

Parental Challenges in Filial Therapy Process: A Conceptual Paper

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ABSTRACT:

This paper highlights the importance of understanding parental challenges in filial therapy process. Filial therapy is coined as golden therapy for its effectiveness across cultures, family structures, and presenting issues for over five decades. It has been demonstrated within the literature that parental challenges did emerge but it is not reported in a clear and detailed manner. Filial therapy focuses on understanding the process of a parent needed. This is a gap that needs to be explored to improve the implementation and expansion of filial therapy. This paper has proposed to use Bronfenbrenner's bioecological theory to study the challenges. Besides, filial therapy's study in the context of Malaysia is non-existent but it is expected that the families here will benefit from this therapy modality.

Keywords: filial therapy, parents, challenges, Malaysia, process oriented study

1 INTRODUCTION

The therapy that helps client who suffers from emotional distress to recover often takes dedication and hard work. However, the understanding towards the hard work involved in the process can be understudied due to the focus which often lies with the efficacy of the therapy. Hence this conceptual paper aims to highlight the understanding of the process that a parent will experience in face of challenges throughout the journey of filial therapy.

In 1964, Bernard Guerney formally introduced filial therapy to help children who experience behavioral and emotional issues. In filial therapy, parents are trained to be therapeutic agents by the therapist and have to engage in weekly 30 minutes non-directive play with the target child. Guerney (1964) has explained that the goals of parent-child play sessions are (1) allowing the child to decide the activities within a certain limits, (2) parents get to develop empath-

ic understanding towards the child's needs and feelings, (3) the child feels accepted by parents, (4) the child learns to see and accept responsibility for his actions.

In the last 52 years, filial therapy has grown extensively since its outset, initial research, and development. It is considered an evidence-based treatment approach because of its efficacy to be replicable with comparable results (Guerney, 2000). Accordingly, other terms have been used to identify filial therapy, including terms such as Filial Family Therapy (Guerney, 2000), Child Parent Relationship Therapy (Landreth & Bratton, 2006), Child Relationship Enhancement Family Therapy (VanFleet, 1994), and Child Relationship Enhancement therapy (Bratton & Crane, 2003). These variations of filial therapy were developed to adapt to the needs of families from different places. There are two common methods of filial therapy: group models and individual models (Ryan, 2007). VanFleet has been credited with modifying the existing filial therapy group model to implement filial

therapy with individual families and couples (Hutton, 2004).

Over the past 5 decades, filial therapy has been tested as an effective method across various cultures, family structures, and presenting issues. Filial therapy is coined as the golden therapy by Cornett & Bratton (2015) simply for the reason that it has yielded an abundance of valuable and long lasting benefits for parents and children. The effectiveness of filial therapy with a variety of populations was supported by researches, such as those with Hispanic parents (Sangganjanavanich, Cook, & Rangel-Gomez, 2010), African American parents (Solis, Meyers, & Varjas, 2004), Iranian single parents (Alivandi Vafa & Khaidzir Hj. Ismail, 2009), Jamaican parents (Edwards, Ladner, & White, 2007), foster children (Cornett & Bratton, 2014), married couples (Bavin-Hoffman, Jennings, & Landreth, 1996), and incarcerated fathers (Landreth & Lobaugh, 1998). Thus, the introduction of filial therapy in Malaysia is highly expected to benefit the families here.

However, the golden therapy comes at a "price". Past researchers have discovered that filial therapy is evidently valuable and thus is referred to as "golden therapy", to describe its effectiveness. Interestingly the "price" (challenges and difficulties in the process of filial therapy) that comes with it is understudied. It is common that researches in therapies modality often focused on outcome to test its efficacy. It is known that filial therapy is effective, but it is not entirely understood as to "how" it works (Winek, Lambert-Schute, & Johnson, 2003) and "what" do not work. Thus, process-oriented research is equally important to highlight the necessary issues throughout the process of a therapy. Evidently, there is an abundance of literature testifying to the efficacy of filial therapy. However, there is a lack of research with a focus on understanding the challenges faced by parents in this therapeutic journey. In studied researches on parental perceptions, challenges have been established without detailed explorations. For example, in a study of filial therapy with Spanish speaking mothers that uses a phenomenological approach, an emergent theme of challenges of integrating skills among the participants (Sangganjanavanich et al., 2010) has been reported. It is recognized that there are challenges faced by the parents but there is no in-depth studies to provide meaningful descriptions. Another phenomenological study to collect parents' voices in filial therapy highlights that "change is

hard" and deliberately applying the learned skills were exhausted (Foley, Higdon, & White, 2006). In a study done by Solis et al (2004), African-American mothers indicated that they had difficulty in finding time to play with their children. Again, there is no further explanation and exploration in the area of challenges, difficulties, or barriers that are faced by the parents in the research.

It is anticipated that parents will face challenges when learning new skills whether in implementing change in the family or in their relationship with the target child. However, the existing literature does not provide findings that bridge the understanding of these challenges in a structured and detailed manner that would actuate improvisation in the usage of filial therapy. Hence, structured and in-depth information of how these parents have responded to the challenges and consequently completed the therapy is not available in the literature.

Even so, studies about dropout in psychotherapy that essentially aimed to identify the risk factors and barrier to treatment for families are available in the literature. However, there are no studies available that investigate the characteristics of children and families who are successful treatment completers (Campbell, Baker, & Bratton, 2000). For instance, in a dropout study of filial therapy reported that the variables of mother age, child age, social support and communication of acceptance were the predictors for dropout rate (Topham & Wampler, 2007). These factors have represented the possible challenges that the parents might face in the course of filial therapy but they have not been described in details. The process of how these parents have faced the challenges and have eventually dropped out of the therapy has not been illustrated.

Correspondingly, due to the lack of a process-oriented research a holistic picture in filial therapy has not been provided for researchers and practitioners. For the past 52 years, filial therapy has established for itself an evidenced-based outcome that is produced from its outcome-oriented researches. However, the focus has often zoomed in on the outcome of the therapy rather than the process. Significantly, in order to advance the practical application among a wider population and to increase the therapeutic options for children, Reed (2016) has stressed the importance of a process-oriented research in play

therapy. The benefits of such a process-oriented perspectives are as follows. Firstly, a process focus should enhance the understanding of the emerging of challenges from beginning phase to the end phase of filial therapy process. Secondly, the approach offer considerable insights into the processes of the evolving challenges in the process of filial therapy. Only through deeper understanding of these challenges, a practitioner may benefit from the knowledge to improvise the practice.

Research Questions

- (1) What are the challenges experienced by parent in the process of filial therapy?
- (2) How does parent respond to these challenges?
- (3) How do the theoretical constructs namely process, person, context, and time (PPCT model proposed by Bronfenbrenner, 2006) help us to understand these challenges?

2 LITERATURE REVIEW

Filial therapy is not a conventional approach where parents send their children for therapy and let the child and therapist work towards the treatment goal. In contrast, parents play active role in filial therapy. Essentially, parents are the direct and main person who will receive "therapy", in this case it is referred to as psycho-education or training in the treatment process. Filial therapist helps the parents to help themselves and their children. Without the parents' active and committed involvement, filial therapy cannot be successful. For this reason, researchers are encouraged to focus on the point of view of parents because parents weight significantly in filial therapy.

The two major elements in filial therapy which are play and parents as therapeutic agent are meant to meet the following four goals as stated by Guernsey (1964).

Goal 1: The encouragement of allowing the child to fully self-determined the activities within a certain limits. Gray's (2012) definition of play is an activity that is self-chosen and self-directed; is intrinsically motivated; is guided by mental rules; is imaginative; involves an active, alert, but non-stressed frame of mind.

Self-directed play or self-determined activity is essential in the process of filial therapy because children learn to develop sense of self, independent, self-regulate and ability to make choices. The freedom to choose in the play ses-

sion promotes creativity and self-expression (Baggerly, C.Ray, & Bratton, 2010). Unfortunately, recent generation of children are immersed in structured, scheduled, stressed, and adult-directed activities (Belknap & Hazler, 2014). In Malaysia, parents are familiar with the word of "tuition" that means extra classes to tutor students on academic subjects during the off-school hour. Most of the urban children have attended tuition classes beginning from seven years old. Tuition is one of the examples of scheduled, structured, and adult-directed activities. Furthermore, the trend of sending children to enrichment classes has become popular in the urban area of Malaysia. A child who has packed schedule has lesser time in engaging self-directed play. Hence, this has become the first goal in filial therapy to ensure parents are with their children to engaging in self-directed play for at least 30 minutes weekly.

Goal 2: Parents get to increase empathic understanding towards the child's needs and feelings. In the training sessions, therapist focused on increasing the parents' sensitivity to their children, acceptance of thoughts and feelings, understanding of their child's emotional needs, reflective listening, empathic responding, identification of feelings, and therapeutic limit setting (Baggerly et al., 2010). When parents grasp the idea of to enter their child's world non-judgmentally, the connection of bonding occurs and leads to the third goal to happen.

Goal 3: The child feels accepted by parents. Through filial play sessions, parents learn to connect to the child's feelings and needs, to merit and respect the child's autonomy, and to respond delicately (VanFleet & Topham, 2011). Child-parent relationship is enhanced through this unique context that parents work deliberately and consciously to create a safe space for the child to heal and to grow. Similar to the concept of Rogerian therapy that unconditional positive regards or acceptance enables the healing and growing progress (Topham, G. VanFleet, 2011).

Goal 4: The child learns to see and accept responsibility and consequences for his actions. Although self-directed play is the core activity during the play session, parents are taught to set boundary to foster appropriate and acceptable behavior (VanFleet & Topham, 2011). For example, an angry child keeps throwing the toy and nearly breaks it. It is an opportunity for parents to educate child's self-regulation through setting the limit or rule as such that toys are not meant for throwing and breaking. Instead, the

child can direct and release his anger to the pillow that is harmless to him and others or the environment. If the child insisted the behavior of breaking the toy, he needs to bear the consequences of broken toy and the play session shall end. With the constant reinforcing of healthy boundary setting, child learns the responsibility of taking charge of his own actions.

Nevertheless, the overall explanation of filial therapy seems to be straightforward and simple to understand, the theoretical formation of filial therapy is comprehensive. The formation of filial therapy is built on the theoretical integration included psychodynamic, cognitive, behavioral, humanistic, interpersonal, social learning, developmental, family systems, and attachment theories (VanFleet & Topham, 2011). According to the classic attachment theory of Bowlby (1969), infant develops emotional bonding with his primary caregiver during the first year of life and the level of attachment determines the capability of trust towards his relationship with others. The quality of the attachment is largely dependent on the sensitive responding and availability of the caregiver (Fonagy, Lorenzini, Campbell, & Luyten, 2014). The four goals of filial therapy are basically set to enable the child to experience the emotional bonding he deserves as a young child in order to build the trust in him towards his relationship with others. Children who do not have secure base attachment often lead to various maladaptive issues such as developmental delay, acting out behaviors, maximizing distress cues and etc.

These theories are incorporated fully in psycho-education model of intervention. Parents are trained and educated on the necessary knowledge and skill about child development and child play. The bridging between the unknown and known happened through didactic training, play skill demonstration from the therapist, supervision, group processing of experiences (Edwards, Sullivan, Meany-Walen, & Kantor, 2010). This empowerment and encouragement approach strengthen child-parent relationship in which change can occur and bring improvement to the problems of the target child is experiencing (VanFleet & Topham, 2011). Nowadays, parents are gradually open with training and education in term of parenting to ensure the children to achieve optimal growth.

Conceptual Framework

To study parental challenges, Bioecological Theory (Bronfenbrenner, 2006) is proposed to provide a structural understanding of parent's experiences with challenges in filial therapy. Ecological systems theory was originally proposed by Urie Bronfenbrenner (1977,1979), the approach provides a broad perspective on human development in the aspect of accommodations made throughout the lifespan between human and environment. In the bioecological model its development is defined as- "the phenomenon of continuity and change in the biopsychological characteristics of human beings, both as individuals and as groups" (Bronfenbrenner & Morris, 2006, p.793). The definition of development here can be applied to the parent who is undergoing filial therapy. Given that the process of learning for parents in filial therapy lead to change for individuals, as well as the target child, justifies the implementation of using developmental theory to guide the study.

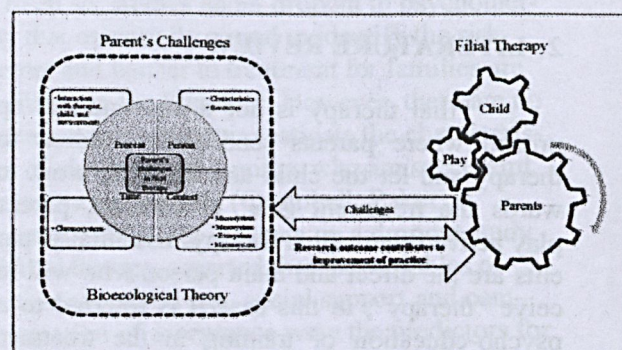


Figure 1. Application of Bioecological System Theory in the study of parental challenges.

As depicted in figure 1, filial therapy is described as using gears that move each other as a metaphor on how parents use child-centered play skills as a tool to "move" or enhance their relationship with their own children. In this metaphor, a healthy family relationship is depicted as a functional gear that is constantly moving. This proposed study aims to uncover the elements that affect the functionality of the gear – the challenges that are involved. It can also be seen that the size of the parent's gear is much bigger and has more gear teeth due to their capacity to make conscious change and to develop as compared to their children's who are young and who are going through psychological, emotional, or behavioral issues.

Process. Process is the core element in the theory. It is referred to as, "particular forms of interaction between organism and environment, called *proximal processes*, that operate over time

and are posited as the primary mechanisms producing human development" (Bronfenbrenner & Morris, 2006, p. 795). The main interaction lies between parent and counsellor, parent and child, parent and her or his environment. For instance, parents have reported difficulties in learning new skills in filial therapy (Foley et al., 2006) that has not been explored further, may indicate challenges during the interaction with the child or therapist. Correspondingly, parents have also reported the importance of establishing a respectful relationship with the therapist (Socarras, Smith-Adcock, & Shin, 2015) to enhance positive outcome of the therapy. These collaborative interactions or processes of learning with the therapist hence become an essential element in achieving a successful therapy. In addition, Winek and colleagues (2003) have reported that parents who face challenges with an uncooperative child find it difficult to conduct the play session. The interaction between parent and child marks an important role to determine the success of filial therapy as such challenges that may arise need to be identified and understood further.

Person. Types of person characteristics are determined to be the most influential in deciding the course of development because they affect the direction and power of proximal processes throughout a person's life span (Bronfenbrenner & Morris, 2006). Individual factors such as age, race, and gender contribute to treatment attendance and adherence. For example, in a study of predicting dropout in filial therapy, older mothers have been identified to attend lesser sessions of the therapy as compared to younger mothers (Topham & Wampler, 2007).

Context. There are four levels of systems in the context, namely, microsystem, mesosystem, exo-system, and macro-system. Microsystem refers to a setting where an individual has direct relation with factors such as home and workplace. For example parents have reported that they were stressful when facing with transportation problems in order to participate treatment, psychotherapy, and family therapy (Campbell et al., 2000; Deakin, Gastaud, & Nunes, 2012; Gresl, n.d.; Holm, 1998; Snell-Johns, Mendez, & Smith, 2004; Topham & Wampler, 2007; Werba, 2006). A direct factor such as this constitutes an immediate impact to parents' stressor in relation to time of attending, participating and completing a therapy.

Time. Finally, chronosystem represents the characteristics of the person's changes (and continuities) over time, developmentally in environments without discounting characteristics of the environments the person is living in

(Bronfenbrenner, 1994). Thus filial therapy dispute the foremost mindset of "quick fix" over the process of making connection with the child and brings change that often takes times but which frustrate parents. One of the components in filial therapy is the supervision of parents to learn to be patient and to respect the incremental process of change. Here, parents have disclosed to have been transformed from feelings of frustration to being able to make sense of the therapy (Amy Wickstrom, 2009). Hence, the element of time plays an important role to understand parent's experiences in filial therapy.

Essentially, the relationships between and within each level determine the significance each level plays in understanding the challenges parents have to face in filial therapy, and which needs further evaluation. As such, the structure of the bioecological theory has been identified as the framework in guiding the exploration of parental challenges in the process of filial therapy.

CONCLUSION

Filial therapy is a golden therapy that works for various family cultures, structures and presenting issues. Over five decades, the literature has an abundance of researches to support filial therapy's effectiveness. The outcome studies have resulted the expansion of filial therapy to various types of families. Even so, this conceptual paper draws conclusion that parental challenges or difficulties that emerged in the process of filial therapy are understudied. It is common to have outcome-oriented study to test the efficacy of a therapy modality and thus process oriented researches may be overlooked. The important of process study is to enhance the understanding of practitioner and researcher in the implementation of filial therapy. The paper proposes to use the Bronfenbrenner bioecological theory as theoretical framework to study parental challenges. Process-Person-Context-Time model is deemed to be relevant to frame the possible types of challenges a parent will face in the process of filial therapy. Thus, the conceptual framework is presented by using gear as metaphor for filial therapy and the research outcome is predicted to contribute to the improvisation of application of filial therapy in Malaysia. Also, future studies stemming from this conceptual paper will broaden the field of practical implementation of filial therapy.

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