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FILIAL THERAPY WITH CHINESE PARENTS

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

Iris Yuen-Fan Chau, B.Phil., M.Ed.

Denton, Texas

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The purpose of this study was to determine the effectiveness of filial therapy in: (a) increasing Chinese parents' empathic behavior with their children; (b) increasing Chinese parents' attitude of acceptance toward their children; and (c) reducing Chinese parents' stress related to parenting.

The experimental group, consisting of 18 Chinese parents, received 10 weekly 2-hour filial therapy training sessions and conducted a weekly 30-minute play session with one of their children. The control group, consisting of 16 Chinese parents, received no treatment during the ten weeks.

All the parents were videotaped playing with their child before and after the training as a means of measuring change in empathic behavior. The two written self-report instruments completed for pretesting and posttesting purposes were the Porter Parental Acceptance Scale and the Parenting Stress Index.

Analyses of Covariance revealed that the Chinese parents in the experimental group had significant changes in all 12 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 their level of stress related to parenting.

This study supports filial therapy as an effective intervention for Chinese parents and their children. Filial therapy equips Chinese parents with healthy parenting skills and knowledge and indirectly empowers Chinese children who experience an increase in parental empathy and acceptance. Thus, filial therapy offers significant possibilities for promoting the parent-child relationship and well-being of Chinese families.

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Chapter I

Introduction

Although the contemporary image of Chinese Americans is that of a highly successful minority, Chinese children in the United States are not immune to the stress that all American children face. In addition, Chinese children are challenged by the conflicts between traditional Chinese and American values. Chinese parents in the United States are also subjected to the stress of having to cope with differing sets of values: Western values and the more traditional values with which they were brought up. The problems of conflicting values in child rearing practices are acute for many parents (Bond & Wang, 1983; Kong, Wong, Goh, Lam, Chua, & Kok, 1988; Sue & Sue, 1990).

Culture has a strong impact on parenting style, and the traditional values and practices that are deeply rooted in Confucianism still seem to have a great deal of influence on Chinese child-rearing practices. Parental control, obedience, strict discipline, filial piety, respect for elders, family obligations, maintenance of harmony, and negation of conflict are emphasized in Chinese parenting (Ho, 1981; Hsu, 1985; Lang, 1946; Lin & Fu, 1990; Wu, 1985).

The long term effects of culture on Chinese parenting style have been demonstrated in several research studies

which have shown that immigrant Chinese parents still rely on traditional Chinese methods of socialization to bring up their children regardless of the length of time spent in the United States (Bond, 1991; Kelley & Tseng, 1992). Caucasian-American and Chinese parents reportedly differ in the characteristics of their parenting styles. Chinese and immigrant Chinese parents are reported to exert more parental control and place greater interest on achievement. They are also less nurturing, less responsive, more inconsistent, and more restrictive with their children (Kelley & Tseng, 1992; Lin & Fu, 1990).

As in any culture, consideration of the entire Chinese cultural value system is necessary in order to understand Chinese parent-child relationships or parenting style. For example, taken out of context, the emphasis of Chinese parents on high achievement, and their overall low level of satisfaction, may lead to the conclusion that they are stern and uncaring parents. Yet, research findings have shown that the strong emphasis on achievement is not perceived as a stress by Chinese children, because Chinese value the role of effort and the malleable nature of human intelligence (Chen & Uttal, 1988).

Chinese mental health professionals have begun to question the impact of traditional parent-child relationships that emphasize discipline and control of children. A study of Chinese parent-child relationships indicated an inverse relationship between parental

involvement and the degree of behavioral deviance in children. It was also suggested that Chinese children suffered from the deleterious effects of the traditional parenting styles of low parental involvement and a disciplinary process based on power assertion rather than love-orientation (Kong et al., 1988). Likewise, research findings have shown that the self-esteem of Chinese children is correlated positively with independence but negatively with control (Lau & Cheung, 1987). Research findings in the West have shown that parental acceptance and an empathic attitude are very important to the mental health and self-esteem of children (Coopersmith, 1967; Harter, 1990).

Moreover, studies of Chinese parent-child relationships have shown that perceived parental dominating control is related to less perceived parental warmth. Greater parental warmth and less parental control are related to greater perceived family harmony. Also, resentment of strict, authoritarian parents was frequently found to have often existed in the past and exists today (Ho, 1987; Lau & Cheung, 1987; Lau, Hau, Lew, Cheung, & Berndt, 1990). Many Chinese mental health professionals have advocated that more affection and warmth as well as less dominating control from parents are necessary for the healthy development of Chinese children (Lau et al., 1990).

Although research results point to the need to modify traditional Chinese parenting style, most Chinese in the United States are reluctant to go to a mental health

facility because they attach a marked stigma to mental illness (Sue & Sue, 1990). It is believed that most psychotherapeutic practices in the West are not compatible with Chinese values. Chinese are generally discouraged from being verbally expressive, especially about personal problems. Disclosure of personal problems is thought to cast shame on the family. Therefore, discussions with close friends, self-discipline, and physical cures are more preferred than meeting stranger-professionals (Bond, 1991). Thus, an important challenge today is to identify culturally sensitive, relevant, and acceptable mental health services for Chinese children.

Filial therapy, which originated in the United States in the 1960s, seems to meet the requirement of being culturally sensitive because the emphasis is on training parents to be the agent of change in their children's lives. The parent is in a better position to recognize and respond to the child's cultural needs than a mental health professional would be. In addition, filial therapy is not problem oriented, thus avoiding the cultural stigma associated with "something being wrong." Although there are differences in the purpose and values underlying filial therapy and the traditional Chinese parent-child relationship, Chinese share basic human needs and human aspirations with the rest of humankind.

Filial therapy is designed to enhance the relationship between parent and child. Parents are trained to serve as

therapeutic agents by conducting child-centered play sessions with their children. Parents learn how to create a non-judgmental, understanding, and accepting environment in which children feel safe to explore themselves (Landreth, 1991). The structure of this emphasis on the parent-child relationship seems to be compatible with the Chinese family orientation. Because the child is not taken to see a therapist, filial therapy would appear to be less shaming and, thus, would be more acceptable to Chinese parents. Because filial therapy focuses on enhancing the parent-child relationship instead of solving problems and because Chinese value family relationships, filial therapy may be a more appealing option for Chinese parents. In addition, parents learn to be more empathic and accepting of their children in filial therapy and this could be beneficial in helping to resolve intergenerational conflicts due to changes in role, cultural conflicts, and differences in acculturation levels (B. Guerney, 1964; Hsu, 1981; Sue & Sue, 1990).

Nevertheless, it is important to recognize that culture is not static, but undergoes changes. With increased communication between the West and the East, people are not only influenced by their culture, they continue to shape it. The application of filial therapy (a Western concept and approach) with Chinese parents does not imply that one culture is preferable to the other. What may be missing in the culture does not negate the strengths of that culture.

Only a few studies have investigated differences in the

parent-child relationship and child-rearing practices between Chinese and American cultures. Knowledge about child-rearing values and behaviors among Chinese parents in the United States is limited. Because mental health professionals must consider cultural factors in deciding the ways of prevention and treatment for Chinese children or children of other cultural minorities, more studies that examine the application and effectiveness of mental health services for Chinese children are needed.

Statement of the Problem

The purpose of this study was to determine the effectiveness of filial therapy for Chinese parents living in the United States. Specifically, this study was designed to determine the effectiveness of filial therapy in (a) increasing Chinese parents' empathic behavior with their children; (b) increasing Chinese parents' attitude of acceptance toward their children; and (c) reducing children's problematic behavior as perceived by Chinese parents.

Synthesis of Related Literature

The following review is a synthesis of theoretical constructs and research related to three major areas: (a) the importance of parental acceptance and empathy as it relates to the parent-child relationship and to the mental health of the child; (b) the use of filial therapy and its significance as an area of study; and (c) Chinese parent-child relationships.

Parental Acceptance and Understanding

The focus of filial therapy is on the enhancement of parent-child relationships and parental acceptance of the child (Ginsberg, 1976; B. Guerney, Coufal, & Vogelsong, 1976; VanFleet, 1994). Research findings have shown that parental acceptance increases after filial therapy and is a necessary condition to free a child to be fully himself or herself (Sensue, 1981; Sywulak, 1977). Acceptance implies that the child's behaviors are not evaluated as making the child any more or any less worthy of being accepted or valued as a unique person.

"Warm caring and acceptance are basically an attitude of receptiveness toward the experiential world of the child and facilitate in the child an awareness that the therapist can be trusted" (Landreth, 1991, p.69). Likewise, Maslow's (1971) motivation theory pointed out that humans have the need to feel accepted and wanted in order to achieve self-actualization.

"Freedom is more than the absence of oppression and tyranny. It also means freedom to be oneself" (Kuczen, 1987, p. 80). It is believed that the heart of coping ability is freedom. Research findings have shown that parental acceptance can help children to be less vulnerable to emotional and practical stresses. Thus, parental acceptance enhances children's mental health and their abilities to cope with stresses (Kuczen, 1987).

Studies have shown a positive relationship between

parental acceptance and the adjustment of children. Among these positive effects are better social adjustment and less personal inferiority feelings (Burchinal, Hawkes, & Gardner, 1957).

Acceptance of negative feelings by a parent has a more powerful impact on a child than does acceptance by a therapist. If the child's feelings are accepted by a significant other, it is easier for the child to accept himself or herself. Thus, experiencing acceptance from a significant other facilitates the child's self acceptance (Axline, 1950; Ginsberg, 1976; Ohlson, 1974; Wall, 1979).

Moreover, children's perceptions of acceptance by parents are highly related to their perception of intrinsic valuation (Ausubel, Balthazar, Rosenthal, Blackman, Schpoont, & Welkowitz, 1954). When children perceive conflict between themselves and their parents, lower self-esteem is expected. Parental acceptance is believed to be one of the major conditions needed to develop children's high self-esteem (Cooper, Holman, & Braithwaite, 1983; Coopersmith, 1967).

There is also a relationship between locus of control and perceived parental acceptance. The belief that one has control over events and actions in one's life was found to increase significantly with children's perceptions of increased parental acceptance (Rohner, Chaille, & Rohner, 1980). This implies that children who perceive less parental acceptance may see themselves as helpless and powerless over

events in their lives.

Filial Therapy

Professionals using parents as therapeutic agents with their own children began with the work of Freud (1959) who involved the father of a five-year-old boy to interpret the remarks made by the son in father-child play sessions. Later, home play sessions were advocated for the purpose of enhancing parent-child relationships (Baruch, 1949; Jacobs, 1949). Moustakas (1959) suggested play sessions conducted by parents of relatively normal children could be a very positive experience. Play is considered to be the essence and fortitude of children's language, their most natural medium of self-expression (Axline, 1947). Landreth (1991) contended that "for children to play out their experiences and feelings is the most natural dynamic and self-healing process in which children can engage" (p. 10).

With the encouragement and advice of her father, Carl Rogers, Natalie Fuchs (1957) conducted play sessions with her daughter which resulted in significant improvement of the child in overcoming emotional reactions toward toilet-training (B. Guerney, 1969; Landreth, 1991).

Filial therapy, or Parent Child Relationship Enhancement Therapy, was first developed by Bernard Guerney in the 1960s. Parents are trained to conduct play sessions with their emotionally disturbed children up to ten years of age. Children are not seen in therapy, but their parents are taught to effect changes with the support of the therapist

and a group of other parents involved in the same process. According to B. Guerney, parents have the most meaningful and enduring relationship with their children. He viewed parents as allies in the treatment of their children, and recognized their genuine motivation to be a positive force in their children's lives. He saw parents as only lacking the skills to develop positive relationships with, and discipline of, their children (B. Guerney, 1964; L. Guerney & B. Guerney, 1989; L. Guerney & Welsh, 1993). Filial therapy is an educational model used to teach parents how to relate to their children through the medium of children's play. Filial therapy is therapeutic and also preventive (Glasser, 1986; Glazer-Waldman, Zimmerman, Landreth, & Norton, 1992; B. Guerney, 1969).

Filial therapy is modeled after the principles of Person-Centered theory or Child-Centered Play Therapy. It is based upon the central belief of the individual's or child's capacity for growth and self-direction in a relationship based on the therapist's or parent's genuineness, warm caring and acceptance, and sensitive understanding which facilitates the release of the child's inner resources (Axline, 1947; Dorfman, 1951; Furman, 1957; B. Guerney, 1967; Katz, 1965; Landreth, 1991).

In Guerney's model, a group of six to eight parents meet with the therapist every week for six to eighteen months. The model is particularly useful for parents who have children with very difficult emotional problems (B.

Guerney, 1969). Later, Landreth (1991) developed a ten week model in which parents meet in a group for two hours once-a-week. In both models, there is a dynamic, intra-and-interpersonal element with the didactic elements providing a framework for the entire therapeutic process. The parents explore their own feelings in the course of learning how to conduct the play sessions (Andronico, Fidler, B. Guerney, & L. Guerney, 1967; Landreth, 1991).

Positive reports in the literature suggest the utilization of parents as therapeutic agents is not only possible but desirable (Andronico & B. Guerney, 1967; Bratton, 1993; Ginsberg, 1976; Glass, 1986; Glazer-Waldman et al., 1992; L. Guerney & B. Guerney, 1989; Landreth, 1991; Lobaugh, 1991; Sensue, 1981; Shah, 1969; Sywulack, 1977; Therrien, 1979). Their reports assert that very few emotionally disturbed children need therapy. Rather, their parents need to learn how to establish an emotionally supportive relationship with their children. The rationale is that if parent-child relationships are improved, children will become more emotionally stable and well-adjusted. Parents can learn to understand their children's world, help develop their children's creativity, and effectively communicate with their children. Further, parent involvement also allows the parents' expectations of the treatment process to be more realistic, and the knowledge gained by the parent is helpful not only to the child in treatment but to other children in the family as well (B. Guerney, 1969;

B. Guerney, Coufal, & Vogelsong, 1976; L. Guerney & B. Guerney, 1989).

The objectives of filial therapy as described by B. Guerney (1969) are:

..... first to break the child's perception or misperception of the parent's feelings, attitudes, or behavior toward him. Second, they are intended to allow the child to communicate thoughts, needs, and feelings to his parents which he has previously kept from them, and often from his own awareness. This communication is mainly through the medium of play. The children's sessions with their parents are thus meant to lift repressions and resolve anxiety-producing internalized conflicts. Third, they are intended to bring the child, via incorporation of newly perceived attitudes on the part of his parents, a greater feeling of self-respect, self-worth, and confidence. (p. 452)

The therapeutic goals of filial therapy are for parents to increase their understanding of their own children; to increase their feelings of warmth and trust toward their children; to help them communicate with their children; to help them recognize the importance of play and emotion in their children's lives as well as their own; to decrease their feelings of frustration with their children; to help them in the development of a variety of skills which are likely to yield better child-rearing outcomes; to increase their confidence in their ability to parent; to provide a

nonthreatening atmosphere in which parents may deal with their own issues as they relate to their children and parenting. When children express their true range of feelings and experience full acceptance by their parents, their sense of worth, their confidence, and their desire to give to others increases while their frustrations and hostilities decrease (B. Guerney et al., 1966; VanFleet, 1994).

The attitude of the filial therapist is considered to be a very important dimension in the process. Various authors have suggested that the therapist should be understanding of the parents' difficulties, needs, and emotions; respect their viewpoints; and see the parents as allies in improving the well-being of their children. The necessary conditions of effective filial therapy are cooperativeness, high motivation, and good rapport between the therapist and parents. Therapists teach, supervise, and empower parents to conduct child-centered play sessions with their children (B. Guerney, L. Guerney, & Stover, 1972; VanFleet, 1994). The role of the therapist is an instructor, skills trainer, supervisor, and consultant to the parents. Secondarily, the filial therapist serves as a counselor or psychotherapist for the parents (L. Guerney, 1983). L. Guerney (1991) contended that "any interested professional providing services to children, teachers, day care providers, nurses, caseworkers, and counselors can be trained successfully to offer filial therapy" (p.76).

There are many advantages of filial therapy. First, it mobilizes the parent's motivation to be of help and eliminates much of the resistance arising when parents are excluded from the relationship between child and therapist. Second, the play therapy techniques help parents weaken habitual negative patterns of interaction with their children. Third, since children feel more free to express themselves in play sessions, parents gain a greater understanding of their child. Parents' perceptions of their children are more accurate because they are removed from the usual daily pressures during the special play times. Also, parents learn new methods of relating to children and become more aware of their children's inner world. Parents also become more aware of the meaning and value of acceptance and genuine respect (B. Guerney, 1969; Stollak, 1981; VanFleet, 1994).

In filial therapy, "the agent of change as well as the person being changed are members of the same family constellation. The treatment situation is therefore not so readily disassociated from other life experiences" (Fidler, B. Guerney, Andronico, & L. Guerney, 1969, p. 50). The therapist works with the parent to change the parent-child interaction pattern that has supported and reinforced the child's maladjustment. It is a more powerful experience when children experience acceptance directly from their parents, and work through their emotional turmoil with their parents rather than the therapist (Fidler et al., 1969; B. Guerney,

1969; Landreth, 1991).

Lahti's ethnographic study (1992) described the process and effects of filial therapy on the child, the parent, and the parent-child relationship. Positive changes in children, including increased responsibility for actions, less withdrawal and less aggressive behavior, were reported. For parents, the combination of dynamic and didactic components in filial therapy provided an atmosphere conducive to personal exploration along with learning parenting skills. Utilizing parents in a therapeutic role appeared to reduce their anxieties while they learned parenting skills. In addition, parents also showed increases in confidence and feelings of personal power, became more aware of both adults' and children's needs; and decreased in degree of parental control. Further, closer parent-child relationships were reported with more realistic expectations and enhanced communication.

A variety of studies have examined the effect of filial therapy with different populations in different settings. Stover and B. Guerney (1967) studied the feasibility of training mothers in filial therapy techniques and found a significant increase in the use of reflective statements by the mothers and a decrease in directive-type statements, as measured by direct observation. Mothers' changes were related to decreased aggressive behavior of their children even during the initial phase. According to the parents' self-reports, there was a positive influence on the parent-

child relationship and on the child's general emotional adjustment.

Oxman (1971) matched a group of volunteer parents as a control group receiving no treatment with the parents in Stover and B. Guerney's study (1967). Results showed that mothers in filial therapy reported a significantly greater improvement in their children's behavior than did the control subjects. Findings supported filial therapy as an effective intervention in helping parents to bring about desired changes in their children (L. Guerney, 1975).

The study of B. Guerney and Stover (1971) also demonstrated that a group of 51 mothers were able to reflect feelings, allow children self-direction, and involve in the emotional behaviors and expressions of their children after filial therapy training. Measures completed by clinicians and parents indicated significant improvement on psychosocial adjustment and on symptomatology of the children. In order to measure the long term effect of filial therapy training, a follow-up study was done by L. Guerney in 1975. The group of mothers that participated in B. Guerney and Stover's study (1971) were surveyed one to three years after treatment. The participants gave a general positive evaluation of the filial therapy training. Thirty-two of the forty two respondents claimed their children to have continuing improvement. Sixty-four percent of the respondents asserted that the children's improvement was related to their improved ability to relate to the children.

The findings of this follow up study indicate that the positive results of the training may last as long as three years.

In Sywulak's study (1977), parents served as their own control group to avoid the potential differences between parents who seek treatment and those who do not. The findings indicated a marked increase in parental acceptance and improvement in child adjustment as a result of filial therapy training. Improved parent-child relationships seem to last after the completion of the filial group training. Sensue's (1981) follow-up study indicated that treatment parents showed significant improvement in parental acceptance and an increased capacity and willingness to continue using the filial skills with their children three years after filial therapy.

Hornsby and Applebaum (1978) drew some empirical conclusions from a series of 60 cases in a clinic setting. They reported that filial therapy has been effective with case examples of a borderline psychotic child, a child in active conflict with a parent, and a handicapped child. Improvement in parent-child relationships and the children's problem behaviors were also evidenced. Parents commented that they liked filial therapy because they were involved in the psychotherapeutic process.

Payton's study (1980) compared parents who received filial therapy with paraprofessionals. Parents in filial therapy made significant improvement in parenting attitude

and were shown to be more effective in impacting their children's personality adjustment.

Lebovitz (1982) compared the effectiveness of a filial therapy group, a group conducting supervised play sessions, and a control group. Children in both the filial therapy group and the group conducting supervised play sessions showed a decrease in problem behaviors. Parents in both groups reported more acceptance of their children. Children of the filial therapy group showed a significant decrease in aggression, withdrawal, and dependence. The parents evidenced a significant increase in communicating acceptance of their children's feelings; involvement with their children; and in allowing their children self-direction.

Similar findings were reported in Glass's study (1986). Compared with the control group, parents in filial therapy showed an increase in unconditional love for their children, an increase in their understanding of the meaning of their children's play; and a decrease in conflicts in the parent-child relationship. Additionally, parents in the filial group showed greater parental acceptance, more respect for children's feelings, and more recognition of children's need for autonomy and independence. Increased self-esteem of both parents and children, increased closeness between parent and child, and positive influence on the family environment were also found.

Packer (1990) reported behavioral changes in children upon the completion of filial therapy. Children were more

able to control escalating emotions and reduce temper tantrums. They also expressed more acceptance of their fathers as an authority figure in the presence of the mother.

Ginsberg, Stutman, and Hummel (1978) demonstrated the effectiveness of group filial therapy in decreasing children's behavioral problems. After the filial therapy training, each parent played the therapeutic role for their own child in the context of their child interacting with other children in the play room. Children's behavioral problems in the group were representative of the difficulties they had at home or school, and could be worked out in play sessions. Parents were also able to perceive their children in a more realistic way. The group filial sessions were useful for the majority of the children. Improvements were shown in problems of fighting, dependence, and shyness. Further, the parent-child relationships, the child's relationships with peers, and the child's behavior at home and school showed progress.

Filial therapy has been applied to special populations and different settings. A unique application of filial therapy in a school setting has shown that involving parents in their children's treatment prevents parents from blaming the school because of their feelings of helplessness about their child's adjustment in school. These parents were also found to be more motivated to undertake and stay with their children's treatment (Andronico & B. Guernsey, 1967;

Ellinwood, 1989; B. Guerney & Flumen, 1970).

Andronico and Blake (1971) studied the application of filial therapy to young children with stuttering problems. The goal of the filial training was to help parents to be involved constructively in their children's treatment for stuttering and to deal with their own emotions toward their children. A major emphasis in filial therapy is to help parents to see their children's total personalities, rather than to just focus on their problems, such as stuttering. The results showed that parents in filial therapy became more involved with the treatment of their children, developed positive parent-child interactions, and effectively changed the home environment. Findings indicated that parents learned to inhibit their tendency to cut off or put pressure on the child who was stuttering, and the learning was generalized into the parents' day-to-day interactions with the child.

Gilmore (1971) had similar findings in the effectiveness of filial therapy with children with learning disabilities. Significant improvement in academic and social functioning as well as improved self-esteem of these children were found after their parents' filial training. For mentally retarded children, Boll (1972) reported more positive changes in socially adaptive behavior as perceived by the parents of the filial group than the control group.

The effectiveness of filial therapy as a treatment method for emotionally disturbed children has been

demonstrated. Results of a study by B. Guerney (1976) indicated that the children showed significant improvement on all measures: improvement in social adjustment and reduction in conflicts with parents, teachers, and peers. There was also a significant decrease in the mothers' dissatisfaction with their children and in number of children's symptoms. Results of filial therapy were equally effective across the range of the sample regardless of socio-economic background, degree or kind of maladjustment, maternal attitude, or personality variables.

Ginsberg (1976) examined the usefulness of filial therapy in a community mental health center. Filial therapy was utilized with foster parents, single parent families, and families with different socioeconomic status and was found to be effective in all socioeconomic groupings. Filial therapy with mothers living in a low socioeconomic community produced significant change in all the participants regardless of home environment limitations, as measured by parent reports, school progress, and sibling and peer interaction.

Ginsberg (1976) also recommended that filial therapy can be used as a therapeutic service for families involved in adoption and foster care of children. In these situations, there is a significant disruption to both the children and the families and a greater potential for distress related to the issues of disruption, separation, and loss in the parent-child connection. In filial therapy,

the relationship between the foster or adopted child and parents is the focus of the treatment. Ginsberg suggested that foster parents need training in skills to enhance their ability to work with the children under their care and that filial therapy can address both the education of foster parents and the therapeutic treatment of children in their care. He reported that filial therapy helped to reduce stress and enhance the ability of foster or adopted children and parents to build a mutually satisfactory relationship. Similar results were reported by L. Guerney and Gavigan (1981) with foster parents. They found that foster parents showed more acceptance of their foster children after receiving filial training.

Filial therapy has also been applied by L. Guerney (1979) to children with adjustment difficulties secondary to primary disorders of an essentially physical origin, such as children with learning disabilities, hyperactivity syndrome, physical disabilities, and mild retardation. The results were positive indicating that filial therapy was effective with children with disabilities. Those children were able to utilize the play sessions as fully as other children. In the play sessions with their parents, they moved from negative feelings about themselves and others to positive feelings, from dependence toward independence, and from impaired impulse control to greater self regulation comparable to that of other children without learning disabilities.

Lobaugh (1991) investigated the effectiveness of a 10-

week filial therapy training model with incarcerated fathers. Fathers in the filial therapy training group met once a week in two-hour sessions and had a special 30 minute play time each week when their children came to the prison to visit. When compared to a control group of incarcerated fathers, fathers in the filial group increased significantly in parental acceptance and decreased significantly in parental stress. The self-esteem of the children improved significantly and their problematic behaviors as perceived by the parent decreased significantly.

Similarly, Harris (1995) studied the effectiveness of filial therapy with incarcerated mothers. Twelve incarcerated mothers in the experimental group received 2-hour filial therapy training sessions biweekly for five weeks and conducted biweekly 30-minute play sessions with one of their children. Compared with the mothers in the control group, incarcerated mothers in the experimental group achieved a significant increase in their level of empathic interactions with their children; a significant increase in their attitude of acceptance toward their children; and a significant decrease of the number of reported problems with their children's behavior.

The use of filial therapy as an intervention with families of chronically ill children was studied by Glazer-Waldman et al. (1992). They concluded that filial therapy can have a positive impact on children with chronic illness and their families. Although the child's anxiety did not

change, parents were more accurate in their judgement of the child's self report of anxiety. There was also an increase in parental acceptance of their children. The parents reported significant unspecified but positive changes in their relationships with their children.

In a study of the effectiveness of filial therapy with single parents, Bratton (1993) found that both single parents and their children can receive help and move toward healthier relationships. Compared to control group parents, the filial group parents showed significant increases in empathic behavior during observed play sessions with their children; demonstrated significant increases in their perceived acceptance of their children; showed significant decreases in their levels of stress related to parenting; and the number of children's problematic behaviors as perceived by parents was significantly reduced. Bratton concluded that filial therapy equips single parents with healthier parenting skills and provides them with the emotional support they need.

Many experimental studies have been done to examine the effect of filial therapy on the parents, children, and the parent-child relationship. In addition, Bavin-Hoffman (1994) used a phenomenological approach to examine couples' perceptions of how their family changed after a filial therapy experience and how their couple relationship changed during and after a filial therapy experience. These couples completed filial therapy experiences between 1991 and 1994.

Audiotaped interviews were transcribed and analyzed. Based on the findings, the following observations of the changes after filial therapy were reported (a) parent/child interpersonal communications improve; (b) interpersonal communication improves between spouses (c) children's aggression decreases (d) children's self control of their own behavior increases; and (e) family relationships improve. The findings of this study is consistent with other follow-up studies that positive effects of filial therapy continue from one to three years after the sessions ended (L. Guerney, 1975; Sensue, 1981).

Filial therapy typically focuses on training parents conducting play sessions with one selected child. It is believed that the learning of filial therapy can be generalized to the parents' daily lives and other children in the family. According to Ginsberg (1976), the attitudes and techniques of Person-centered play therapy that parents learn in filial therapy appear to be generalized into the daily interaction between the parents and their children. In addition, those skills acquired by the parents are applied to other children in the family.

Encouraging results have been found when filial therapy is applied to meet the needs of special populations. For divorced parents or parents recovering from addictions, filial therapy can assist in resolving children's feelings and rebuilding the relationship between the parents and the children. Filial therapy can be conducted with one or both

of the parents. For depressed children, filial therapy allows the expression of feelings through their play. Parents can become more sensitive to their children's needs in the play session and gain awareness of what might contribute to the child's depression. For anxious and perfectionistic children, filial therapy can help the children deal with their fears and concerns while increasing the parent's sensitivity. For abused and neglected children, filial therapy can be applied in conjunction with other interventions. High risk parents are taught how to play and interact positively with their children and to set limits effectively without abusing their children (B. Guerney, 1969; VanFleet, 1994).

Chinese Parents

Chinese traditional values are very different from those of the West. With foreign invasion and delay in modernization, Chinese have not focused on social science during the past century whereas the West has experienced tremendous development in this field. Increased interaction with the West has resulted in a conflict for Chinese between traditional and Western values (Bond, 1991; Sue & Sue, 1990). Nevertheless, studies of Chinese immigrants in the United States have found that strong and pervasive differences still exist between Chinese and Caucasian Americans in their beliefs and values (Bond, 1991).

Confucianism has been the dominant philosophy in China for more than 2000 years and was not challenged until

the turn of the present century. In Chinese culture, Confucianism governs the operation of all human relationships such as parents and children, husbands and wives, and brothers and sisters (Ho, 1987).

The term Chiao-Yang is the most frequently used term in child-rearing for Chinese parents. Chiao (education), proper development of character, is more emphasized than Yang (rearing) (Lin & Fu, 1990). Compared with other cultures, Chinese parents appear to be moderately warm and very restrictive in their parenting style. In the traditional Chinese family, the distribution of power is based on generation, age, and gender. Power is wielded in an authoritarian way. Parents make the decisions, and children are expected to obey. No questioning or challenges are encouraged (Bond, 1991; Hsu, 1985). Children are taught respect for this ordering throughout the socialization process (Ho, 1981). In Chinese child rearing practices, a fundamental concern is to inhibit open expression of hostility or aggression toward authority or even peers. Chinese parents emphasize family harmony through emotional restraint (Bond & Wang, 1983). Control over the children's movement begins in infancy. Babies are swaddled in restrictive clothing and held in a chair, back-harness, or cot. Many commentators have noted that Chinese tend not to talk to their young children as much as Americans do, and treat them as physical extensions of themselves rather than as separate thinking beings (Bond, 1991).

Chinese orientation toward children is moralistic rather than psychological. In comparison with American parents, Chinese parents tend to psychologically control their children more, exhibit a higher degree of physical control over their children, and are less likely to encourage independence. Chinese and immigrant Chinese parents demonstrate greater parental control and emphasis on achievement than Caucasian-American parents. Thus, children who fail to live up to the adults' standards of achievement in school are often viewed as expressing problematic or deviant behavior. Immigrant Chinese mothers tend to be less nurturing, responsive, and consistent with their children than Caucasian American mothers (Kelley & Tseng, 1992; Lin & Fu, 1990; Wu & Tseng, 1985).

Open expression or discussion of emotion is generally not encouraged in the Chinese culture. Chinese believe that excess emotion endangers health and ought to be discouraged. For educational efforts to be effective, emotional detachment has to be maintained. Therefore, fathers and teachers should be stern, serious, and detached (Hsu, 1985; Ho, 1987). Lin and Fu's (1990) comparison of child-rearing practices showed that Chinese parents, especially fathers, are less emotionally expressive and less emotionally involved with their children than American parents. Instead of expressing emotions in words, Chinese parents tend to show concern for, and take actual care of, their children's physical needs (Hsu, 1985). Children's self-expression, or

the striving for autonomous behavior, is discouraged or suppressed as nothing more than selfishness (Hsu, 1981; King & Bond, 1985). Wu (1985) reported Chinese mothers in Hong Kong to be highly intolerant of their children's antiparental aggression or disobedience. They were severe in dealing with their children for such offenses by using physical punishment or threatening to beat the children.

Confucius taught that parents and children should love one another, but he particularly stressed filial piety, and the devotion of children to parents, which he considered to be the root of all virtue. All through Chinese literature obligations of children toward parents are emphasized much more than those of parents toward children (Lang, 1946; Xintian, 1985). Chinese do not focus on educating people to be better parents, but rather, to be better sons and daughters. There is little scientific inquiry into what children might think or need. Articles on how to interact with children appear only sporadically in a few newspapers and magazines, and most of them are translations of material from the West. There are not many books catering to children's emotional and developmental needs in Taiwan, Mainland China, or Hong Kong (Bond, 1991; Kelly & Tseng, 1992; Hsu, 1981).

The Chinese parent-child relationship is characterized by filial piety (Ho, 1987). When the principle of filial piety is in conflict with one's interests or needs, one must live up to the norm according to Chinese culture. According

to Bond (1991), the influences of economic change and Western thought have weakened the value of filial piety in the younger generation in Hong Kong.

A significant difference in attitude toward children is that Americans not only study their children's behavior, they glorify it. Chinese not only take their children for granted, they minimize their importance. Americans emphasize what parents should do for their children, whereas Chinese parents focus on what children should do for their parents (Hsu, 1981; Wolf, 1970; Wu, 1985).

Further, the youthful world of Chinese children is tolerated but not appreciated and respected. Chinese parents are amused by infantile behavior and youthful exuberance, but their children's worth is determined by the degree to which they act like adults. Parents often expect their children to think and behave like them. They encourage their children to act older than their age. What Chinese parents consider rowdiness in a child's behavior, Americans may approve of as a sign of initiative (Hsu, 1981; Hsu, 1985; King & Bond, 1985; Lang, 1946; Weity, 1976).

Hsu (1981) analyzed Chinese parent-child relationships as described in popular stories for children and found that the stage of infancy is characterized by dependence versus protection and indulgence. The stage of toddlerhood is characterized by omnipotence versus punishment and training. The stage of childhood is characterized by closeness with the opposite sex parent, and submission versus maltreatment

from the same sex parents.

Etymologically, the Chinese character for father (fu), represents the hand holding a cane and is symbolic of authority. The character for mother (mu), represents a woman with prominent breasts, which is a symbol of nurturance. Hence, Chinese see fathers and mothers playing different roles in child rearing. The paternal role is primarily that of a bread-earner, educator, and disciplinarian. The father is not expected to be involved with the care of infants or young children. Nurturing the young is the mother's function. The father's role becomes important only when the children are considered old enough to be educated and disciplined, which is after about age five or six years (Ho, 1987). Lau et al.'s findings (1990) also supported the proverbial "strict father and kind mother," which still prevails in Chinese families. Mothers are perceived as much warmer and more indulgent and fathers are perceived as more controlling than mothers by sons only. There is also a difference between what a Chinese mother and a Chinese father hope for in their relationship with their sons. A Chinese father wants respect and obedience, even at the price of fear or dislike, whereas a Chinese mother would appreciate her son's respect and obedience, but not at the price of his affection (Wolf, 1970).

Studies in Taiwan in 1968 and Hong Kong in 1980 showed that most parents typically did not spend time playing together with their children. The findings suggested that

parent-child distance in communication contributed to the fact that 56.1% of the children studied kept unhappy feelings to themselves (Ho, 1987).

Lau and Cheung (1987) studied the relationship between Chinese adolescents' perception of parental control and organization and their perception of parental warmth. Lesser control and more organization and independence were found to be associated with greater cohesion and lesser conflict in the family. There was also a negative correlation between control and warmth. These authors asserted that it is necessary to differentiate the order-keeping and the restriction-imposing aspects of parental control.

Regardless of the traditional authoritarian parenting style, findings have shown that a desire for autonomy, independence, and freedom, and a rejection of strict obedience to authority and control, are main concerns among Chinese youth (Lau, 1988). The results of Lau et al.'s study (1990) of Chinese children suggested that resentment extends to authoritarian control by mothers as well as fathers and that the effects of dominating control are found long after childhood. They also found that parental warmth and parental control were negatively related. Greater parental warmth and less parental control were found to be associated with greater family harmony.

Summary

Parents in Chinese culture hold different values and philosophies from parents in American culture. Some aspects

of the Chinese parent-child relationship and parenting style appear to be different from the essence of filial therapy. Chinese culture places an emphasis on children's devotion to their parents, whereas filial therapy focuses on the parents' genuine acceptance of their children. Chinese parenting encourages conformity, compliance, obedience, and group harmony, which is different from what is considered important in filial therapy (Bond, 1991; B. Guernsey, 1969; Lang, 1946).

Despite the differences in values underlying filial therapy and Chinese parenting, some characteristics of filial therapy appear to be compatible with Chinese culture. Filial therapy and the Chinese culture both value and focus on relationships instead of the problem. Filial therapy utilizes parents as therapeutic agents for their own children which fits the family-orientation of the Chinese culture (B. Guernsey, L. Guernsey, & Stollak, 1971-72; L. Guernsey & Welsh, 1993; Ho, 1987; Hsu, 1981; Lang, 1946). Thus, filial therapy could be beneficial to Chinese children.

Filial therapy has been applied and proven to be beneficial to the parents, the children, and the parent-child relationship (Glass, 1986; B. Guernsey & Stover, 1971; Lahti, 1992; Lebovitz, 1982; Oxman, 1971; Packer, 1990; Payton, 1980; Stover & B. Guernsey, 1967, Sywulak, 1977; Wall, 1979). The results of filial therapy with special populations have been encouraging. Filial therapy has been

applied to incarcerated fathers and mothers (Harris, 1995; Lobaugh, 1991), single parents (Bratton, 1993), foster parents (L. Guerney & Gavigan, 1981); parents of children with learning disabilities (Gilmore, 1971), mentally retarded children (Boll, 1972); children with chronic illnesses (Glazer-Waldman et al., 1991); and children with stuttering problem (Andronico & Blake, 1971).

Studies have also demonstrated the long term effectiveness of filial therapy (Bavin-Hoffman, 1994; L. Guerney, 1975; Sensue, 1981). Hence, parents are able to utilize and integrate their filial skills in their daily lives long after the training.

Filial therapy is a method in which the parent-child relationship is enhanced and both parents and children receive help in the training (Andronico et al., 1967; Glass, 1986; B. Guerney, 1969). The parent-child relationship is of primary importance to the present and future mental health of children. Because more affection, acceptance, and warmth of parents in Chinese parent-child relationships are encouraged in the conclusion of recent studies, filial therapy could offer significant possibilities for promoting the well-being of Chinese children (Kong et al., 1988; Lau & Cheung, 1987; Lau et al., 1990).

Chapter II

Procedures

A pretest-posttest control group design was used to measure the effectiveness of filial therapy with Chinese parents. Volunteer subjects who met the specified criteria were selected to participate in the study and then assigned to a control group and an experimental group according to their work or school schedule. Only the experimental group received treatment. Filial training was provided for the control group after the research study.

Parenting behaviors observable in parent-child play sessions were coded and analyzed using the Measurement of Empathy in Adult-Child Interactions, a direct observational scale (Stover, B. Guernsey, & O'Connell, 1971). The behaviors measured include: (a) communication of acceptance; (b) allowing the child self-direction; and (c) parent involvement with the child.

Parental attitudes concerning children were measured by the Porter Parental Acceptance Scale (Porter, 1954). These attitudes include: (a) respect for the child's feelings and right to express them; (b) appreciation for the child's unique make-up; (c) recognition of the child's needs for autonomy and independence; and (d) feeling of unconditional love for the child.

The amount of stress parents perceive was measured by the Parenting Stress Index (Abidin, 1983) which includes a parent domain and a child domain. The parent domain measures stress relating to parents' perceptions of their skills as a parent and their style of parenting. The child domain evaluates the stress parents feel related to their children's behavior, moods, and personalities.

Definitions

Allowing the child self-direction is the parent's willingness to follow the child's lead rather than trying to control the child's behavior. For the purpose of this study, allowing the child self-direction is operationally defined as the parents' scores on this subscale of the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Appreciation for the child's unique make-up is the parents' attitude of appreciating and valuing the child's uniqueness. For the purpose of this study, appreciation for the child's unique make-up is operationally defined as the parents' score on this subscale of the Porter Parental Acceptance Scale (Porter, 1954).

Child-Centered Play Therapy is defined in this study as:

a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials 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)

Chinese Parent is defined in this study as a parent, 18 years of age or older, living in the United States whose race is Chinese (American born Chinese, new immigrant, or international student) with a child between the ages 2 to 10 years.

Communication of acceptance is the parent's verbal expression of acceptance-rejection of the child. For the purpose of this study, communication of acceptance is operationally defined as the parents' scores on this subscale of the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Empathy is the parents' sensitivity to their children's feelings and their ability to communicate this understanding to their children. For the purpose of this study, empathy is operationally defined as the parents' total scores on the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Filial Therapy is defined in this study as:

a unique approach used by professionals to train parents to be therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision. Parents are taught basic child-centered play therapy skills including responsive listening, recognizing children's

emotional needs, therapeutic limit setting, building children's self esteem, and structuring required weekly play sessions with their children using a special kit of selected toys. Parents learn how to create a nonjudgmental, understanding, and accepting environment which enhances the parent-child relationship, thus facilitating personal growth and change for child and parent. (G. Landreth, personal communication, May 15, 1995)

Involvement is the parent's attention to and participation in the child's activities. For the purpose of this study, involvement is operationally defined as the parents' scores on this subscale of the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Parental Acceptance is the ability of the parent to recognize and accept the child regardless of appearance, abilities, feelings, or behavior. For the purpose of this study, parental acceptance is operationally defined as the parents' scores on the total Porter Parental Acceptance Scale (Porter, 1954).

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

Recognition of the child's need for autonomy and independence is the parent's understanding of their child's

need to differentiate and separate from their parents in order to achieve their own identities. For the purpose of this study, recognition of the child's need for autonomy and independence is operationally defined as the parents' scores on this subscale of the Porter Parental Acceptance Scale (Porter, 1954).

Respect for the child's feelings and right to express them is the parents' willingness to allow the child to express feelings and to show acceptance for the child. For the purpose of this study, it is operationally defined as the parents' scores on this subscale of the Porter Parental Acceptance Scale (Porter, 1954).

Unconditional love means a parent shows love toward a child without setting conditions or standards on the child's behavior. For the purpose of this study, unconditional love is operationally defined as the parents' scores on this subscale of the Porter Parental Acceptance Scale (Porter, 1954).

Hypotheses

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

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

- b) Subjects in the experimental group will attain a significantly lower mean score on the Allowing the Child Self-Direction subscale of the MEACI posttest than will subjects in the control group.
 - c) Subjects in the experimental group will attain a significantly lower mean score on the Involvement subscale of the MEACI posttest than will subjects in the control group.
2. Subjects in the experimental group will attain significantly highly mean score on the Porter Parental Acceptance Scale posttest than will subjects in the control group.
- a) Subjects in the experimental 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 subjects in the control group.
 - b) Subjects in the experimental group will attain a significantly higher mean score on the Appreciation of the Child's Unique Makeup subscale of the PPAS posttest than will subjects in the control group.
 - c) Subjects in the experimental 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 subjects in the control
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group.

- d) Subjects in the experimental group will attain a significantly higher mean score on the Unconditional Love subscale of the PPAS posttest than will subjects in the control group.
- 3. Subjects in the experimental group will attain a significantly lower mean total score on the Parenting Stress Index (PSI) posttest than will subjects in the control group.
 - a) Subjects in the experimental group will attain a significantly lower mean score on the Parent Domain of the PSI posttest than will subjects in the control group.
 - b) Subjects in the experimental group will attain a significantly lower mean score on the Child Domain of the PSI posttest than will subjects in the control group.

Instrumentation

Measurement of Empathy in Adult-Child Interaction

This observational scale was developed by Stover, B. Guerney, and O'Connell (1971) to operationally define empathy as related to parent-child interactions. It measures three parental behaviors identified as major aspects of empathy in adult-child interactions: 1) communication of acceptance; 2) allowing the child self-direction; and 3) involvement (Appendix D).

The Measurement of Empathy in Adult-Child Interaction

was selected for this study because (a) it was a direct observational scale of empathy for adults in spontaneous play with a child to assess the parent-behavior with his/her child; (b) a direct observational scale would not be affected by the use of language; and (c) the three major dimensions of this scale, acceptance, allowing self-direction, and involvement, are considered to be significant parental behavior in enhancing the parent-child relationship which is the aim of filial therapy.

The Communication of Acceptance subscale measures the parent's verbal expression of acceptance-rejection of the child's feelings and behavior in spontaneous play with the child. Stover et al. (1971) believed that the communication of acceptance does not generally occur in spontaneous parent-child interactions. Nevertheless, communication of acceptance is a major element in the communication of empathic feelings and is considered to be one of the necessary conditions for therapeutic personality change and healthy adult-child relationships. It may be a significant variable in explaining exceptionally positive adult-child relationships (Rogers, 1951; Stover et al., 1971).

The Allowing the Child Self-Direction subscale measures the parents' behavioral willingness to allow the child self-direction in behavior rather than attempting to control the child's behavior.

The Involvement subscale measures the parent's attention to and participation in the child's activity.

Involvement may be sympathetic or nonsympathetic, appropriately supportive or highly directive. It may or may not contribute in a positive way (Stover et al., 1971).

A five-point bipolar scale is used to rate the three dimensions of parental behavior every three minutes of the video-taped play sessions for six consecutive coding intervals. The scale ranges from a high rating of one to a low rating of five. Each point on the scale is followed by typical responses obtained from codings of the direct observations of parent-child interactions. An Empathy score may be obtained by totaling the three totals of the subscales. The lower the score, the more empathic the behavior. The highest level of empathy is evident when the parent (a) comments frequently on the child's expression of feeling or behavior in a genuinely accepting manner; (b) demonstrates clearly that the child is fully permitted to engage in his or her present activity; and (c) attends fully to the child's behavior. The lowest level of empathic communication is evident when the parent is either (a) verbally rejecting the feelings or behavior of the child; (b) shutting off from the child who has to repeat or prompt to get a response from the parent; and (c) demanding, and redirecting the child's activity (Stover et al., 1971).

Reliability coefficients were established for each of the three subscales. After four training sessions of collaborative rating on half hour play sessions and discussion, six pairs of coders separately rated seven to

ten mother-child play sessions of 20 minutes to one half hour each. The average reliability correlation coefficients for the three subscales were .92, .89, and .89 (Stover et al., 1971).

The instrument demonstrated concurrent validity by correlating .85 with a previously developed measure of empathy, and offered measures of three other variables which are relatively independent of one another. Construct validity for the total empathy score and each subscale was demonstrated with a group of 51 mothers who participated in a research project on the efficacy of filial therapy. Significant differences were found not only between the pretraining and the posttraining session, but even between the first and third of the training sessions. It suggests that the scales were extremely sensitive measures of the behaviors in question (Stover et al., 1971).

Porter Parental Acceptance Scale (PPAS)

The PPAS was developed by Porter (1954) and is designed to measure parental acceptance of children (received permission to use from Dr. Blaine Porter, Brigham Young University). The acceptance scale involves four dimensions of acceptance: (a) respect for the child's feelings and right to express them; (b) appreciation of the child's uniqueness; (c) recognition of the child's need for independence and autonomy; and (d) unconditional love. The PPAS is a 40 item self-inventory type questionnaire requiring approximately 20-30 minutes to complete (Appendix

E). The PPAS was used for this study because (a) parental acceptance is identified as one of the essential elements underlying the parent-child relationship (Porter, 1954); (b) the four dimensions of acceptance in PPAS are closely related to the objectives of filial therapy; (c) it has been used by other filial therapy research studies; (d) it is easy to administer and takes only 20 minutes to complete.

Each question has five responses ranging from low to high acceptance. There are two dimensions of acceptance: (a) how the parent feels in a specific situation, and (b) what the parent will do in a specific situation. It is scored to yield four subscale scores and one total scale score.

A split-half reliability correlation of .76 raised by the Spearman Brown Prophecy formula to .86 was reported. Another research project reported a split-half reliability coefficient of .80 by utilizing the Spearman Brown Prophecy formula. Both coefficients are significant beyond the .01 level (Porter, 1954).

The validity of the instrument was investigated by using five expert judges to rank the responses on a continuum of one representing low acceptance to five representing high acceptance. The findings suggest that the PPAS is a valid measure of parental acceptance (Porter, 1954). The validity and internal consistency of the PPAS were further established by Burchinal, Hawkes, and Garner's study (1957). This study was compromised of 256 children and their parents. The degree of internal consistency of the

PPAS was established by item analysis. The group with the highest quartile in total test scores was compared with the group with the lowest quartile, with respect to their mean scores on each item. In order to determine whether the item had discriminated between high and low scoring groups, the difference between means was tested for significance. Thirty-five items had t values in excess of 3.46, the value needed for a probability level of .001. The findings suggested that the items were able to discriminate consistently between high and low scores.

Parenting Stress Index (PSI)

The PSI was developed by Abidin (1983) to measure the level of stress in the parent-child system. It is a 101 item self-report index and is separated into two domains: parent and child. The child domain indicates how a parent perceives the child in relation to levels of Adaptability, Acceptability, Demandingness, Mood, Distractibility, and Reinforcing Behavior for parents. The parent domain measures the parent's perceived level of Depression, Attachment, Role Restrictions, Competence, Social Isolation, Spouse Relations, and Health. The PSI is easy to administer, and can be complete in 20 minutes. There are five possible responses that range on a continuum from strongly agree to strongly disagree in each item.

The reliability coefficients were based on responses of a sample of 2633. The reliability coefficients for the two domains and Total Stress Score are: Child Domain .90; Parent

Domain .93; and Total stress Score .95 (Hauenstein, Scarr, & Abidin, 1986). All items in the instrument are directly related to one of the sub-domains. Content validity is very high.

The PSI was selected for use in this study because (a) the value conflict of Chinese parents is associated with higher levels of parenting stress, (b) the subscales are closely related to parents' ability to accept their child, and (c) this instrument has been used in other studies of filial therapy training.

Selection of Subjects

Announcements stating the beginning of "parent-child relationship training classes for Chinese parents" were made and fliers posted in three Chinese churches in three cities in a large Metroplex area. Parents who expressed interest were contacted and given more details about the selection process and the parent training classes. The classes were offered free of charge.

Parents who met the following criteria were selected to participate in the study: (a) must be Chinese including American born Chinese, new immigrants or international students currently residing in the United States; (b) must be able to speak and read Cantonese, Mandarin, or English; (c) must have a child between the ages of 2 years and 10 years who has not received therapy and is not currently in therapy; (d) must not have taken a parenting class in the last two years; (e) must be able to attend the ten weeks of

filial therapy training at the scheduled times; (f) must be able to attend a pre and post training session to complete test instruments and to be videotaped playing with their child; and (g) must agree to conduct a weekly 30-minute home play session for ten weeks with their child.

Each parent who met the criteria was contacted to: (a) explain the purpose and the requirements of the filial therapy training; (b) provide information about how confidentiality would be maintained; and (c) answer any questions the participants had before they signed the consent form. Each parent was asked to choose only one of their children, between the ages of two and ten, as the "child of focus" for the ten week training period and indicate that child by name on the consent form. Parents were encouraged to choose the child who needed their help and attention the most. Parents were informed that after they attended the pretraining session, they would be scheduled to participate in either the first series (experimental group) or second series (control group) of filial therapy training classes.

In the experimental phase, three filial groups were offered in two churches. Twenty-four parents were able to attend the first series of filial therapy training group and eighteen of them were randomly selected into the experimental group. The other six parents and twelve parents who showed interest in participating but could not attend the first series of filial therapy training because of time

conflicts, were placed in the control group. The Chinese language was used to communicate with all parents.

All parents who met the criteria specified above (N=36) were scheduled to bring their "child of focus" to a pretraining session to complete all pretest requirements. Two parents in the control group could not finish the pretest requirements because of personal crisis. Over the course of the ten week treatment period, none of the experimental group subjects (n=18) and control group subjects (n=16) dropped out of the investigation. Thus 34 subjects completed the present study, 18 in the experimental group and 16 in the control group.

The experimental group was comprised of 14 mothers and 4 fathers. There were 13 mothers and 3 fathers in the control group. The parents in the experimental group ranged in age from 32 to 48 years of age, with a mean age of 36. The age range for the control group parents was 30 to 45 years of age, with a mean age of 35. Of the experimental group parents, 6% had completed elementary school, 28% had completed high school, 22% had completed college, and 22% had completed a postgraduate degree. Of the control group parents, 37.5% had completed high school, 44% had completed college, and 19% had completed postgraduate degree.

Of the experimental group, 11% of the parents were international students or spouses of international students, and 89% were immigrants. Of the control group, 19% of the parents were either international students or spouses of

international students and 81% were immigrants.

There were 9 boys and 8 girls in the experimental group and 7 boys and 8 girls in the control group. The children in both groups ranged in ages from 2 to 9 years. The experimental group included 6% 2-year olds, 11% 3-years olds, 24% 4-years olds, 18% 5-years olds, 11% 6-years olds, 6% 7-years olds, 6% 8-years olds, and 18% 9-years olds. The mean age of the children was 5.47 years for the experimental group and 4.8 years for the control group.

Of the experimental group 11% of the parents were either part-time or full-time students, 67% were employed full-time, and 22% were full-time parents. Of the control group, 13% of the parents were full-time students, 56% were employed full-time, and 31% were full-time parents.

Collection of Data

Pretraining sessions were scheduled the week before the filial therapy training classes started for the purpose of collecting data. The investigator and another research assistant supervised the data collection. They were both bilingual and used Chinese to communicate with the parents in the process. During the pretraining session all parents completed the (a) Porter Parental Acceptance Scale, (b) Parenting Stress Index, and were videotaped in nonspecified play with their child for 20 minutes in a room in their church temporarily converted into a playroom with toys and materials recommended by Landreth (1991) for a typical play therapy room. The research assistant directed the parents

and children to the playroom for videotaping with the explanation, "this is a room where children and parents can play together. You may play with the toys in lots of the ways you would like." The instruction was also written in both English and Chinese and was given to the parents before the videotaping. The investigator and the research assistant were responsible for video-taping inside the play room. They gave a signal to the parent and the child one minute before the session was to end.

Twenty-eight percent of the experimental group parents and 24% of the control group parents could not read English. An audiotape of the Chinese translation of the PPAS and PSI was prepared by the investigator to help those parents complete the instruments. Since most parents had difficulty understanding some of the questions on the instruments, the availability of the investigator during the completion of the instruments was very important.

One week following completion of the ten weekly filial therapy training sessions, the posttest battery of instruments and video taping of play sessions was administered to both the experimental and control group parents in the same way as the pretraining sessions. All the instruments and videotapes were number coded to maintain the confidentiality of the participants. The investigator kept a master list with subjects' names and respective codes in a locked file. The control group parents were scheduled to begin filial therapy training after they completed the

posttesting requirements.

Treatment

The 18 parents in the experimental group were divided into three smaller filial therapy training groups. Parents were assigned to one of the three groups according to (a) work and school schedule and (b) the church they attended. Group A (n=8) met on Sunday afternoons, group B (n=6) met on Wednesday mornings, and group C (n=4) met on Saturday afternoons.

Each group met weekly for a two hour training session for ten consecutive weeks in the church they attended. The training sessions followed the methodology outlined by Landreth (1991) for a ten week filial therapy training group (Appendix B). The groups were conducted in Cantonese. Materials utilized in the training were translated into Chinese by the investigator (Appendix C). Parents used Cantonese, Mandarin, or English to conduct their play sessions.

The filial therapy training model was designed to enhance the parent-child relationship by helping parents learn how to create an accepting environment in which their children would feel safe to express and explore thoughts and feelings. Parents learned these skills through didactic instruction, demonstration, and role playing. They were then asked to practice these skills with their child in weekly 30-minute special play sessions. The parents were supplied with a special toy kit (Landreth, 1991) to be used for the

home play sessions. In addition, they videotaped a play session at home for viewing in one of the training session. Each of the parents were given feedback on their play session video tape about the skills they learned in the training. Other group members were also encouraged to express their reactions to the videotaped sessions. This helped parents to learn from one and other. The facilitator also fostered encouragement and support among the parents. The training sessions followed the methodology outlined by Landreth (1991) for a ten week filial therapy training program.

Training Session One

Parents introduced themselves, and described their families, and particularly the child with whom they would have special sessions. Goals and objectives of the training were explained. The facilitator emphasized the importance of parents' sensitivity and empathy to their children. She further demonstrated the skills of reflective listening and tracking behavior through role-play with one of the parents. The parents then role-played in pairs to practice empathic responses. The homework assignment was to identify emotions of anger, happiness, sadness, and surprise in the child of focus and make a reflective response (Appendix B).

Training Session Two

Homework assignments on identifying and reflecting feelings were first reviewed. The facilitator explained the basic principles, goals, and the process of the play

sessions (Appendix B). She showed the toys to be used during the play times and reminded parents that those toys were to be played with only during the special play time. The group watched a video tape of the facilitator demonstrating a play session. The parents paired off and practiced reflective responding. The homework assignment was to finish the "Facilitating Reflective Communication" handout (Appendix B) and select a place and time for the play sessions in their home.

Training Session Three

Homework assignments were reviewed. Parents reported on arrangements for their sessions. The facilitator discussed the handouts "Eight Basic Principles of Therapy" (Appendix B) and "Basic Rules for Filial therapy" (Appendix B) and modeled a live demonstration play time with a child of one of parents. The homework assignment was to have a home play session.

Training Session Four

Each parent reported on their first play session and areas of difficulty with suggestions offered by the facilitator. The facilitator paid attention to the feelings parents experienced and facilitated support and encouragement among the group members. The handout "Two Techniques of Discipline that Work" (Appendix B) and the skills of limit setting were elaborated and discussed. The homework assignment for parents was to continue home play sessions and to notice one intense feeling in themselves.

One parent was asked to volunteer to video-tape their play session at home during the week to be shown to the group in the following session.

Training Session Five through Ten

These sessions followed the same general format. Parents briefly reported on their play session. The facilitator gave suggestions and instruction, facilitated group interaction on common problems, and paid attention to parents' feelings. A parent video tape was viewed and discussed each time. Training and role playing of skills were continued each session. The facilitator identified newly developed parental coping skills in parents to develop their sense of personal power. Generalization of skills outside the play sessions were discussed.

Training Session Five

Parents reported intense feelings they had during the week, and the importance of self awareness in the play sessions was emphasized. Parents practiced limit setting skills through role-playing. The homework assignment was to practice giving one choice to their child this week.

Training Session Six

Parents debriefed their play session and the homework of choice giving. The handout "When Setting Limits Doesn't Work" and "Enslaved Parent" were elaborated on and discussed in the group.

Training Session Seven

The group discussed some common problems in their play

sessions. Suggestions were given by group members and the facilitator. Reflective listening, setting limits and giving choices were reviewed and practiced in role-playing.

Training Session Eight

Parents debriefed their play sessions. The group went over the handout "Learning to be Perfectionistic". The focus for parents was on accepting themselves and their children, allowing themselves and their children to make mistakes and being imperfect.

Training Session Nine

Parents debriefed their play sessions. Some of their parenting problems and children's behavioral problems were discussed in the group. Parents practiced the skills of reflective listening, tracking, limit setting and choice giving. The handout "Are you Listening to Your Child" (Appendix B) was reviewed and discussed. The importance of listening and understanding was emphasized.

Training Session Ten

The primary focus of the last session was on the parents' evaluation of the experience. They shared how the training and the play sessions had been helpful to them. They evaluated the changes in themselves and their children and shared their perceptions of changes they noticed in other parents.

Parents were encouraged to continue play sessions with the child of focus and other children in the family. The facilitator discussed options with the parents for

continuing play sessions after the training. Parents might change the format or add some toys in the play session according to the needs of the child in the future. The facilitator also encouraged the parents to have regular meetings after the training as a source of support and encouragement for one another.

All the filial therapy training groups were facilitated by the investigator of this study. The investigator is a doctoral student at the University of North Texas with a masters' degree in counseling. She had completed an introduction to play therapy course, an advanced play therapy course, and a filial therapy course. In addition she had received supervision of play therapy experiences in a master degree practicum, an advanced doctoral practicum, and a doctoral internship. She had provided play therapy supervision for master and doctoral students. She had also conducted previous filial therapy training.

During the course of training, 56% of the parents were present through all ten sessions. 28% were absent once, and 16% were absent twice. Parents who missed a class were contacted immediately and scheduled for a make-up session prior to the next training session. Additionally, the training sessions were audiotaped for use by parents who missed a session. Parents were also asked to make-up any missed home play sessions with their child.

Analysis of Data

Following the collection of the pretest and posttest

data, the instruments were scored and double checked. The pre and posttraining video tapes of parent-child play sessions were blind rated to prevent rater bias by a Chinese counselor who understands Cantonese, Mandarin, and English. She has a doctoral degree in counseling and is a licensed professional counselor in the state of Texas. She had completed an introduction to play therapy course, an advanced play therapy course, and a filial therapy course. In addition she had received supervision of play therapy experiences in a master degree practicum, an advanced doctoral practicum, and a doctoral internship. She had provided play supervision for master and doctoral students. She had also conducted previous filial therapy training. Additionally, she had rated play sessions in two other filial therapy research projects using the same instrument of this study. The pre and posttraining video tapes were not rated until completion of the study to ensure no bias between the pretraining and posttraining session. The investigator trained the rater in a 2-hour training session to ensure the consistency of the scale. Training included discussions and collaborative rating sessions following the procedures outlined by Stover et al. (1971). Interrater reliability between the investigator and the rater was established during the two-hour training session. Interrater reliability was checked at the end of the scoring process. Kendall's Coefficient of Concordance W was used to calculate interrater reliability and the resulting reliability

coefficients are presented in Table 1.

Table 1

Interrater reliability coefficients of concordance for
coding of the Measurement of Empathy in Adult-Child
Interactions scales

	Training Session	
	I Pre-coding	II Post
<u>W</u>	0.963	0.894

Data from the three filial therapy training groups were pooled to form the experimental group. The resulting data was keyed into the computer and analyzed using SYSTAT: The System for Statistics.

An analysis of covariance (ANCOVA) was computed to test the significance of the difference between the experimental group and the control group on the adjusted posttest means for each hypothesis. In each case the posttest specified in each of the hypotheses was used as the dependent variable and the pretest as the covariant. ANCOVA was used to adjust the group means in the posttest on the basis of the pretest, thus statistically equating the control and experimental groups. Significance of difference between means was tested at the .05 level. On the basis of ANCOVA, the hypotheses were either retained or rejected.

CHAPTER III

RESULTS AND DISCUSSION

This chapter presents the results of the analysis of the data for each hypothesis tested in this study. Included also is a discussion of the results, implications, and recommendations for further research.

Results

The results of this study are presented in the order the hypotheses were tested. Analyses of covariance were performed on all hypotheses and a level of significance of .05 was established as the criterion for either retaining or rejecting the hypotheses.

Hypothesis 1

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

Table 2 presents the pre 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)

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	49.056	27.878	48.063	47.875
<u>SD</u>	3.895	7.267	3.966	5.488
Total cases=	34			

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)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main effects	3397.092	1	3397.092	79.176	0.0001
Covariates	19.544	1	19.544	0.456	0.0001
Error	1330.077	31	42.906		
Total cases=	34				

Table 3 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant increase in the experimental group parents' empathic interaction with their children during observed play sessions. On the basis of this data, hypothesis 1 was retained.

Hypothesis 1.a

The experimental parent group will attain a

significantly higher mean score on the Communication of Acceptance subscale of the MEACI posttest than will the control parent group.

Table 4 presents the pre 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' posttest mean scores.

Table 4

Mean scores for the MEACI subscale: Communication of Acceptance

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	18.333	12.306	17.969	17.813
<u>SD</u>	0.804	2.059	1.360	1.721
Total cases=	34			

Note. A decrease in the mean score indicates an increase in communication of acceptance.

Table 5

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

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main effects	259.600	1	259.600	71.187	0.0001
Covariates	3.458	1	3.458	0.948	0.0001
Error	113.049	31	3.647		
Total cases=	34				

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 higher mean score on the Allowing the Child Self-Direction subscale of the MEACI posttest than will the control parent group.

Table 6 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 7 presents the analysis of covariance 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

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	17.667	8.111	17.625	17.813
<u>SD</u>	3.029	3.411	3.160	3.311
Total cases=	34			

Note. A decrease in the mean score indicates an increase in allowing the child self-direction.

Table 7

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

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main effects	800.361	1	800.361	83.626	0.0001
Covariates	65.524	1	65.524	6.846	0.0001
Error	296.691	31	9.571		
Total cases=	34				

Table 7 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant increase in the experimental group parents' behavioral willingness to allow the 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 higher mean score on the Involvement subscale of the MEACI posttest than will the control parent group.

Table 8 presents the pre 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

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	13.056	7.444	12.438	12.875
<u>SD</u>	1.984	2.093	1.209	0.806
Total cases=	34			

Note. A decrease in the mean score indicates an increase in involvement.

Table 9

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

Source of Variation	Sum of Squares	<u>df</u>	Mean Square	F Ratio	Sign. of F
Main effects	241.297	1	241.297	88.847	0.0001
Covariates	0.002	1	0.002	0.001	0.0001
Error	84.192	31	2.716		
Total cases=	34				

Table 9 shows the F ratio for the main effects was significant to 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 pre and posttest means and standard deviations for the experimental and 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)

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	120.889	160.278	121.625	121.313
<u>SD</u>	14.856	9.597	18.055	16.255
Total cases=	34			

Table 11

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

Source of Variation	Sum of Squares	<u>df</u>	Mean Square	<u>F</u> Ratio	Sign. of <u>F</u>
Main effects	13129.414	1	13129.414	146.432	0.0001
Covariates	2749.522	1	2749.522	30.665	0.0001
Error	2779.526	31	89.622		
Total cases=	34				

Table 11 shows the F ratio for the main effects was significant to 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 Them subscale of the PPAS posttest than will the control parent group.

Table 12 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 13 presents the analysis of covariance data, showing the significance of difference 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 Them

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	28.3898	42.667	31.375	30.813
<u>SD</u>	4.996	5.280	4.759	4.736
Total cases=	34			

Table 13

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

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main effects	1261.005	1	1261.005	53.157	0.0001
Covariates	75.050	1	75.050	3.164	0.0001
Error	735.387	31	23.722		
Total cases=	34				

Table 13 shows the F ratio for the main effects was significant to the $<.001$ 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 pre 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

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	29.056	35.722	27.875	29.313
<u>SD</u>	5.196	3.495	9.323	6.226
Total cases=	34			

Table 15

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

Source of Variation	Sum of Squares	<u>df</u>	Mean Square	<u>F</u> Ratio	Sign. of <u>F</u>
Main effects	297.919	1	297.919	17.687	0.0001
Covariates	266.900	1	266.900	15.846	0.0001
Error	522.149	31	16.844		
Total cases=	34				

Table 15 shows the F ratio for the main effects was significant to the .001 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 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 17 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 16

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

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	33.722	43.611	30.438	31.186
<u>SD</u>	6.018	3.146	5.977	6.058
Total cases=	34			

Table 17

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

Source of Variation	Sum of Squares	<u>df</u>	Mean Square	<u>F</u> Ratio	Sign. of <u>F</u>
Main effects	1020.972	1	1020.972	52.039	0.0001
Covariates	110.517	1	110.517	5.633	0.0001
Error	608.198	31	19.619		
Total cases=	34				

Table 17 shows the F ratio for the main effects was significant to the $<.001$ 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 pre 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

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	29.389	38.278	30.435	30.000
<u>SD</u>	7.979	5.809	8.165	6.408
Total cases=	34			

Table 19

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

Source of Variation	Sum of Squares	<u>df</u>	Mean Square	<u>F</u> Ratio	Sign. of <u>F</u>
Main effects	668.460	1	668.460	46.181	0.0001
Covariates	740.895	1	740.895	51.185	0.0001
Error	448.717	31	14.475		
Total cases=	34				

Table 19 shows the F ratio for the main effects was significant to the <.001 level indicating a significant

increase in the experimental group parents' unconditional love for their children. On the basis of this data, hypothesis 2.d was retained.

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 pre 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)

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	270.444	240.556	262.686	273.750
<u>SD</u>	34.311	29.202	29.411	18.445
Total cases=	34			

Table 21

Analysis of covariance data for the mean scores on the Parenting Stress Index (PSI)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main effects	12259.657	1	12259.657	74.600	0.0001
Covariates	14504.938	1	14504.938	88.262	0.0001
Error	5094.507	31	164.339		
Total cases=	34				

Table 21 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant decrease in the experimental group parents' perceived level of stress related to parenting. On the basis of this data, hypothesis 3 was retained.

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 pre 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

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	154.778	137.056	149.313	153.313
<u>SD</u>	24.702	19.624	19.564	17.477
Total cases=	34			

Table 23

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

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F
Main effects	3337.460	1	3337.460	29.141	0.0001
Covariates	7578.064	1	7578.064	66.169	0.0001
Error	3550.318	31	114.526		
Total cases=	34				

Table 23 shows the F ratio for the main effects was significant to the $<.001$ level indicating a significant decrease in 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 retained.

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 pre 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

Mean scores for the PSI subscale: Child Domain

	<u>Experimental (n=18)</u>		<u>Control (n=16)</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	115.667	103.500	113.3750	120.436
<u>SD</u>	14.266	13.866	12.909	7.650
Total cases=	34			

Table 25

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

Source of Variation	Sum of Squares	<u>df</u>	Mean Square	<u>F</u> Ratio	Sign. of <u>F</u>
Main effects	2757.434	1	2757.434	33.040	0.0001
Covariates	1559.225	1	1559.225	18.683	0.0001
Error	2587.213	31	83.458		
Total cases=	34				

Table 25 shows the F ratio for the main effects was significant to the $<.001$ level indicating significant decrease in the experimental group parents' perceived level of stress related to their children's behavior. On the basis of this data, hypothesis 3.b was retained.

Discussion

The results of this study strongly point to the effectiveness of filial therapy training with Chinese parents. Significant results were found on each of the 11 hypotheses. The meaning of these results is discussed below.

Empathy in Parent-Child Interactions

As can be seen in Table 2 through Table 9, the experimental group parents showed significant increases ($p < .001$) in empathic behavior during observed play sessions with their children as measured by the three subscales of the Measurement of Adult-Child Interaction. The experimental group's posttest mean total score decreased 21 points ($SD = 7.3$), while the control group's mean score decreased 1 point ($SD = 5.5$). (Note: For this scale, a decrease in score indicates an increase in empathic behavior).

Although the parenting behavior characteristics of Chinese parents are different from those of other parents in the United States, this study has demonstrated the effectiveness of filial therapy training in increasing the empathic parenting behaviors of Chinese parents. The experimental group demonstrated: (a) an increase in attending fully to the child; (b) an increase in following the child's lead rather than attempting to control the child's behavior; and (c) an increase in commenting on the child's expression of feeling or behavior in a genuinely accepting manner.

Although the parents were initially skeptical about the value of the special play time, they were very amazed to see how much their children enjoyed the play time. At the beginning of the training, they were worried that their children would get bored with the same toys. In addition, most of the parents expressed concern that the play session

would be boring. However, after they started the play sessions, the parents realized that it was the relationship and their presence that were important to their children. The parents were also amazed that they enjoyed the play time so much.

One father had a great deal of difficulty setting up the special play time because he worked a 14 hour day and weekends. By the time he came home from work, all the children were already in bed. After he had two play times with his six-year-old daughter, he shared that:

I came home very late at around 11:00 p.m. She was waiting for me to have the special play time. I was so exhausted and wanted to say "No". But I did not want to disappoint her and felt good that she was so eager to spend time with me. Once we started, I was not tired anymore. Even though I did not say much, she just loved me being there. And I enjoyed seeing her play.

Another mother shared that:

I always do something educational with my son. I used to believe that I should teach my son something all the time. I did not see any reason for just playing together with him. The play time is really special for us. I realize that my son needs to have fun with me. The play time draws us together.

A mother of a 10 year-old son shared:

I always thought that he only wanted his father. We became more distant as he got older. But we enjoyed the

play time so much. He acted like a little boy and enjoyed so much my attention in the special play time. I thought that he did not care for my attention any more. Now, he will even stop playing computer games for the special play time. I feel like I have my son back.

The experimental group demonstrated the greatest changes in the subscale Allowing the Child Self-Direction with an average decrease of 9.6 points ($SD = 3.4$) while the control group increased an average .2 points ($SD = 3.3$). Typically Chinese parents have been raised in an atmosphere of authority and obedience. Children are not respected as equals with rights for self-direction. Children are praised when they are obedient but not independent (Bond, 1991; Bond & Wang, 1983; Ho, 1981). A parent in one of the filial therapy groups shared her struggle as:

I have been listening to my parents' opinions all my life. They made most of the decisions for me including my marriage. It was tough. Now as a mother, I have to learn to follow my son's lead. When will it be my turn to lead? But I don't want him to wait until my age to learn how to make decisions.

Generally, Chinese parents tend to control their children in many ways and give a lot of suggestions. The findings of this study indicate that Chinese parents can learn to allow their children self-direction in ten weeks of filial therapy training even though the concept is different from their cultural up-bringing. This kind of change was

described by a parent:

My son has always been very timid, withdrawn and quiet since he came to America. I feel so guilty and sorry for him. I always do things for him. I thought I was helping him. Actually I was stopping him from trying. I took away his opportunities for developing himself. He was so happy in the play time that he tried different things without my suggestions. He looked so satisfied and confident when he could choose what to do and how to do....

Chinese are encouraged to suppress their feelings instead of expressing them (Bond, 1991). This matches with the observations of the facilitator that Chinese are more reserved and inhibited in showing their feelings. A parent shared his reservation about the training at the beginning:

I am afraid what we have to do here is to say "Honey, Sweetheart, Sugar....I love you" like what the Americans do. But we're just not this way.

The findings of this study in the area of Communication of Acceptance confirmed that Chinese parents are able to accept the skills taught in a filial therapy group and to practice them in interactions with their children. These results are particularly of interest because they are based on direct observation of specific behaviors rather than on self-report instruments. Some parents even reported having practiced reflective listening skills with their spouses and found them to be helpful.

The expression of negative feelings and anger by children to their parents is very disrespectful and unacceptable in Chinese culture. Such behavior is usually strongly discouraged and children are punished for those behaviors (Ho, 1981). The findings of this study suggest that Chinese parents can learn to communicate acceptance of their children's behaviors and feelings including anger and frustration. A parent shared that:

I just used the same way my parents raised me because I did not know another way. I never thought that parents should communicate acceptance to their children. When my son said hateful things to me, I felt hurt and angry. I immediately wanted to stop and punish him. Now I try to reflect and accept his anger like what we have learned. He's showing less frustration and anger toward me lately. I think our relationship is getting better. Sometimes, he comes to hug me and says that he loves me. I feel so close with my son. My husband also notices the changes.

Parental Acceptance

Parents in the experimental group showed a significant increase ($p = <.001$) in their perceived acceptance of their children on all four subscales and the total score of the Porter Parental Acceptance Scale. On the Respect for the Child's Feelings and Right to Express Them, the parents showed a significant increase (14.3 points). One parent reported the changes in herself:

I used to discourage or even stop my children from crying. I was hoping to make them stronger. After this class, I am able to put myself into his shoes and reflect his feelings. He even calms down faster than he used to. And we feel closer.

Another parent shared her experience of accepting her daughter's jealousy over her brother:

Whenever she was jealous of her brother or had a fight with him, I would scold her, stop her from expressing her anger or explain to her how wrong it was. I was afraid that accepting those feelings might increase the intensity and frequency. After starting filial training I tried to accept and reflect her jealousy in the play time and daily life. It is interesting that she used to complain that I had not been fair. She does not complain as often now. But I had not really changed the way I treated the two of them. Maybe accepting her feelings was important.

On the subscales of Unconditional Love and Recognition of the Child's Need for Autonomy, the parents in the experimental group showed an increase of 8.9 points and 9.9 points in the mean scores. A large number of the parents expressed difficulty grasping the meaning of questions in this area and had difficulty in answering about unconditional love. The concepts of love and affection are seldom discussed in Chinese culture. When questions were translated, it was difficult to match the vocabulary with

the concept. The investigator had to use additional phrases and examples to express the idea of affection. Even when the parents understood the words, it was more difficult for them to identify with the idea of affection. The facilitator observed that parents were more able to identify, acknowledge, and explore the affection they felt toward their children as a result of the training.

Chinese parents tend to view their children as personal belongings rather than as separate individuals. However, on the Respecting the Autonomy of Children Subscale, the parents in the experimental group showed an increase of 9.9 points in the mean score. The findings in this study prove the effectiveness of filial therapy training in increasing Chinese parents' respect for their children's autonomy. One parent shared the following observation in the seventh session of a filial therapy group:

I never thought that children need to be respected for their autonomy. I was afraid that they would become disobedient. But when I respect his autonomy more, he seems to be more cooperative. We have less power struggles then.

In the area of Appreciation of the Child's Unique Makeup, parents in the experimental group achieved a significant change with an increase in the mean score of 6.7 points. Compared to other subscales of the PPAS, this scale showed the least increase, although still significant. This was consistent with the facilitator's observation that the

parents had the most difficulty in this area. The Chinese culture is collective-oriented and conformity is very important in the family and society (Lang, 1946). A parent shared his struggle in this area in the second meeting of a filial therapy group:

Girls should be quiet and help with housework at home. I don't understand why she always acts like a boy. She always plays boy stuff. She acts abnormal. Sometimes, I feel ashamed of her.

During the filial therapy training, parents developed more insight into the uniqueness of their children. They were more aware of respecting their children's uniqueness, but they were still in the process of struggling with the issue of conformity and respecting children's uniqueness. The same father reported that

I knew she would play with that dart gun. I thought about hiding it. But I did let her play with it. In fact, we had fun playing together. But I can't stop myself hoping she would be like other girls.

These findings suggest that a ten week filial therapy training model is effective in increasing parental acceptance in the Chinese population.

Parental Stress

In the area of parental stress, the parents in the experimental group showed a highly significant ($p < .001$) decrease in their stress level related to parenting as measured by the Parenting Stress Index. The experimental

parent group attained a significantly lower mean total score, and lower mean scores on the Parent Domain and the Child Domain subscales. They reported a significant decrease in their stress level related to their perception of themselves as parents and in their level of stress related to their children's behavior.

The filial therapy training helped parents to be more able to accept their children and to learn the skill of limit setting and choice giving. The enhancement of the parent-child relationship and the development of self control by children contributed to a significant reduction in parental stress. A parent reported in the last meeting of a filial therapy group:

I took my son to McDonalds and mentioned that he had fewer temper tantrums lately. It was so funny that he said the same thing to me, that I had less temper tantrums. Choice giving really helps to decrease the power struggles between us. And I become more patient when I am not in a power struggle.

Another important factor which contributed to the decrease of parental stress level was the support and encouragement among the parents in the group. Typically, Chinese are more hesitant to disclose their family problems. They are concerned about how they are viewed and will try to present a perfect family image (Bond, 1991). In the first meeting of a filial therapy group, three parents cried when they talked about how tough it was for them as working

parents in America. And the whole group was in tears. They identified with each others' feelings, bonded very quickly, and gave support to one another. Although they were members of the same church, they had never shared those feelings with others. The filial therapy group provided a safe environment for learning and being vulnerable. The parents not only shared their parenting problems, but also marital and family problems. Some parents even indicated interest in family counseling after the training. This increased openness was expressed by one parent in the last session:

I always thought that I was the only one having problems with my son, and that my son was the only one who would be so mean to the parent. It felt really comforting to know that other kids said mean things to the parents, and that other parents have problems too.

The parents expressed a lot of frustration related to living in the United States. They related having difficulty in adjusting to the Western culture and having a lot of job dissatisfaction. As parents, they sometimes perceived themselves as inadequate. A parent said:

I can't even talk to his teacher, cannot read his report card. I cannot afford for him to learn piano and other activities. I am so useless. What I can do is to work in the kitchen days and nights. When I finish work, they are already in bed. Sometimes my daughter stayed up late to wait for me. But I am so tired that I can't play with her anymore.

Chinese parents in the United States are under a lot of stress. Some of them can not understand English at all. They just work for long hours. They feel very inadequate as parents because they are not able to spend much time with their children and not able to help with their homework. A parent was in tears when she shared this with the group:

He's learning so much English now. I am glad he is happier at school and has more friends. But when he speaks English at home. I get very angry and yell at him. I know it's not his fault. But I don't even understand what he says. All I can say is "good".

One of the principles of filial therapy is "You cannot give children what you do not have" (Appendix B). Parents in the filial therapy group are encouraged to have more self acceptance and patience with themselves. The significant decrease of the mean score of the experimental group parents on the Parent Domain can be interpreted as that the parents' perception of themselves as parents became more positive. This was a result of their increased self-acceptance.

One father experienced a family crisis around the fifth session when his teenage daughter ran away from home. He was so disappointed, heartbroken, and felt like he was losing his daughter. He was so angry at her that he planned to give her up and not talk to her anymore. In that session, he was vulnerable for the first time and experienced a lot of acceptance and encouragement from the facilitator and group members. The following session he expressed a significant

change in attitude and expressed acceptance and forgiveness toward his daughter. It seemed that the parent's experience of acceptance from other parents increased his self-acceptance, resulting in his being more accepting of his children. Although this was not his child of focus, the learning from the filial therapy group was generalized to his daily life with other children as well, an outcome reported also by Ginsberg (1976).

As parents are more able to see things from their children's perspective, their perception of their children's problems changes. Parents become more accepting of their children as a result of filial therapy training, and thus their stress level decreases. A father shared the change in his attitude toward his daughter in the fourth session:

Maybe it is not that bad for a girl to play soccer afterall. There is really nothing wrong with soccer. Time has changed and the world has changed. I just let her decide, and she seemed so happy.

Cultural value conflicts exist between Chinese parents and their children. Children are socialized at school and develop their identities with other American children at school. The father mentioned above was furious when his daughter played soccer and became a cheer leader. Chinese parents viewed playing soccer as only for boys and cheer leading as for wild girls. Both parents and children expressed a lot of frustration in these conflicts. Chinese parents are also very concerned that as their children

become more Americanized, they will give up their own culture. They worry that their children will not fit into the American society, yet are concerned about their children losing their Chinese roots.

Although filial therapy does not offer answers for these profound conflicts in values, it helps parents to become more accepting of their children's different values. Filial therapy enhances the parent-child relationship which provides a foundation for working out conflicts.

Implications

The results of this study, along with the facilitator's observations and parents' feedback, support the effectiveness of filial therapy training for Chinese parents. Chinese parents demonstrated the same significant degree of improvement in various measures as other populations including single parents, incarcerated fathers, and incarcerated mothers (Bratton, 1993; Harris, 1995; Lobaugh, 1991). Hence, it can be concluded that filial therapy is compatible with the Chinese culture.

The combination of didactic instruction, role-playing, and demonstration training used in this filial therapy model appeals to Chinese parents. The counseling element alone would be intimidating to Chinese parents. The parents in the experimental group reported feeling comfortable with the didactic element and seeing the facilitator as their teacher. Generally Chinese are very respectful of their teachers and see them as superior. Thus, Chinese parents in

the filial therapy group respected the facilitator and were receptive to the facilitator's suggestions and teachings. The parents even requested the facilitator to start another class for couples which indicated their openness to learning in a didactic modality and their appreciation of benefits of filial therapy.

Chinese are typically noted for being hard-working, responsible, and committed. The parents took much time to make the decision of participating in this study. However, once they made the commitment, they were very persistent. This was reflected in this current study by there being no drop outs and only a few absences from group meetings. This sense of responsibility and commitment of the parents also contributed to the effectiveness of the training.

Chinese are generally very suspicious about research and mental health treatment in the United States. The investigator took much time to explain all details of the training and to assure the parents of confidentiality. Since these Chinese parents seemed to be more open to a parenting class than counseling, filial therapy is a very suitable treatment modality and service to Chinese families.

Recommendations

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

1. Provide filial therapy training to Chinese parents as a preventive or remedial mental health service to Chinese families.
-

2. For this study, more mothers volunteered for the training than fathers. Further research involving fathers is needed to determine the effectiveness of filial therapy.
 3. More Chinese filial therapy facilitators are needed. Most parents prefer to use their native language for communication. Some of them can not communicate in English. In addition, it is easier for many Chinese parents to establish trust with a Chinese facilitator. L. Guerney (1991) suggested that paraprofessionals can be trained as filial therapy facilitators. Research is needed on the training and effectiveness of Chinese speaking paraprofessionals.
 4. Since Chinese are more reserved about mental health services in the United States, filial therapy training needs to be done in Chinese communities, churches, and Chinese schools. In these settings it would be easier to reach those Chinese families in need and to gain their trust.
 5. There is a shortage of culture free instruments to measure psychological and behavioral changes in parents and children. Development of such instruments is needed.
 6. In this study, the behavioral and emotional changes in children was not measured. Chinese children tend to be timid, obedient, submissive,
-

and less creative (Bond, 1991). Filial therapy has been proven effective in the area of allowing self-direction, and encouraging respect for unique make-up and autonomy. Further studies are needed to examine changes in children in these and related areas.

7. Research is needed to compare the effectiveness of filial therapy with Chinese parents and other cultural groups in the United States. Research is needed to examine the influence of culture on the effectiveness of the filial training.
 8. Follow-up studies are needed to examine the long term effects of filial therapy training with Chinese parents. This is especially important since filial therapy is different from the tradition of the Chinese culture. Follow-up research is needed to determine whether Chinese parents are able to integrate knowledge and skill acquired in filial therapy into their traditional parenting style over a long period of time.
 9. Although the investigator has translated the handouts into Chinese, the materials are still very Americanized. Recommended parenting books, articles, videos, and other materials are all in English. More work needs to be done to make parenting materials and concepts more compatible with the Chinese culture.
-

10. Parents and the children in this study were uncomfortable with a person video recording the sessions in the play room. The videotaped play session will be more revealing if the taping can be done in a play room with a two-way mirror.

Concluding Remarks

Although Chinese are under-represented in seeking for mental health service, this does not imply that they are problem-free or do not need mental health service. Aside from their personal adjustment, Chinese parents as a minority with very different cultural values face a lot of challenges in bringing up their children in America. They have the pressure of helping their children to fit into the society and keeping their own cultural tradition. The generation gap together with different cultural values can be a threat to the Chinese parent-child relationship. Filial therapy training offers a compatible and effective treatment in helping parents enhance the relationship with their children, thus helping children's adjustment in America. Filial therapy can be a preventive, educational, and remedial service to Chinese families.

Moreover, filial therapy requires parents' commitment and sense of responsibility in the process of training. Chinese parents are strong in those characteristics which will contribute to the success of the training. Filial therapy encourages parents to be the therapeutic agents of their children. This is compatible with the self-sufficient

characteristics of Chinese families.

New immigrants or minorities face a lot of stress and challenge in the adjustment. Filial therapy has proven to be effective with Chinese parents. It may also be effective in positively improving the adjustment of other minorities or immigrant families in the United States.

APPENDIX A
RESEARCH INFORMATION AND CONSENT FORMS

PARENTING CLASS - RESEARCH INFORMATION

You are invited to participate in a study to determine the effectiveness of Filial Therapy training with Chinese parents and their children. You will be asked to complete three questionnaires before and after the training. You will also be asked to participate in a 20-minute videotaped play session with your child before and after training.

Filial Therapy is a family skills training program that focuses on enhancing the parent-child relationship. The training will include ten weekly sessions, lasting two hours per week. During these sessions Iris Chau will be teaching you and other Chinese parents some techniques on how to interact with your child in ways that are designed to enhance your child's self-esteem as well as strengthen your relationship with your child. Also, you will be asked to share some insights, feelings, questions, and comments with the other parents in the group, during the sessions. You will be asked to select one of your children (between the ages of 2-10 years) to focus on during the 10 weeks of training. You will also be asked to participate in eight weekly 30-minute play sessions at home with your child practicing the techniques being taught in the training sessions.

The benefits of this training can be 1) a better relationship with your child, 2) a greater understanding of your child, 3) an improvement in your child's self-esteem.

There is no personal risk or discomfort directly involved with this study. You will be asked to give some of your time and be willing to explore some new ideas 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. While these sessions cannot avoid these situations, neither will they increase the emotion. In fact, the training should help you deal with these situations more effectively. Your participation and your child's participation is completely voluntary.

The information you provide when you answer the questionnaires will be kept confidential. Your name and your child's name will not be disclosed in any publication or discussion of this material. Information obtained from the questionnaires will be recorded with a code number. Only the investigator, Iris Chau will have a list of participants' names. At the conclusion of this study the list of participants' names will be destroyed. The video taped research assistants will have no knowledge of participants' names and they will be made aware that the confidentiality of participants is to be maintained. The video tapes will be destroyed upon the completion of this study.

If you agree to participate, please fill out and sign the consent form on the back of this page. And you have the full right to discontinue the participation in this research at any time. For further information please contact Iris Chau 817-565-4051 (work) or 817-369-5915 (home). Iris Chau is a doctoral student in the Department of Counseling, Development, and Higher Education at the University of North Texas. This project has been reviewed and approved by the University of North Texas Committee for the Protection of Human Subjects (817) 565-3946. Thank you very much for your time, cooperation and your participation.

Sincerely,

Iris Chau

PARENTING CLASS
Informed Consent

You are making a decision whether or not to participate in this study. You should sign only when you understand all the information presented on the front of this form and until all your questions about the research have been answered to your satisfaction. Your signature indicate that you meet all the requirements for participation as explained by Iris Chau and have decided to participate, having read the information on the front of this form.

Signature of Subject Age

Date

Name of Child of Focus Age

Date

Signature of Witness

Date

Signature of Investigator

Date

CHILD'S FORM**Informed Consent**

I understand that I am going to be part of a project with my mom and/or my dad. Iris Chau has told me about the things that will happen at the beginning and the end of the project. I will be video-taped playing with my mom and/or dad for 20 minutes each time. My mom and/or dad will be taking some classes to learn how to play with me in some special ways. For seven weeks, I will have special play time with my mom and/or dad in my home for 30 minutes once each week.

My "mark" means that I understand what Iris has told me and that I am willing to be part of this project.

Signature of Child

Date

Name of Child

Age

Signature of Witness

Date

Signature of Investigator

Date

APPENDIX B
FILIAL THERAPY TRAINING
LANDRETH'S MODEL: SESSION OUTLINES AND HANDOUTS

FILIAL SESSION 1

Dr. Garry L. Landreth

- 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.
 - Ways 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 ply 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).
-

THE FOUR BASIC FEELINGS

Dr. Garry L. Landreth

1. _____	2. _____
3. _____	4. _____

Reflective responses this week.

1. _____
2. _____
3. _____
4. _____

FILIAL SESSION 2

Dr. Garry L. Landreth

- 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)
 - 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.
-

FILIAL THERAPY PARENT GROUP

Dr. Garry L. Landreth

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 place ont he 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.

Filial Therapy Parent Group
Page 2

Place for the Play Sessions

Whatever room you feel offers the fewest distraction to the child and the greatest freedom from worry about breaching 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 1 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.

FACILITATING REFLECTIVE COMMUNICATION

Dr. Garry L. Landreth

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

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. (Begin 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

Dr. Garry L. Landreth

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 a 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

Dr. Garry Landreth

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 (These first seven are taken from Guernsey, 1972).
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)
Dr. Garry Landreth

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
 2. The therapist accepts the child exactly as he is.
 3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
 4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
 5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
 6. The therapist does not attempt to direct the child's actions or conversion 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 this responsibility in the relationship.
-

FILIAL SESSION 4

Dr. Garry L. Landreth

- 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. 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.

TWO TECHNIQUES OF DISCIPLINE THAT WORK

Garry L. Landreth

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 to 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
Dr. Garry L. Landreth

- 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.
-

WHEN "SETTING THE LIMITS" DOESN'T WORK ...

Dr. Garry Landreth

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 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 you 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
Dr. Garry L. Landreth

- 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.

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.

COMMON PROBLEMS IN FILIAL THERAPY

Dr. Garry L. Landreth

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 represents 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: _____

FILIAL SESSION 7
Dr. Garry L. Landreth

- I. Debriefing on play sessions with focus on patterns.
- II. Review "Common Problems in Filial Therapy."
- 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.

FILIAL SESSION 8
Dr. Garry L. Landreth

- 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 you 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.

FILIAL SESSION 9
Dr. Garry L. Landreth

- 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.

FILIAL SESSION 10
Dr. Garry L. Landreth

- 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. Emphasis 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.
2. Between Parent and Child, Haim Ginott.
3. Liberated Parents, Liberated Children, Fabert Mazlish.

RULES OF THUMB AND OTHER THINGS TO REMEMBER

Dr. Garry L. Landreth

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 questions 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!)
 14. Questions imply non-understanding. Questions put people in their minds. Children live in their hearts.
 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.
-

APPENDIX C
CHINESE VERSION OF FILIAL THERAPY TRAINING HANDOUTS

第一講資料

四個基本情緒

1. _____	2. _____
3. _____	4. _____

請簡單紀錄你孩子所說的話或所發生的事情，及紀錄你自己情緒反應的回應：

1. 孩子：

父母：

2. 孩子：

父母：

3. 孩子：

父母：

4. 孩子：

父母：

Developed by Dr. Garry Landreth
Translated by Iris Chau

第二講資料

處理遊戲時間的基本原則

- 一、 孩子可絕對自由地決定自己如何去運用時間，由孩子作主，父母跟隨著去做，且不須作任何提議及發問。
- 二、 父母主要的工作是感受孩子的經驗，明白他行為的目的，他的思想及情緒。
- 三、 父母的另一個工作是用適當的言語表達對孩子的領會，尤其重要的是反映出那孩子的情緒。
- 四、 父母對所定的規限，應該清楚嚴格。一般的規限要包括時間、不能破壞某些玩具、以及不能傷害父母身體等。

設立遊戲時間的目的

- 一、 幫助孩子改變其對父母的感覺，態度及行為的既有印象。
- 二、 容許孩子以遊戲作媒介去表達其思想、需要及對父母的感覺。
- 三、 幫助孩子建立正面的自尊心、自我價值觀及自信心。

重點

如果只是機械式地去應用這些遊戲時間及技巧，而不是為了真誠地嘗試去了解及感受孩子的經驗，這是沒有意義的。

所需的玩具

化學膠泥 (play - Doh)、蠟筆 (八種顏色)、紙、鈍頭剪刀、塑膠奶瓶、塑膠刀、玩具槍 (dart gun)、娃娃家族、玩具士兵 (十至十五個)、塑膠玩具車、面具、組合玩具木條、將小紙箱貼上門窗作為玩具房屋、玩具傢俬、醫生藥箱、不倒翁、繩子、及布袋戲木偶等。如想增添其他玩具，亦可與我們商討。

Developed by Dr. Garry Landreth
Translated by Iris Chau

第二講資料

有效的溝通

在以下情形，你會如何作反映孩子的情緒反應。

- 一．小明：（皺著眉紅著臉及滿眶眼淚）我們輸了，另一隊不守規則

父母：_____

- 二．小強：（拿著一份很低分的功課）我盡了力，但仍是做得不好。

父母：_____

- 三．小芬：（狼狽地翻抽屜，想尋出一件特別的衣服去參加一個她渴望已久的聚會）我永遠找不到我想找的東西的。（開始哭）

父母：_____

- 四．小輝：（除了洋娃娃的衣服）嘩！看看她的臀部！

父母：_____

- 五．小玲：（望向一間漆黑的房間）有什麼在房裡呢？可以和我一起去進去嗎？

父母：_____

- 六．國輝：（向你展示他在學校帶回家的破爛及有斑駁痕跡的圖畫）媽，看看！漂亮嗎？老師說我是個很好的藝術家呢？

父母：_____

Developed by Dr. Garry Landreth
Translated by Iris Chau

第三講 資料

親子治療的基本守則

不要

- 一. 不要批評任何行為
- 二. 不要稱讚兒童
- 三. 不要問引導性的問題
- 四. 不要容許在遊戲時間中產生騷擾
- 五. 不要給予資料及教導
- 六. 不要訓勉
- 七. 不要提議新的行為
- 八. 不要被動及沈默

要

- 一. 要擺放各種所需的玩具及間隔
- 二. 要讓孩子作主導
- 三. 要描述行為
- 四. 要反映孩子的情緒
- 五. 要定下規限
- 六. 要尊重孩子的能力及其所作的努力
- 七. 要以跟隨者身份去參與遊戲
- 八. 要在言語上活躍反應。

請察看你給孩子的回應，你的回應應表達

- 一. 你並不孤獨，我和你在一起。
- 二. 我明白你的感受，我正在聆聽及注意著。
- 三. 我關懷你。

你的回應不應表達

- 一. 我會替你解決問題
- 二. 我負責令你快樂
- 三. 因為我明白，自然地我同意你的行為

Developed by Dr. Garry Landreth
Translated by Iris Chau

第三講資料

兒童為本遊戲治療的八個基本原則

- 一． 治療員應與兒童建立一份溫馨的關係，且盡快贏取他的信任。
- 二． 治療員要完全接納兒童。
- 三． 治療員在兒童關係中建立一份「容許性」的感覺，令兒童可自由地表達自己的情緒。
- 四． 治療員省察兒童的情緒，然後反映給他們知道，以幫助他們明白自己的行為。
- 五． 治療員深信並尊重兒童能解決自己的問題和改變自己行為的能力頗高。
- 六． 治療員不可嘗試用任何形式去引導孩子的行為和對話應以孩子作主導者，治療員作跟隨者。
- 七． 治療員不會催迫治療過程的速度，因為這是一個漸進性的過程。
- 八． 治療員為了要將治療過程和現實連接及為了要令孩子醒覺他在這種關係中的責任，才定下限制。

Developed by Dr. Garry Landreth
Translated by Iris Chau

第四講資料

兩個有效的管教技巧

一． 堅定的規限

1． 三個步驟

- a． 明白孩子情緒——“我知道你十分想....”或“我明白你感到十分....”等
- b． 定下規限——“但你不能....（因為....）”或“答案是「不」”或“櫃門不是用來踢的”
- c． 提供另外的選擇——“若你喜歡，你可以....”或“你可以選擇....”

2． 進行三個步驟後，不要再討論，“我知你想再討論，但我已回答了這問題

3． 如果你未有作好準備回答問題（希望先和別人商量，想找更多資料或多作考慮）

- a． “我現不能回答....因為....我會在....（指定時間）讓你知道
- b． 若孩子開始嘮叨——“如你定要現在得答案，那將會是「不」”

4． 如果他再問同一問題，你可以平靜地說“我已回答了這問題”例如

- a． 你是否記得我在幾分鐘前你問這問題時我給你的答案？”（孩子若回答沒有）“你可去安靜想一會，我知你會記起的”
- b． 我已回答了這問題一次（兩次），已經足夠了
- c． 如果你知他真的不明白，“我已回答了這問題，你定是對我的答案有疑問，是嗎？”

5． 如你仍是猶疑未決，可作商討“我不太肯定，讓我們一起討論吧”

二． 曲奇餅原理——給孩子另一個選擇，提供另外一些可接納的選擇給他，這樣可增加孩子抉擇的能力。

Developed by Dr. Garry Landreth
Translated by Iris Chau

第五講資料

當“定限制”不奏效時....

你已經多次，1) 反映孩子的情緒 2) 定了清楚堅定的規則 3) 提供孩子另一個方式去表達他的情緒及需要，但孩子仍然不服從，你應該怎樣處理？

- 一、找出抗拒的自然原因：如疲倦、病、饑餓、極度的壓力，被虐待或忽略等，期望孩子合作，前首先要照顧其生理需要。
- 二、保持控制，請尊重自己及孩子：若你的孩子抗拒你，你並不是失敗者，且同時他也不是一個壞孩子，故此兒童也是需要“練習抗拒”的。
- 三、對不順從定下合理的後果反應：讓孩子選擇順從或不順從，但要定下一個合理的後果給他，例如：“如你選擇看電視而不上床睡覺，那你即是選擇了明天整天不看電視。”
- 四、絕不容許暴力：以身體制止孩子的暴力但自己不要變得暴戾。反映孩子的憤怒和孤單給予關懷的控制及其他選擇。
- 五、若孩子拒絕選擇，你可代他決定：孩子拒絕去選擇，也是一種選擇，你可定下一個後果，例如：“如果你選擇不做一和二，那你即是選擇了一個由我決定而我覺得是最方便的。”
- 六、執行後果：“如不打算開槍，別拿出來”如你屈服於孩子的憤怒及眼淚之下，你便放棄了為人父母的角色及權力！請堅持！再試！
- 七、情緒抑鬱的象徵：長期憤怒及抗拒的孩子是因為情緒困擾，可能需專人的治療與孩子分擔你的關注，如“志明，我十分關心你，我留意到你很多時候都表現得不開心及憤怒，我們去找人幫助，使我們都能快樂一些，好嗎？

Developed by Dr. Garry Landreth
Translated by Iris Chau

第六講資料
親子治療的一般問題

一．問題：我的孩子注意到在“遊戲時間”時我的說話態度不同了，並要求我回復正常，我應如何處理？

答案：_____

二．問題：我的孩子在遊戲時間“時經常發問並激怒我不去作答，我應如何處理？

答案：_____

三．問題：我的孩子只知玩樂，我究竟有否做錯？

答案：_____

四．我感到好悶，這些東西有什麼價值呢？

答案：_____

五．問題：我的孩子對我的說話沒有反應，我怎知道我是進行得當？

答案：_____

六．問題：什麼情況下可以發問，或什麼情況下則不宜？

答案：_____

七．問題：我的孩子極不喜歡“遊戲時間”我應否停止進行？

答案：_____

八．問題：我的孩子希望“遊戲時間”能延長一些，我應否就把它延長呢？

答案：_____

Developed by Dr. Garry Landreth
Translated by Iris Chau

第十講資料

守則及其他重要事項

- 一. 你不能給予他任何自己沒有的東西
 若你自己也不能忍耐和接納，那你便不能給予孩子忍耐和接納。
- 二. 當孩子遇溺時，不要去教他游泳
 如果孩子情緒不穩定，這不是適當的時候去灌輸規則和價值觀。
- 三. 要作一個恆溫器，而不是作溫度計
 反映而不是去反應，孩子的情緒不屬於你的，你無須要激動起來。
- 四. 寶貴的東要是由小量累積而來的
 別等待大事發生，才進入孩子的世界。通常小事發生的機會多很多。
- 五. 最重要的不是當時你做了些什麼，而是事後你作了些什麼。
- 六. 在幻想世界中可得到一些在現實生活中不能獲得的東西。在“遊戲時間”可讓他們表達在現實生活中不會被接受的情緒及希望。
- 七. 稱讚他們的努力，而不是稱讚他們的成果。這可避免引致失敗感，恐懼感和被拒絕的感覺。
- 八. 若你拿了槍，請發射
 如你不去跟進，你會失去你的可信性及有損你們的關係
- 九. 不要回答那沒有發問的問題
 了解問題背後孩子本身更重要的問題
- 十. 若你未能用不超過十個字去表達你所想說的話，那就不要說。

Developed by Dr. Garry Landreth
 Translated by Iris Chau

第十講 資料

其他要項

- 一． 反映孩子經驗的回應能夠減輕他的憤怒
- 二． 重要的不是孩子知道些什麼，而是他相信些什麼
- 三． 我們應該立刻著手去建立一些新的及重要的政策
- 四． 當你集中精神去解決問題時，你便已失去了對對孩子的醒覺
- 五． 認許孩子能自作決定的能力，“啊！你決定了……”
- 六． 今天已經足夠了，不用把孩子推向將來
- 七． 我們能給孩子最好的息訊是他們是有能力的。告訴孩子他是能幹的，他便相信自己真的是能幹。若多次告訴孩子他是做不到的，他便真的會不能做到。
- 八． 不要嘗試一切都會立刻改變過來
- 九． 在遊戲時間，父母並不是答案的來源，要把問題反映給孩子自己
- 十． 釋放孩子，有自由，他們才能有責任感
- 十一． 要知道孩子自己才能建立他自己的自我價值
- 十二． 支持孩子的動機，雖然你不支持他的行為
- 十三． 當我們的立場能更有彈性時，處理孩子的憤怒會較為容易。當我們固執時，孩子和我們都可能會受到傷害
- 十四． “問題”包括了“不明白”的因素，問題可帶人到思考上，但孩子卻生活在自己的心事中。
- 十五． 當沒有規限時，便沒有安全感
- 十六． 在遊戲時間，加以讚賞，會局限了他的創意和自由
- 十七． 在遊戲中，孩子表達了他們的生活情況，他們的需要及希望是甚麼
- 十八． 孩子不做的事情和所做的事情是一樣重要的

Developed by Dr. Garry Landreth
Translated by Iris Chau

APPENDIX D

MEASUREMENT OF EMPATHY IN ADULT-CHILD INTERACTION

RATING FORM

Measurement of Empathy in Adult-Child Interaction Rating Form

Rater's Initials _____

Videotape Code # _____

Communication 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 hitting theYou really stabbed...*
3. Social or NO Conversation: *Mothers aren't very good at that. These are nice toys.*
4. Slight to Moderate Verbal Criticism: *No, not that way. You'll have to be more careful. That's cheating. You'll ruin the paints.*
5. Strongly Critical/Preaching/Rejecting: *you see, I told you to do it the other way. It's not nice to feel/say... 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 ho..., See if you can do..., Take your time and aim..., It might work better...*
4. Directs or Instructs Child (Initiates new activity: *Put the doll away 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 to...*

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): *You'd like me to... I'm supposed to..., Show me how you want me... (whisper technique)*
2. High Level of Attention (attention to activity rather than child): *When parent more involved game than attending to child's reactions/behaviors*
3. Marginal Attention: *no joint activity, adult involved in own activity to degree it interferes with activeness, occasionally comments on child's activity*
4. Partially Withdrawn/Preoccupied: *infrequently observes, 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 must repeat or prompt to get a response*

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

(Highest score = 1; Lowest score = 5)

Communication of Acceptance:

Score Highest Level

Score Lowest Level

Comments:

SCORE

Avg Total

Allowing Self-Directions:

Score Lowest Level

--	--	--	--	--	--

Comments:

Total

Involvement:

Score Lowest Level

--	--	--	--	--	--

Comments:

Total

Empathy Score= Grand Total= _____

(This form was developed by Dr. Sue Bratton, following an example given by Stover, B. Guernsey, and O'Connell, 1971)

APPENDIX E

PORTER PARENTAL ACCEPTANCE SCALE

BLAINE R. PORTER
1675 PINE LANE
PROVO, UTAH 84604-2163
(801) 377-2411

Ms. Iris Chau

Dear Ms. Chau:

I am pleased to learn of your interest in using my Parental Acceptance Scale. I have recently made some revisions in it to bring it up-to-date in terms of gender usage. Also, the general information section has been revised to bring it more in line with current population and income figures.

Enclosed is a copy of the Scale along with "Instructions for Administering" it and a "Scoring Key." Please feel free to duplicate it for your use. If you do use, please send me a copy of the results of your research.

Best wishes for success in your studies and your work.

Sincerely yours,

Blaine R. Porter

BRP/ms
Encl.

PORTER PARENTAL ACCEPTANCE SCALE

We are seeking information about parent-child relationships. You can help us by filling out the following questionnaire frankly and carefully. Sincere and honest answers are requested so that valid data may be obtained.

The questionnaire does not call for any mark of identification. Your answers along with all others will be absolutely anonymous. Furthermore, all of the responses will be treated confidentially and will be used only for purposes of scientific research.

It is essential that all questions be answered. If you do not find an exact answer to a question, choose the answer that most closely describes your feelings or actions.

GENERAL INFORMATION

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

12345678	1234	1234	1234
Grade School	High School	College	Post Graduate
8. Religious Affiliation:
 _____ Protestant _____ Jewish _____ None
 _____ Catholic _____ Other _____
9. Was your childhood and adolescence, for the most part, spent in:
 _____ open country or village
 _____ under 1,000
 _____ a town of 1,000 to 4,999
 _____ a city of 5,000 to 9,999
 _____ a city of 10,000 to 49,999
 _____ a city of 50,000 to 99,999
 _____ a city of 100,000 to 249,999
 _____ a city of 250,000 or over
10. Presently family income (annual)
 _____ under \$15,000
 _____ \$15,000 to \$24,999
 _____ \$25,000 to \$34,999
 _____ \$35,000 to \$49,999
 _____ \$50,000 to \$74,999
 _____ \$75,000 to \$99,999
 _____ \$100,000 or more
11. Husband's occupation (Be specific such as computer specialist, CPA, salesperson, teacher, auto mechanic, lawyer, etc.)

12. Wife's occupation (Be specific as illustrated above)

13. Ages of children (to nearest birthday)

Ages of boys ____; ____; ____; ____;

Ages of girls ____; ____; ____; ____;

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

14. Is this child your: (circle one)

Biological child

Step child

Adopted child

INFORMATION ABOUT YOUR CHILD

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

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

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

Read each statement carefully and then place a circle around the 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, I:
 - a. feel annoyed.
 - b. want to know more about what excites my child.
 - c. feel like punishing my child.
 - d. feel that I will be glad when my child is past this stage.
 - e. feel like telling my child to stop.
12. When my child misbehaves while others in the group are behaving well, I:
 - a. see to it that my child behaves as the others.
 - b. tell my child it is important to behave well when in a group.
 - c. let my child alone if the others are not disturbed by the behavior.
 - d. ask my child to suggest an alternate behavior.
 - e. help my child find an alternate behavior to enjoy while not disturbing the group.
13. When my child is unable to do something which I think is important for him/her, I:
 - a. want to help my child find success in other things.
 - b. feel disappointed in my child.
 - c. wish my child could do it.
 - d. realize that my child can not do everything.
 - e. want to know more about the things my child can do.
14. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:
 - a. realize that my child is growing up.
 - b. am pleased to see my child's interests widening to other people.
 - c. feel resentful.
 - d. feel that my child doesn't appreciate what I have done for him/her.
 - e. wish my child liked me more.

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

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

27. When my child is unable to do some things as well as others in his/her group, I:
- a. tell my child he/she must try to do as well as the others.
 - b. encourage him/her to keep trying.
 - c. tell my child that no one can do everything well.
 - d. call attention to the things he/she does well.
 - e. help my child make the most of the activities which he/she can do well.
28. When my child wants to do something which I am sure will lead to disappointment for him/her, I:
- a. occasionally let my child carry such an activity to its conclusion.
 - b. don't let my child do it.
 - c. advise my child not to do it.
 - d. help my child with it in order to ease the disappointment.
 - e. point out what is likely to happen.
29. When my child acts silly and giggly, I:
- a. feel that I will be glad when he/she is past this stage.
 - b. am pleased that my child feels free to express himself/herself.
 - c. feel like punishing my child.
 - d. feel like telling him/her to stop.
 - e. feel annoyed.
30. When my child is faced with two or more choices and has to choose only one, I:
- a. feel that I should tell my child which choice to make and why.
 - b. feel that I should point out the advantages and disadvantages of each.
 - c. hope that I have prepared him/her to choose wisely.
 - d. want to encourage my child to make his/her own choices.
 - e. want to make the decision for my child.
31. When my child is unable to do something which I think is important for him/her, I:
- a. tell my child he/she must do better.
 - b. help my child make the most of the things which he/she can do.
 - c. ask my child to tell me more about the things which he/she can do.
 - d. tell my child that no one can do everything.
 - e. encourage him/her to keep trying.
32. When my child disagrees with me about something which I think is important, I:
- a. tell my child he/she should not disagree with me.
 - b. make my child quit.
 - c. listen to my child's side of the issue and change my mind if that seems reasonable.
 - d. tell my child maybe we can do it his/her way another time.
 - e. explain that I am doing what is best for him/her.
-

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

39. When my child is not interested in some of the usual activities of his/her age group, I:
- a. help my child realize that it's important to be interested in the same things as others in the group.
 - b. call attention to the activities in which he/she is interested.
 - c. tell my child it is all right not to be interested in the same things as others in his/her group.
 - d. see to it that my child does the same things as others in his/her group.
 - e. help my child find ways of making the most of his/her interests.
40. When my child shows a deep interest in something I don't think is important, I:
- a. let my child go ahead this interest.
 - b. ask my child to tell me more about this interest.
 - c. help my child find ways to make the most of this interest.
 - d. do everything I can to discourage my child's interest in it.
 - e. try to interest him/her in more worthwhile things.

THANK YOU VERY MUCH FOR YOUR COOPERATION

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