the Likert scale method utilized to solicit responses regarding this subscale rather than the multiple choice format utilized in the other three PPAS subscales. The sample population of incarcerated mothers seemed to have a difficult time selecting an answer using the Likert scale, and may have responded differently if the items had been presented in a consistent multiple choice form. All four subscale scores contributed to the total PPAS score which indicated a significant increase ($p = .001$) in the experimental group parents perceived acceptance of their children.

The results on the PPAS are supportive of earlier studies in filial therapy (Bratton, 1993; Dematatis, 1981; Glass, 1986; Glazer-Waldman, 1991; L. Guerney & Gavigan, 1981; Lebovitz, 1982; Lobaugh, 1991; Sensue, 1981; Sywulak, 1977) in that parental acceptance, as measured by the Porter Parental Acceptance Scale, increased after filial therapy training. These findings suggest that a ten session filial therapy training program, in a five week format, can be an effective treatment method for incarcerated mothers to increase parental acceptance in the parent-child relationship.
Parental Stress

Tables 20 through 25 report the results as measured by the Parenting Stress Index (PSI). The difference between the experimental and control parent groups’ pretest and posttest mean scores far exceeded the established criterion for significance (p = .05) on the total score and on the two subscale scores, the child domain and the parent domain. Therefore, all three hypotheses related to the PSI were rejected. Other research studies on filial therapy training have utilized the PSI as a measure of assessing change and obtained significant results (Bratton, 1993; Lobaugh, 1991).

The results of the PSI could indicate this instrument may not have been an appropriate choice to assess parenting stress in the sample population of incarcerated mothers due to the inherent stressfulness of their situation in a county jail setting. Unlike Lobaugh’s (1991) study, which focused on incarcerated fathers in a federal prison setting, where sentencing had been determined and the inmates went about their stable routine of serving their sentences, having regular contact visits with their spouses and children (who were often closer to their families geographically due to a greater number of male prisons with more locations), and the opportunity of complying with expected behavior policies to attain early parole. Conversely, the incarcerated mothers in the county jail system were more often than not in a
suspended state of being, awaiting word from their attorneys regarding setting bail, pending court dates, pending sentencing dates, or awaiting transfer to the state or a federal prison, pending available space. If prison space did become available, the incarcerated mothers were moved in the early morning hours without notice and not allowed to communicate with their families until arrival at their new destination due to security reasons. Many of the women who were awaiting transfer to the state prison had been on a list for several months to over a year. The agony of not knowing when they would be "pulling chain" (transferred to prison) seemed to take a toll on their mental attitude. However, those who knew they had to serve prison time were anxious to be transferred. From personal reports, the incarcerated mothers seemed to look forward to the more predictable routine of prison life, the contact family visits, and the prospect for early parole, despite the great geographical distance of the only state prison for women (Huntsville, TX) from their families, decreasing the frequency of visitation for many of them since their children were being cared for by elderly and often indigent family members.

Pretest mean percentile ranks for both the experimental and control parent groups were well above average for the total PSI scores, indicating both groups reported feeling an
overall increased sense of parenting stress during the pretest period. Although the posttest mean scores for the experimental group reported a reduction in stress after treatment, decreasing from the 90th to the 65th percentile, the control group also reported a decrease in stress as reflected in posttest mean scores, moving from the 83rd percentile rank to the 68th percentile without treatment. The PSI Parent Domain subscale posttest mean scores indicate both the experimental and control parent groups decreased from the 75th to the 65th percentile ranks, indicating treatment did not make a difference as assessed by the PSI. However, the PSI Child Domain subscale posttest mean scores of the experimental group parents reflect the greatest decrease in stress, while not statistically significant, with movement from the 95th to the 65th percentile rank after completing the filial therapy training, compared to the control group parents, with a smaller decrease from the 85th to the 75th percentile rank. The decrease in the PSI Child Domain stress reported by the experimental parent group could be attributed to their newly acquired parenting skills and knowledge, possibly providing them with a greater sense of confidence as parents, as well as, a new appreciation of their children, seeing them from a more positive and accepting perspective. As both the experimental and control group parents tended to generally
cluster about the same percentile ranks and experience some
decrease in stress, with or without treatment, it is
possible other contributing factors related to incarceration
may be reflected in the lower scores.

**Filial Problem Checklist**

The total number of problems identified on the Filial
Problem Checklist by the parents in the experimental group
was significantly reduced ($p = .000$) after the filial
therapy training. Previous studies have found similar
reductions in the number of problem behaviors reported by
parents who completed filial therapy training (Bratton,
1993; B. Guerney, 1976; B. Guerney & Stover, 1971; Lobaugh,
1991; Sywlak, 1977). The newly acquired parenting skills
and knowledge, and a more accepting perspective of their
children may be important factors in explaining the
significance of the experimental group parents' scores on
the posttest.

**Observations**

The results of this study support the value of filial
therapy training with incarcerated parents, and also support
the effectiveness of filial therapy in a consensed five-week
format. Based on statements by the incarcerated mothers
during the filial therapy training classes and from personal
observations of the parent-child play times, many of the
treatment group parents demonstrated a general understanding
of the concepts early in the training and expressed genuine gratitude for both the knowledge and skills they were learning, and even more, for the opportunities to physically be with their children in the unique contact therapeutic play times, a policy never before implemented in the county jail setting. Even though some incarcerated mothers were required to be thoroughly searched upon returning to their quarters after the parent-child contact visits as a part of the security protocol, they were not deterred.

Recommendations

Based on the results of this study, the following recommendations are offered:

1. Provide filial therapy training to incarcerated parents in county jails.
2. Include children in future filial therapy research with objective measures for behavior change, self-esteem, school performance, etcetera, prior to and after filial therapy parent training. Interview child care providers as well as teachers and significant others.
3. Conduct a follow-up study with this sample population after release using the same instruments utilized in this study.
4. Provide filial therapy training for child care providers of incarcerated parents, measuring the
child care providers and the children before and after the filial therapy training. Provide follow-up support groups weekly or monthly to encourage the child care providers to continue with home play therapy sessions.

5. Include sheriff's deputies in the pretesting and posttesting regarding their assessments of observable behavior changes of the incarcerated parents participating in filial therapy training.

6. Provide support groups for children and families to process their feelings during the stressful time of incarceration and separation from their parent or significant other.

7. Offer filial therapy training to sheriff's deputies and staff to increase their sensitivity, support, and cooperation for the parenting program, to enhance their own parenting knowledge and skills, and to increase awareness to the needs of all children and parents, regardless of their status or circumstance.

8. Provide filial therapy training in a more condensed seminar format for incarcerated parents in the county jail setting due to the high attrition rate of long term programs and the high turnover rate inherent with this population.
9. Provide a community family room with toys for children to have contact visitation time each week with their incarcerated parent.

Concluding Remarks

During this time of expanded awareness regarding the special needs of children, it seems unconscionable that young children, the innocent victims who often fall through the cracks of our judicial system, are denied the opportunity to be held, hugged, and played with by their mothers who are incarcerated. It is not developmentally possible for a young child to understand why mother is gone, where she has gone, and if or when she will return. Many young children tend to believe it is their fault mom has gone away, due to their egocentric thinking, and can result in children feeling depressed and abandoned. If children are fortunate enough to be placed with a caregiver who is motivated and has resources to bring them for visitation to the jail, they are confronted with having to see their mother through a glass barrier and hear her voice over a phone. Again, developmentally it is not possible to help a young child to understand why they can see their mother and even hear her voice, but are not permitted to touch, feel, smell, hold, hug, kiss or play with her. For this reason, many child caregivers chose not to bring children to the jail for visitation, or to limit the frequency of such visits due to the stress and trauma such experiences can precipitate.
The motivation behind this study was not to lessen the consequences of crimes committed by mothers of young children, but rather to increase the sensitivity of the judicial system to the special needs of the incarcerated parents' children. If the family unit can be nurtured, respected and supported during the stressful separation time of mothers from their children, with interventions like filial therapy training and supervised play sessions, it is conceivable mothers may be motivated to make more positive choices in the future, thus avoiding the cyclical pattern of many offenders, and may feel more bonded as a significant member of the family unit. Parents need to be encouraged and supported in accepting responsibility for their children who love them and want them home. Children should not be made to suffer because of the poor choices of their parents.
APPENDIX A

PARENT INFORMATION AND ADULT CONSENT FORM
If you are a mother of a child, 3 to 10 years-of-age, and your child is available for visitation with you for special child-parent play sessions over the next six to eight weeks, then you are invited to be a partner in a study to determine the effectiveness of Child-Parent Relationship training (also called Filial Therapy) with other mothers in the Denton County Detention Center. You will be asked to complete three short questionnaires before and after the training. If you need help filling out the forms, someone will be available to provide any assistance you may require, including reading the questions to you or answering questions. Also, you will be asked to participate in a 30-minute videotaped play session with your child before and after the training. Because the researcher is not multilingual, the mothers who volunteer to be a part of the parenting group must be able to speak and understand English.

Additionally, if you chose to do so, you will be given the opportunity to be videotaped with your child in the playroom practicing your new parenting skills, and then given feedback from the group leader during the parent training group session on how well you are doing, taking turns with the other mothers in your parent training group in sharing a special play session tape of you being with your child. The videotaped play sessions with your child will be destroyed, if you request, at the end of the study.

In the Child-Parent Relationship training, I will be teaching you new ways of parenting and being with your child, ways that can help you and your child to feel better, as well as, strengthen the relationship with your child. The training will take place over five weeks, with the mothers meeting in small groups twice each week, for two hours. During the parent groups you will be asked to share some thoughts, feelings, questions or comments with the group leader and other mothers. You will also be asked to arrange for eight 30-minute visits with your child (the same child each week), and then to spend that time being with your child in a special playroom setting practicing the new ways of parenting you will be learning in the parent training groups.

The benefits of this training can be 1) a better relationship with your child, 2) an increased understanding of your child, 3) an improved feeling of confidence in your parenting abilities, and 4) an improvement in your child’s self-esteem.
There is no personal risk or discomfort directly involved in this study. You will be asked to give some of your time, and be willing to explore some new ideas and share thoughts and feelings related to the parenting of your child. There may be times during the play sessions when your child could express sadness, anger or frustration. However, the parent training should help you deal with all of your child’s feelings, thoughts and behaviors more effectively. Your decision for both you and your child to take part in this study is completely voluntary.

The information you provide when you answer the questionnaires will be strictly confidential. You and your child’s name will not be disclosed to anyone in any publication or discussion of the material. Information obtained from you and your child will be recorded with a code number; no names will be used. Only the researcher, Zella Harris, will have a list of the participants. At the end of the study, the list of participants’ names will be destroyed. The videotaped play sessions of you and your child will be viewed only by the researcher, Zella Harris (Doctoral Candidate, UNT), my major professor, Dr. Barry Landreth (Regents Professor, UNT) and a graduate research assistant in the Department of Counseling, Development and Higher Education, UNT (to be selected by Dr. Landreth). The research assistant will have no knowledge of the participants’ names, only numbers.

If you agree to take part in the parent training groups and research study, please fill out and sign the consent form attached. Your decision to participate or not participate in the parent training study will not affect your parole eligibility or release date. I will be offering a group meeting before beginning the parent training and study, along with Chaplain Dan Homeyer and Program Director Frank Owen, to answer your questions and get acquainted. Also, for further information, contact Zella Harris at 817-566-0367. Thank you very much for your time, cooperation and participation.

Sincerely,
Zella Harris, M.Ed., R.N., LMFT
Licensed Professional Counselor
University of North Texas Doctoral Candidate
PARENTING CLASS INFORMED CONSENT

You are making a decision as to whether or not to participate in the Child-Parent Relationship training and study. You should not sign until you understand all the information presented on the PARENTING CLASS and RESEARCH INFORMATION form and until all your questions about the research have been answered to your satisfaction. Your signature indicates that you meet all the requirements for participation as explained by Zella Harris and have decided to participate, having read and understood the information on the form, as summarized in the following list:

1) I agree to participate in the five week parent training group, meeting twice each week for two hours.

2) I agree to have my child participate in 30-minute special play times with me.

3) I agree to fill out the necessary forms both before and after the parent training.

4) I agree to have both the before and after special 30-minute play times with my child videotape recorded.

5) I will consider allowing an additional 30-minute special play time of me being with my child, practicing what I am learning, to be videotape recorded for sharing with my small group of mothers and the group leader/researcher during a parent training group session.

Signature of Parent Participant

Date

Name of Your Child as Participant

Signature of Witness

Date

Signature of Researcher/Group Leader

Date
APPENDIX B

CHILD INFORMATION AND CHILD CONSENT FORM
TO BE READ TO THE CHILDREN

Hi, my name is Zella Harris, and I have come to ask for your help so I can learn more about helping mothers to help their children, especially during this time when you do not get to see your mother very much. If you decide to help me with my "homework", you will be coming to visit your mother for 30 minutes in a playroom with special toys, for at least two times, and maybe as many as eight special play times with your mother. During the special play times with your mother, a video camera will be taking pictures (videotape recordings) of you and your mother playing together, and I will be in the playroom helping. Some of the videotapes may be shown to your mother and other mothers in a special class where I will be teaching them ways to help their children and to get along better. I will also use two of the videotapes for my "homework", but no one will know the names of the people in the pictures but me, Zella Harris, and no one will watch them except for me (Zella Harris, Doctoral Candidate, UNT), my teacher (Dr. Garry Landreth, Regents Professor, UNT) and a special helper at my school (a graduate student in the Department of Counseling, Development and Higher Education, UNT; to be selected by Dr. Landreth). You may chose to do this, or not. If you think you want to do this now, but change your mind later, you can stop at any time.

Thanks for your help!!!!
CHILD INFORMED CONSENT FORM

I (Child’s Name ____________________________) have read (or I have had read to me) and understand the statements on the front of this form and I agree to the following:

1) I would like to help Zella learn more about mothers and children;
2) I would like spending time with my mother in a playroom with special toys;
3) It is okay for Zella to take pictures of me and my mother in the playroom and to use these pictures (videotape recordings) to help others learn from watching them.

Please sign the bottom of this page giving me permission to do the above. THANK YOU!!!!

_________________________  __________________________
Child’s Signature               Date

_________________________  __________________________
Legal Custodial Parent’s Signature  Date

_________________________  __________________________
Legal Guardian of designated child above               Date

_________________________  __________________________
Witness               Date

NOTE to Parents: If you are willing to participate and for your child to participate, please sign the consent form, along with your child. The University of North Texas (UNT) requires the signature of the legal custodial parent, or that of the legal guardian, in order for your child to participate. Thank You, Again!
APPENDIX C

ADULT PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL DOCUMENT

Cover Sheet for Personal Data Questionnaire

Parent Name ___________________________________________________________

Code Number_______ (To be assigned by the researcher)

(A special code number will be assigned to each parent and will be used on all tapes and forms, instead of names, to protect the identity of each parent participating in the Child-Parent Relationship training and study. Only the chief researcher, Zella Harris, will have access to the list of names, which will be destroyed after the completion of the study).
CHILD-PARENT RELATIONSHIP TRAINING
QUESTIONNAIRE

I understand spoken English, but need help having the forms read to me?  ______YES

Please respond to each of the following questions or statements as best you can. If you find any of the items too personal, offensive or threatening, (other than Items #1, #2, #6, and #17, which need to be answered for determining eligibility and coding) you may choose not to answer them. However, I will be the only one to see your responses, which will be coded with a special number to protect your identity. The information you voluntarily provide may be very valuable in interpreting the results of the study and in helping future parents in similar situations. This form will be destroyed after completion of the study.

#1. Your age_____

#2. Can you read and understand English?
   ______YES  ______NO

#3. Do you have custody of your children?
   ______YES  ______NO

#4. How many children do you have?___________
   - How many boys?_____
   - What are their ages?____,____,____,____,____
   - How many girls?_____
   - What are their ages?____,____,____,____,____

#5. Place an "X" after the statement that best describes your racial heritage:
   Black or Afro-American_____
   Native American Indian_____
   Hispanic or Mexican American_____
   Oriental_____
   White or Caucasian_____
   Other_____(please describe)_____________________

#6. Please give the name, age and gender of your child that you have chosen to work with in this study. This should be the child considered by you to be the most in need of help, who is 3 to 10 years of age.

Child's First Name________________________
Age_____
Girl_____  or  Boy_____
7. Do you get to see your children on a regular basis? 
YES_____ NO_____ 
Weekly_____ Monthly_____ Yearly_____ Never_____ 

8. What is your occupation? 
Full-time_____ Part-time_____ 

9. What is your highest level of education completed? 
None_____ Elementary_____ Junior High_____ 
High School_____ Junior College_____ 
College Degree_____ Graduate Degree_____ 

10. What is your marital status? 
Married_____ Separated_____ 
Divorced_____ Single_____ 
Common Law_____ Live-in Partner_____ 
How many years?______ 

11. Do you have a support system or network (This could be a small or large group of family members, friends or others, such as a church or club organization)? 
YES_____ NO_____ 
If YES, check the groups which apply to you, and assign numbers to the groups you check, with #1 being the most helpful, and #5 the least helpful. 
Church_____ Family_____ Friends_____ 
Work_____ Other (Describe)_____ 

12. Chose one of the following statements which best describes your current income situation: 
Below the poverty income level_____ 
Poverty income level_____ 
Low income level_____ 
Middle income level_____ 
High income level_____ 

13. Have you ever attended a parenting class before? 
YES_____ NO_____ 
If so, What kind?______________________________ 
Where?_____________________________________ 
When?_____________________________________
For How long?______________________________ 
Was it helpful? YES_____ NO_____
14. Do you have other family members who have served time in a jail or prison?
YES____  NO____

If yes, please indicate by checking the following:
Grandparent_____ Parent_____ Child_____ 
Husband_____ Brother/Sister_____ Uncle/Aunt_____ 

15. How do you feel your children are coping with your absence?
Poor____  Fair_____  Good____  Very good____

16. How do you feel you are coping with the separation from your children at this time?
Poor____  Fair_____  Good____  Very good____

17. When do you expect to be discharged or transferred from the Denton County Detention Center? (Date if Known)
Less than 1 month____
Less than 2 months____
More than 2 months____
More than 3 months____
More than six months____

18. How do you describe yourself as a parent?
Poor____  Fair_____  Good____  Very good____

19. How do you describe your relationship with your child?
Poor____  Fair_____  Good____  Very good____

20. Who is caring for your children while you are here?
Child's Father_____ Boyfriend_____ Husband_____ 
Child's Grandparent(s)/Father's Parent(s)_____ 
Child's Grandparent(s)/Mother's Parent(s)_____ 
Girlfriend_____ Partner_____ Neighbor(s)_____ 
Foster Parent(s)_____ Friend(s)_____ 
Relatives_____ (Please describe)__________________________
Other_____ (Please describe)__________________________

21. Do you worry about your child's/children's safety and general well-being while you are separated?
Not at all____  Sometimes____
Most of the Time____  All the Time_____
22. Briefly describe the problem(s) you are most concerned about in parenting your child/children.

THANK YOU for your time in completing this form!
I greatly appreciate it.

Respectfully yours,
Zella Harris, M.Ed., RN, LMFT
Licensed Professional Counselor
Doctoral Candidate, University of North Texas
Counseling, Development and Higher Education Department
APPENDIX D
LIST OF TOYS
TOYS for the CHILD-PARENT PLAY SESSIONS

Play Doh
Crayons
Paper
Blunt Scissors
Nursing Bottle (plastic)
Rubber Knife
Plastic Dart Gun with soft Rubber-tip Darts
A Family of small, bendable Dolls
Toy Soldiers
Small Plastic Car
Lone Ranger-type Mask
Tinkertoys
Small Cardboard Box (to be used for a Doll House)
Doll House Furniture
Doctor's Kit
Play Money
3 to 5 feet piece of Rope
BoBo Punching Bag
Hand Puppets
APPENDIX E

LETTERS
February 16, 1994

Zella Harris
706 Woodford
Denton, TX 76201

Dear Ms. Harris:

Your proposal, "Filial Therapy with Incarcerated Mothers", has undergone Full Board Review by the University of North Texas Institutional Review Board and has been approved.

Good luck on your project.

Sincerely,

Dr. Sandra Terrell, Chair
Institutional Review Board

ST/tl
TO: UNIVERSITY OF NORTH TEXAS REVIEW BOARD
FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH
FROM: CHAPLAIN HOMEYER
SUBJECT: PERMISSION FOR RESEARCH STUDY

Zella Harris has been given permission by Sheriff Weldon Lucas to conduct a research study with the female inmates in the Denton County Detention Facility. Such research is to provide parenting training for those involved.

If any further information is required, please contact me at (817) 898-5704.

[Signature]

CHAIR, DETENTION
November 8, 1991

Zella Harris
706 Woodford
Denton, TX 76101

Dear Ms Harris:

I just received copies of the revised Porter Parental Acceptance Scale yesterday. As promised I am sending a copy to you. Included are instructions for administering the Scale and a Scoring Key.

If it is something that you find useful in your research and/or therapy, please feel free to duplicate it and use it. If you do use it and publish any reports of your research I will appreciate it if you will give credit for the source of the Scale and send me a copy of your paper, abstract of dissertation, etc.

Best wishes for success in your research and other professional activities.

Sincerely yours,

Blaine R. Porter

Enclosures:  
PPAS
Inst. for Adm.
Scoring Key
Measurement of Empathy in Adult-Child Interaction
Rating Form

Rater's Initials

Videotape Code #

Communication of Acceptance: verbal expression of acceptance/rejection
1. Verbally Conveys Acceptance of Feelings: You're proud of... You really like... That made you angry...
2. Verbally Recognizes & Accepts Behavior Only (tracking, giving credit): You got it that time. You're letting him... You really needed...
3. Social or NO Conversation: Mothers aren't very good at that. There are not many.
4. Slight to Moderate Verbal Criticism: No, not that way. You'll have to be more careful. That's dangerous. You'll run the pains.
5. Strongly Critical/Preaching/Rejecting: You can. I told you so. Do it the other way. It's not safe to feel any... How stupid. You're being nasty.

Allowing the Child Self-Direction: behavioral willingness to follow the child's lead (rather than control child's behavior)
1. Follows Child's Lead (no verbal comment necessary): You'd like me to... I'm supposed to... Show me how you want me... (whisper technique)
2. Allows Child Option for Lead-Taking, but asks/volunteers info; gives praise: What shall we do? "Good". You can shoot this. You did that right.
3. Parent Takes Lead (teaching how to do): Are you sure that's how... See if you can do... Take your time and aim... It might work better...
4. Directs or Instructs Child (initiates new activity; Puts down any first, Why don't you... Let's play... Don't put the...
5. Persuades, Demands, Interrupts, Interferes, Insists: No, take this one. That's enough... I told you not to... You've got it...

Involvement: Parent's attention to and participation in the child's activity (may not always contribute in a positive way)
1. Fully Observant (more attention to child than objects being used): involved verbally & with "eyes" (physically when served by child)
2. High Level of Attention (attention to activity rather than child): same parent more involved in game than attending to child's non-relevant behaviors
3. Marginal Attention: non-join activity, adult involved in own activity to degree it interferes with accomplished, occasionally comments on child's activity
4. Partially Withdrawn/Preoccupied: intermittently involved, but doesn't comment; fails to attend to child's needs, but responds when asked by child
5. Self-involved/Shut-off: child ignored for prolonged period, child does comment or prompt to get a response

DIRECTIONS FOR SCORING: A rating is made every 3 minute interval for 6 intervals (scoring is retrospective)

(Highest score = 1; Lowest score = 5)

<table>
<thead>
<tr>
<th>Communication of Acceptance:</th>
<th>Score Highest Level</th>
<th>Score Lowest Level</th>
<th>SCORE</th>
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Comments:

Allowing Self-Direction:

<table>
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<tr>
<th>Score Lowest Level</th>
<th></th>
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Comments:

Involvement:

<table>
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<tr>
<th>Score Lowest Level</th>
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</table>

Comments:

Empathy Score = Grand Total =

Form developed by Bratton (1993) following an example by Stover, B., Guerney, and O'Connell (1971); received permission to use from Bratton.
PORTER PARENTAL ACCEPTANCE SCALE

We are trying to learn more about parent-child relationships. Please assist us by filling out this questionnaire as frankly and as carefully as possible. Your answers will be absolutely confidential. You have been asked to focus on only one child during this parenting class—please think only of that child as you answer these questions. Please answer all questions. If you cannot give an exact answer, answer the best you can.

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.

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

(Unpublished: Received permission to use from Dr. Blaine Porter, Brigham Young University)
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 number 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:

1. Makes me feel annoyed
2. Makes me want to know more about what excites him
3. Makes me feel like punishing him
4. Makes me feel that I will be glad when he is past this stage
5. Makes me feel like telling him to stop

12. When my child misbehaves while others in the group he is with are behaving well, it:

1. See to it that he behaves as the others
2. Tell him it is important to behave well when he is in a group
3. Let him alone if he isn’t disturbing the others too much
4. Ask him to tell me what he would like to do
5. 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:

1. Makes me want to help him find success in the things he can do
2. Makes me feel disappointed in him
3. Makes me wish he could do it
4. Makes me realize that he can’t do everything
5. 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:

1. Makes me realize that he is growing up
2. Please me to see his interest widening to other people
3. Makes me feel resentful
4. Makes me feel that he doesn't appreciate what I have done for him
5. 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:

1. Tell him which choice to make and why
2. Think it through with him
3. Point out the advantages and disadvantages of each, but let him decide for himself
4. Tell him that I am sure he can make a wise choice and help him foresee the consequences
5. Make the decision for him

16. When my child makes decisions without consulting me, I:

1. Punish him for not consulting me
2. Encourage him to make his own decisions if he can foresee the consequences
3. Allow him to make many of his own decisions
4. Suggest that we talk it over before he makes his decision
5. Tell him he must consult me first before making a decision

17. When my child kicks, hits or knocks his things about, it:

1. Makes me feel like telling him to stop
2. Makes me feel like punishing him
3. Please me that he feels free to express himself
4. Makes me feel that I will be glad when he is past this stage
5. Makes me feel annoyed

18. When my child is not interested in some of the usual activities of his age group, it:

1. Makes me realize that each child is different
2. Makes me wish he were interested in the same activities
3. Makes me feel disappointed in him
4. Makes me want to help him find ways to make the most of his interests
5. Makes me want to know more about the activities in which he is interested
19. When my child acts silly and giggly, I:

1. Tell him I know how he feels
2. Pay no attention to him
3. Tell him he shouldn't act that way
4. Make him quit
5. 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:

1. Encourage him to do things with his friends
2. Accept this as part of growing up
3. Plan special activities so that he will want to be with his family
4. Try to minimize his association with his friends
5. Make him stay with his family

21. When my child disagrees with me about something which I think is important, I:

1. Makes me feel like punishing him
2. Pleases me that he feels free to express himself
3. Makes me feel like persuading him that I am right
4. Makes me realise he has ideas of his own
5. Makes me feel annoyed

22. When my child misbehaves while others in the group he is with are behaving well, I:

1. Makes me realize that he does not always behave as others in his group
2. Makes me feel embarrassed
3. Makes me want to help him find the best ways to express his feelings
4. Makes me wish he would behave like the others
5. 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:

1. Give him something quiet to do
2. Tell him that I wish he would stop
3. Make him be quiet
4. Let him tell me about what excites him
5. Send him somewhere else
24. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:

1. Try to minimize his association with that person
2. Let him have such associations when I think he is ready for them
3. Do some special things for him to remind him of how nice I am
4. Point out the weaknesses and faults of that other person
5. Encourage him to create and maintain such associations

25. When my child says angry and hateful things about me to my face, it:

1. Makes me feel annoyed
2. Makes me feel that I will be glad when he is past this stage
3. Pleases me that he feels free to express himself
4. Makes me feel like punishing him
5. 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:

1. Makes me realize he has interests of his own
2. Makes me want to help him find ways to make the most of this interest
3. Makes me feel disappointed in him
4. Makes me want to know more about his interests
5. 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:

1. Tell him he must try to do as well as the others
2. Encourage him to keep trying
3. Tell him that no one can do everything well
4. Call his attention to the things he does well
5. 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:

1. Occasionally let him carry such an activity to its conclusion
2. Don't let him do it
3. Advise him not to do it
4. Help him with it in order to ease the disappointment
5. Point out what is likely to happen
29. When my child acts silly and giggly, it:

1. Makes me feel that I will be glad when he is past this stage
2. Pleases me that he feels free to express himself
3. Makes me feel like punishing him
4. Makes me feel like telling him to stop
5. Makes me feel annoyed

30. When my child is faced with two or more choices and has to choose only one, it:

1. Makes me feel that I should tell him which choice to make and why
2. Makes me feel that I should point out the advantages and disadvantages
3. Makes me hope that I have prepared him to choose wisely
4. Makes me want to encourage him to make his own choice
5. 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:

1. Tell him he must do better
2. Help him make the most of the things which he can do
3. Ask him to tell me more about the things which he can do
4. Tell him that no one can do everything
5. Encourage him to keep trying

32. When my child disagrees with me about something which I think is important, I:

1. Tell him he shouldn’t disagree with me
2. Make him quit
3. Listen to his side of the problem and change my mind if I am wrong
4. Tell him maybe we can do it his way another time
5. 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:

1. Makes me realize that he can’t be best in everything
2. Makes me wish he could do well
3. Makes me feel embarrassed
4. Makes me want to help him find success in the things he can do
5. Makes me want to know more about the things he can do well
34. When my child makes decisions without consulting me, it:

1. Makes me hope that I have prepared him adequately to make his decisions
2. Makes me wish he would consult with me
3. Makes me feel disturbed
4. Makes me want to restrict his freedom
5. 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:

1. Tell him it's all right to feel that way, but help him find other ways of expressing himself
2. Tell him I know how he feels
3. Pay no attention to him
4. Tell him he shouldn't say such things to me
5. Make him quit

36. When my child kicks, hits, and knocks things about, I:

1. Make him quit
2. Tell him it's all right to feel that way, but help him find other ways of expressing himself
3. Tell him he shouldn't do such things
4. Tell him I know how he feels
5. Pay no attention to him

37. When my child prefers to do things with friends rather than with his family, it:

1. Makes me wish he would spend more time with us
2. Makes me feel resentful
3. Pleases me to see his interests widening to other people
4. Makes me feel he doesn't appreciate us
5. 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:

1. Makes me hope that I have prepared him to meet disappointment
2. Makes wish he didn't have to meet unpleasant experiences
3. Makes me want to keep him from doing it
4. Makes me realize that occasionally such experiences will be good for him
5. 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:

1. Try to help him realize that it is important to be interested in the same things as others in his group
2. Call his attention to the activities in which he is interested
3. Tell him it is alright if he isn’t interested in the same things
4. See to it that he does the same things as others in his group
5. 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:

1. Let him go ahead with his interest
2. Ask him to tell me more about this interest
3. Help him find ways to make the most of this interest
4. Do everything I can to discourage his interest in it
5. Try to interest him in more worthwhile things

THANK YOU VERY MUCH FOR YOUR COOPERATION
INSTRUCTIONS

The following list describes a wide variety of problems children often have. Please underline any item which you feel applies to your own child. Then, to the right of each item you underline, indicate how serious a problem you feel this is by placing a 1, 2, or 3 in the blank provided:

A 1 means "This item is true for my child, but is not really a problem.
A 2 means "This item is true for my child, and it is a mild problem."
A 3 means "This item is true for my child, and it is a severe problem."

EXAMPLE

If you underlined item 20, and you did not think it was really a problem, then you would place a 1 in the blank to the right, like this:

20) Bites nails

Or, if you underlined the same item, but felt it was a serious problem, then you would place a 3 in the blank to the right, like this:

20) Bites nails

If you have any problems completing this list, please do not hesitate to call for assistance.
| A 1 means | "This item is true for my child, but is not really a problem." |
| A 2 means | "This item is true for my child, and it is a mild problem." |
| A 3 means | "This item is true for my child, and it is a severe problem." |

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<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Eats too little</td>
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<td>2.</td>
<td>Not eating the right food</td>
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<tr>
<td>3.</td>
<td>Eats bed at night</td>
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<tr>
<td>4.</td>
<td>Gets lower grades in school than should</td>
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<tr>
<td>5.</td>
<td>Does not talk plainly, poor pronunciation</td>
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<tr>
<td>6.</td>
<td>Shy with other children</td>
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<tr>
<td>7.</td>
<td>Too few friends</td>
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<tr>
<td>8.</td>
<td>Feels inferior to other children</td>
<td></td>
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<tr>
<td>9.</td>
<td>Picked on by children</td>
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<tr>
<td>10.</td>
<td>Has no self-confidence</td>
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<tr>
<td>11.</td>
<td>Nervous, tense</td>
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<tr>
<td>12.</td>
<td>Sad, unhappy too often</td>
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<tr>
<td>13.</td>
<td>Cries too easily</td>
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<td>14.</td>
<td>Feels helpless</td>
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<tr>
<td>15.</td>
<td>Blames self too much</td>
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<tr>
<td>16.</td>
<td>Gets into trouble</td>
<td></td>
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<td>17.</td>
<td>Destroys property of others</td>
<td></td>
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<tr>
<td>18.</td>
<td>Steals</td>
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<tr>
<td>19.</td>
<td>Lies</td>
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<tr>
<td>20.</td>
<td>Bites nails</td>
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<tr>
<td>21.</td>
<td>Picks nose</td>
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<td>22.</td>
<td>Always late, dawdles</td>
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<td>23.</td>
<td>Difficulty falling asleep or sleeping</td>
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<td>24.</td>
<td>Troubled restless sleep</td>
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<td>25.</td>
<td>Slow in reading</td>
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<td>26.</td>
<td>Cannot keep mind on studies</td>
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<tr>
<td>27.</td>
<td>Does not pay attention to teacher</td>
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<td>28.</td>
<td>Restless in class</td>
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<tr>
<td>29.</td>
<td>Headaches for no physical reason</td>
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<td>30.</td>
<td>Stomach cramps, aches</td>
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<td>31.</td>
<td>Feels different from other children</td>
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<td>32.</td>
<td>Easily led</td>
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<td>33.</td>
<td>Left out by children of own age</td>
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<tr>
<td>34.</td>
<td>Never chosen as a leader</td>
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<tr>
<td>35.</td>
<td>Is self-conscious about own body</td>
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<tr>
<td>36.</td>
<td>&quot;Big-shot&quot;</td>
<td></td>
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<tr>
<td>37.</td>
<td>Gets angry too easily</td>
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<tr>
<td>38.</td>
<td>Fear of darkness</td>
<td></td>
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<tr>
<td>39.</td>
<td>Panics when afraid</td>
<td></td>
</tr>
</tbody>
</table>
A 1 means "This item is true for my child, but is not really a problem.

A 2 means "This item is true for my child, and it is a mild problem."

A 3 means "This item is true for my child, and it is a severe problem."

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>40. Too easily discouraged</td>
<td>61. Restless, can't stay in one place</td>
</tr>
<tr>
<td>41. Breaks promises</td>
<td>62. Non-athletic</td>
</tr>
<tr>
<td>42. Thumb sucking</td>
<td>63. Does not like to go to school</td>
</tr>
<tr>
<td>43. Bad table manners</td>
<td>64. Does not spend enough time in study</td>
</tr>
<tr>
<td>44. Untidy</td>
<td>65. Not interested in books</td>
</tr>
<tr>
<td>45. Has bad dreams</td>
<td>66. Always wants revenge</td>
</tr>
<tr>
<td>46. Afraid to speak up in class</td>
<td>67. Irritable child</td>
</tr>
<tr>
<td>47. Fights too much with children</td>
<td>68. Teases excessively</td>
</tr>
<tr>
<td>48. Blows his or her top</td>
<td>69. Daydreams a lot</td>
</tr>
<tr>
<td>49. Sulks, pouts</td>
<td>70. Gets too excited</td>
</tr>
<tr>
<td>50. Gripes too much</td>
<td>71. Does not try to correct bad habits</td>
</tr>
<tr>
<td>51. Fear-ridden child</td>
<td>72. Too stubborn with parents</td>
</tr>
<tr>
<td>52. Unusual fears</td>
<td>73. Continued demanding of gifts, new things</td>
</tr>
<tr>
<td>53. Does not do chores</td>
<td>74. Wants too much attention from parents</td>
</tr>
<tr>
<td>54. Takes advantage of people</td>
<td>75. Careless in own appearance</td>
</tr>
<tr>
<td>55. Disobeys parents</td>
<td>76. Careless with clothes &amp; belongings</td>
</tr>
<tr>
<td>56. Not close to parents</td>
<td>77. Selfish, won't share</td>
</tr>
<tr>
<td>57. Scratches self a lot</td>
<td>78. Does not complete work</td>
</tr>
<tr>
<td>58. Swears, uses dirty language</td>
<td>79. Poor memory</td>
</tr>
<tr>
<td>59. Unable to keep to a time schedule</td>
<td></td>
</tr>
<tr>
<td>60. Uses hands in poorly coordinated way</td>
<td></td>
</tr>
<tr>
<td>A 1 means</td>
<td>&quot;This item is true for my child, but is not really a problem.&quot;</td>
</tr>
<tr>
<td>A 2 means</td>
<td>&quot;This item is true for my child, and it is a mild problem.&quot;</td>
</tr>
<tr>
<td>A 3 means</td>
<td>&quot;This item is true for my child, and it is a severe problem.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(24-40)</th>
<th>(41-52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80. Unsure of self in school</td>
<td>97. Gets people angry, provokes</td>
</tr>
<tr>
<td>81. Has had a number of accidents</td>
<td>98. Loses own possessions frequently</td>
</tr>
<tr>
<td>82. Plays too much with younger children</td>
<td>99. Gets completely out of control</td>
</tr>
<tr>
<td>83. Bossy with brothers and/or sisters</td>
<td>100. Oversensitive to criticism from parents</td>
</tr>
<tr>
<td>84. Jealous of brothers and/or sisters</td>
<td>101. Behind other children on dressing</td>
</tr>
<tr>
<td>85. Preoccupied with own thoughts</td>
<td>102. Feels bad about own physical appearance</td>
</tr>
<tr>
<td>86. Loses temper</td>
<td>103. Elimination problems (e.g. diarrhea, constipation, gas, holds urine, etc.)</td>
</tr>
<tr>
<td>87. Is erratic, unpredictable</td>
<td>104. Dangerous habits (describe)</td>
</tr>
<tr>
<td>88. No control over emotions</td>
<td>105. Sex-related problems (e.g. &quot;peeps&quot;, exposes self, etc.)</td>
</tr>
<tr>
<td>89. Fights back, talks back to elders.</td>
<td>106. Physical tension problems (e.g. hives, ulcers, colitis, sweats, nausea, dizziness, etc.)</td>
</tr>
<tr>
<td>90. Too dependent upon Mother, Father</td>
<td>107. Excessively passive, meek</td>
</tr>
<tr>
<td>91. Inconsiderate of parents</td>
<td>108. Body movement problems (e.g. clumsy in using legs, jerky movements, lanky, apathetic, has no energy, head banging, paralyzed, moves too slowly, has twitches, rocks all the time, etc.)</td>
</tr>
<tr>
<td>92. Bumps into furniture, trips, etc.</td>
<td></td>
</tr>
<tr>
<td>93. Watches TV all the time</td>
<td></td>
</tr>
<tr>
<td>94. Trouble adjusting to a new school</td>
<td></td>
</tr>
<tr>
<td>95. Tries to get attention in class</td>
<td></td>
</tr>
<tr>
<td>96. Fights brother(s) and/or sister(s)</td>
<td></td>
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</tbody>
</table>
APPENDIX G

FILIAL THERAPY TRAINING

SESSION OUTLINE AND HANDOUTS
I. Introduce self, welcome group, give name tags and booklets to all members.

II. Overview of Filial Training:

   Play is the child's language

   Based on actions, not words.

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

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

   Techniques from play therapy will:

      Return control to you.

      Provide closer, happier times with your child.

      Give key to your child's inner world.

III. Group Introductions:

   Describe entire family - help pick child of focus.

   Tell concerns about this child (take notes).

   Make generalizing comments to other parents . . .

   "Anyone else felt angry with their child this week?"

IV. Provide Basic Agenda:

   One-half hour play sessions.

   Everyone will be video taped here once for replay.
   (Bring your own tape to keep!)

   We will see demonstrations before starting.

   Patience is important in learning a new language.
V. Show video tape of "Children's Emotions."

VI. Reflective listening:

Way of following, rather than leading.
Don’t ask questions.
Reflect behaviors, patterns and feelings.

Responses say:
I am here; I hear you.
I understand.
I care.

Not:
I always agree.
I must make you happy.
I will solve your problems.

Keep focus on positive.

RULE OF THUMB: You can’t give away what you do not possess.

As parents we may be coming to the sessions deeply aware of our failures. Yet we can’t effectively enter this process by being impatient and unaccepting toward ourselves while trying to extend patience and acceptance to our child.

VII. Suggest "Listening" and "Self-Care" as reading this week.

Homework:

(1) Notice some physical characteristic about your child you haven't seen before.

(2) Practice reflective listening this week (hand out 4 faces sheet).
Reflective responses this week.

1.

2.

3.

4.
I. Review homework: (1) Physical Characteristic
   (2) 4 Faces Sheet

II. Handout: "Filial Therapy Parent Group"

   Go over entire sheet, especially list of toys.
   (Demonstration Box.)
   The "how to" of play sessions.

III. Show video tape of session or do live demonstration.

IV. Tour of play room, have them pair off and role play to practice
    reflective responding.

RULE OF THUMB: When a child is drowning, don't try to teach him to swim.

If a child is feeling upset, that is not the moment to
   impart a rule or value.

Homework:

   (1) Buy toys for special play sessions.

   (2) "Facilitating Reflective Communication" handout.

   (3) Pick spot and time for sessions—report back next week.
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 physically 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 empathic and to truly understand your child.

Toys for the Play Sessions

Play Doh, crayons (8 colors), paper, blunt scissors, nursing bottle (plastic), rubber knife, dart gun, a family of small dolls, toy soldiers (10-15 only), small plastic car, Lone Ranger type mask, Tinkertoys, a small cardboard box with rooms indicated by strips of tape, doll house furniture, doctor kit, a Bobo, and a piece or rope. 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 distraction 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
Dallas 243-2353

**Toys R Us**

Many "Dime Stores" have soldiers, knife, dart gun, scissors, nursing bottle, car, doctor kit.
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 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: ____________________________________________

   ____________________________________________
FILIAL SESSION #3

I. Review homework:
   (1) Toys bought
   (2) "Facilitating Reflective Communication" Handout
   (3) Time and Place for Play Sessions

II. Handout in Class: "Basic Rules for Filial Therapy."
   Use to review rules for play session.
   Basic Limits: "I'm not for shooting."

III. Go over first parent tape, or another demonstration tape.

IV. Arrange for parent to do video taping this week.

RULE OF THUMB: Be a thermostat, not a thermometer.

Reflecting feelings creates an environment that is comfortable and accepting, as opposed to merely reacting to feelings.

Homework:

   Play sessions at home begin this week.
BASIC RULES FOR FILIAL THERAPY

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."
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 feeling 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.
I. Debriefing. How did their play sessions go.
   (Be aware of time -- keep group process moving!)

II. As reporting is occurring, use their examples to illustrate rules
    of filial therapy. Also focus on how they were able to reflect on
    their child's feelings.

III. Handout: "Two Techniques of Discipline that Work"

    Go over importance of using this as first step in discipline
    process.

IV. Arrange for next parent to video tape.

V. Show video from parent-child session.

RULE OF THUMB: Good things come in small packages.

    We enter our child's world in little ways, not big ones.
    We can't expect to be part of only the big events in our
    child's life.

Homework: Notice one intense feeling in yourself this week.
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."

2. Oreo Cookie Theory: Give the child a choice, providing acceptable choices commensurate with the child's ability to choose.
FILIAL SESSION #5

I. Debriefing, combined with report on one intense feeling they had. Focus on importance of awareness of themselves in the play session.

II. Handout: "When Setting Limits Doesn't Work"

"Enslaved Parent"

III. Set up next parent to come in and tape.

IV. Review video of parent-child session.

RULE OF THUMB: The most important thing may not be what you do, but what you do after what you have done.

It's not whether we make mistakes but how we handle our mistakes that counts.

Homework:

(1) Sandwich hugs - explain.

(2) Continue play sessions.

(3) Practice giving one choice.
You have been careful *several times* to 1) reflect the child’s feelings, 2) set clear, fair limits, and 3) give the child an alternate way to express his feelings. Now the child continues to deliberately disobey. What do you do?

1. **Look for natural causes for rebellion:** fatigue, sickness, hunger, extreme stress, abuse/neglect, etc. Take care of physical needs and crises before expecting cooperation.

2. **Remain in control, respecting yourself and the child:** you are not a failure if your child rebels, and your child is not bad. All kids need to "practice" rebelling.

3. **Set reasonable consequences for disobedience:** let the child choose to obey or disobey, but set a reasonable consequence for disobedience. Example: "If you choose to watch TV instead of going to bed, then you choose to give up TV all day tomorrow."

4. **Never tolerate violence:** physically restrain the child who becomes violent, without becoming aggressive yourself. Reflect the child’s anger and loneliness; provide compassionate control and alternatives.

5. **If the child refuses to choose, you choose for him:** the child’s refusal to choose is also a choice. Set the consequences. Example: "If you choose not to (choice A . . . or B), then you have chosen for me to pick the one that is most convenient for me."

6. **ENFORCE THE CONSEQUENCES:** "Don’t draw your gun unless you intend to shoot." If you crumble under your child’s anger or tears, you have abdicated your role as parent and lost your power. GET TOUGH; TRY AGAIN.

7. **Recognize signs of depression:** the chronically angry or rebellious child is in emotional trouble and may need professional help. Share your concern with the child. Example: "John, I’ve noticed that you seem to be angry and unhappy most of the time. I love you, and I’m worried about you. We’re going to get help so we can all be happier."
FILIAL SESSION #6

I. Debriefing on play sessions and giving one choice.

II. Handout: "Common Problems in Filial Therapy"

III. Go over "When Setting Limits Doesn't Work" handout briefly.

IV. Arrange for next taping.

V. Arrange for next taping.

RULE OF THUMB: Grant in fantasy what you can't grant in reality.

It's okay for the "baby sister" doll to be thrown out a window in play time.

Homework:

(1) Write a note to your child of focus (as well as other children in the family) for three weeks, pointing out a positive character quality you appreciate. "I was just thinking about you and I think you are _________. That is such an important quality, we're going to put this note up."

(2) Continue play sessions — notice patterns of play that are showing up.
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: _____________________________________________
I. Debriefing on play sessions with focus on patterns.

II. Review "Common Problems in Filial Therapy."

Use as chance to review reflective listening, setting limits, giving choices, etc.

III. Show video tape of session.

IV. Handout: "Learning to be Perfectionistic"

V. Arrange for taping of next parent.

RULE OF THUMB: Praise the effort, not the product.

Homework:

(1) Notice the number of times during the week you touch your child.

(2) Continue play sessions.
I. Debriefing on play sessions and number of times they physically touched their child.

II. Go over handout on "Learning to be Perfectionistic"

III. Handout: "Are You Listening to Your Child" excerpt

IV. Show video tape.

V. Arrange for next parent.

RULE OF THUMB: If you draw your gun, shoot.

Idle threats harm your relationship with your child.

Homework:

(1) Continue play sessions.

(2) Write down any unanswered questions and bring next time.
I. Debriefing on play sessions. Give time for questions on various topics.

II. Show video tape.

III. Go over "Are You Listening to Your Child."

IV. Handout: "Explaining Death to Children"

V. Arrange last taping session.

VI. Mention filial follow-up meetings.

RULE OF THUMB: Don't answer questions that haven't been asked.

Look behind the question for the deeper question.

Homework:

(1) Continue play sessions.
I. Briefly debrief.

II. Show last video tape.

III. Handout: "Rules of Thumb and Other Things to Remember"

IV. Closing Process:

Focus on looking at differences in child and parent — then and now.
Encourage feedback within group on positive changes made.

(Praise them, they may be scared about leaving the safety of the group!)

V. Emphasize monthly meetings.

RULE OF THUMB: If you can't say it in 10 words or less, don't say it.

VI. Encourage them to continue play sessions.

"If you stop now, the message is that you were playing with your child because you had to, not because you wanted to."

Recommended Reading

1. How to Really Love Your Child, Campbell.


Rules of Thumb

1. You can't give away what you do not possess.

You can't extend patience and acceptance to your child if you can't first offer it to yourself.

2. When a child is drowning, don't try to teach him to swim.

If a child is feeling upset, that is not the moment to impart a rule or value.

3. Be a thermostat, not a thermometer.

Reflect rather than react. The child's feelings are not your feelings and needn't escalate with him/her.

4. Good things come in small packages.

Don't wait for the big events in our child's life to enter their world. The little ways are always with us.

5. The most important thing may not be what you do, but what you do after what you have done.

We are certain to make mistakes, but how we handle our mistakes will make all the difference.

6. Grant in fantasy what you can't grant in reality.

In a play session it is okay to act out feelings and wishes that may require limits in reality.

7. Praise the effort, not the product.

This circumvents feelings of failure and fear of rejection.

8. If you draw your gun, shoot.

When you don't "follow through" you lose credibility and harm your relationship with your child.

9. Don't answer questions that haven't been asked.

Look beyond the question for the deeper question.

10. If you can't say it in 10 words or less, don't say it.
Other Things to Remember

1. Reflective responses can diffuse anger.

2. What's important is not what a child knows, but what s(he) believes.

3. "We're about to institute a new and significant policy immediately effective within the confines of this domicile."

4. When you're just trying to solve the problem you lose sight of the child.

5. Give children credit for making decisions: "Oh, you've decided to do ________.

6. Today is enough. Don't push your child toward the future.

7. One of the best things we can communicate to our children is that they are competent. Tell a child he is capable and he will think he is capable. Tell him enough times he can't do it and sure enough, he can't.

8. Don't try to change everything at once.

9. In the play session, the parent is not the source of answers. Reflect questions back to child.

10. Free the child. With freedom comes responsibility.

11. Noticing the child is a powerful builder of self-esteem.

12. Support the child's intent even if you can't support his behavior.

13. When we are flexible in our stance we can handle anger much more easily. When we are rigid, we and the child can end up hurt. (Remember the stiff arm!)


15. Where there are no limits, there is no security.

16. In the play session, praise limits creativity and freedom.

17. In play, children express what their lives are like now, what their needs are, or how they wish things could be.

18. What a child doesn't do is as important as what he does do.
REFERENCES


