

# A Golden Intervention: 50 Years of Research on Filial Therapy

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*In this article, the authors present an extensive review of the research conducted to date on filial therapy. Filial therapy, first described by Bernard Guerney, Jr. (1964) 50 years ago, is an innovative outgrowth of child-centered play therapy in which parents receive training, supervision, and support as they embark on a process of learning how to conduct therapeutic play sessions with their own children. The authors reviewed quantitative, qualitative, and mixed-method research studies in which researchers investigated the outcomes and experiences of filial therapy with participating children, parents, and families. Results are synthesized according to the following areas: general effectiveness and the reported outcomes and experiences related to participating children, participating parents, parent–child relationships, and family functioning.*

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More than 50 years ago, Bernard Guerney, Jr. (1964) formally introduced filial therapy in his now landmark article, “Filial therapy: Description and rationale.” In this article, Guerney provided an overview of this innovative approach that directly involved parents in the treatment of their children. The objective of filial therapy, according to Guerney, was to use “parents as therapeutic agents with their own children” (p. 304), maximizing what he assumed to be the inherent therapeutic power of the parent–child relationship. Guerney offered the following as a definition of filial therapy:

Filial therapy involves the training of parents of young children (in groups of six to eight) to conduct play sessions with their own children in a very specific way. After training, parents continue to meet weekly with the therapist to discuss results, conclusions, and inferences about their children and themselves. (p. 305)

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The “very specific way” in which Guerney trained parents to conduct play sessions with their children was analogous to nondirective or child-centered play therapy. [Guerney \(1964\)](#) communicated the child-centered nature of filial therapy in describing the goals of parent–child play sessions:

(1) The encouragement of complete determination of the activities of the child by the child, within certain specified, definite limits . . . (2) The development of empathic understanding on the part of the parent as to the basic needs and feelings the child is trying to communicate and express through his play. (3) The immediate communication back to the child that these needs and feelings are understood, and that he as an individual is fully accepted, whatever his feelings or thoughts may be. (4) The need of the child to learn to see and accept responsibility for his actions. This is represented in the sessions by an understanding, but completely firm, enforcement of the “limits.” (pp. 305–306)

Guerney further described filial therapy training as a combination of instruction, demonstration play sessions, and role-playing, as well as group processing of the attitudes and feelings of parents. In addition to presenting an initial definition and outline of filial therapy in this article, Guerney added to it a radical belief that this approach was not only for the well-adjusted parent and child but also for parents and children encountering significant emotional and behavioral difficulties.

Research evidence in support of filial therapy did not take long to accrue after this landmark article appeared. In 1966, Guerney and a team of colleagues, which included his wife, Louise, as well as Michael Andronico, Lillian Stover, and Jay Fidler, secured funding from the National Institute of Mental Health (NIMH) to work on further researching and developing filial therapy ([L. Guerney, 2000](#)). Their initial outcome research on filial therapy yielded promising results, which led to several early articles advocating for the use and applicability of filial therapy ([Andronico & Guerney, 1967](#); [Andronico, Fidler, Guerney, & Guerney, 1967](#); [B. Guerney, 1976](#); [Guerney, Guerney, & Andronico, 1966](#); [Guerney, Guerney, & Stover, 1972](#); [B. Guerney, Stover, & Andronico, 1967](#)).

In the 50 years that have passed since its inception, initial research, and development, filial therapy has enjoyed rich growth. The original filial therapy approach developed by the Guerneys’ and colleagues, which has been referred to as Group Filial Therapy (GFT), Filial Family Therapy (FFT), and Child Parent Relationship Enhancement Family Therapy (CREFT), has continued to be refined, expanded, and disseminated, as a result of the continued efforts of Louise Guerney, who recently coauthored a resource outlining their approach ([L. Guerney & Ryan, 2013](#)). In addition, the popularity and expansion of this approach has been significantly aided by two individuals who trained under the Guerneys, [Risë VanFleet \(2013\)](#) and [Barry Ginsberg \(2002\)](#). In addition to the work of the Guerneys and their colleagues, Garry Landreth developed a more structured and condensed 10-session filial therapy training format. [Landreth and Bratton \(2006\)](#) formalized the 10-session format in a text, *Child Parent Relationship Therapy (CPRT)*, to distinguish the model from other filial therapy approaches. The CPRT protocol was manualized by [Bratton, Landreth, Kellam, and Blackard \(2006\)](#) to provide practitioners and researchers with a tool for ensuring integrity in implementing the intervention. Collectively, the efforts of these primary figures in filial therapy, along with those inspired by their works, have done much in advancing this unique and efficacious modality.

Using these two filial therapy approaches as a foundation, researchers have conducted numerous studies examining the effectiveness of filial therapy on a variety of outcome measures, and these studies clearly provide support for the profound effects of this intervention. In an age of evidence-based practice, it is increasingly important that play therapists are aware of the current research evidence to inform their clinical practices, to advocate for the appropriateness of their interventions to consumers and key constituents, and to contribute to the ongoing advancement of play therapy through contributing to and extending the research evidence beyond its current state. To assist in these endeavors, the following is a synthesized review of the outcome research in filial therapy according to the following categories: (a) its general effectiveness, (b) outcomes and experiences with participating children, (c) outcomes and experiences with participating parents, (d) outcomes and experiences related to parent–child relationships, and (e) outcomes and experiences related to family functioning. To provide a thorough analysis, we have included results from studies using both quantitative and qualitative methodology representing a variety of sample sizes as well as dissertation research and research published in peer-reviewed journals. Given that the overall objective of this article is to provide a synthesis of the data, it is beyond the intention and scope of this article to comment specifically on the quality and rigor of the research design, instrumentation, and execution of each of the research studies reflected in this review. Instead, we will provide a general commentary on the state of filial therapy research and possible future directions at the end of the article. Where applicable and for clarity, we have separated the presentation of results based on the model of filial therapy (FFT or CPRT) and primary research methodology (quantitative or qualitative) used in the studies.

## REVIEW OF THE RESEARCH

### General Effectiveness of Filial Therapy

Results on the effectiveness of filial therapy have consistently demonstrated the viability of this treatment approach. Perhaps one of the most impressive conclusions concerning filial therapy came from a meta-analysis conducted by [Bratton et al. \(2005\)](#) of 93 controlled-outcome research studies investigating play therapy and filial therapy. Using [Cohen's \(1988\)](#)  $d$  to interpret effect sizes (.20 = small, .50 = medium, .80 = large), the researchers found that parents trained in filial therapy demonstrated a large overall treatment effect ( $d = 1.15$ ). Interestingly, play therapy provided by a mental health professional exhibited a moderate treatment effect ( $d = .72$ ). Further analysis conducted by [Bratton et al.](#) revealed that the difference between these effect sizes was statistically significant ( $p < .01$ ). The researchers offered the following conclusion in light of these results:

Certainly, this research strongly supports the adoption of filial therapy as an effective therapeutic modality in working with children . . . a therapy model that not only can be greatly effective in a relatively short amount of time but also provides the additional benefit of serving to prevent future problems by impacting the family system. (p. 386)

Examining the data collected in the Bratton et al. (2005) meta-analysis, Bratton, Landreth, and Lin (2010) reported that studies using CPRT methodology exhibited an even larger treatment effect ( $d = 1.30$ ). This result is impressive when considering that parents conduct only seven play sessions with their children during the course of CPRT. A more recent meta-analysis conducted by Lin and Bratton (2015) replicated the finding that treatment involving caregivers trained in filial therapy resulted in statistically greater effect sizes when compared to treatment that did not involve filial therapy.

Other findings from research studies on filial therapy have supported the ability of parents to be therapeutic forces in the lives of their children. In a study comparing the change in observed empathic behaviors of 21 parents who received training in CPRT with 13 graduate students enrolled in a play therapy course, Elling (2003) found no significant differences between the skill levels of these groups in being able to communicate acceptance and allow the children to self-direct the sessions. Smith and Landreth (2003) found that filial therapy conducted by parents was as effective in reducing problematic behaviors in children as intensive play therapy and intensive sibling group therapy conducted by professionals.

In addition, research thus far has supported the effectiveness of filial therapy in maintaining changes over time. Guernsey (1976) reported the results of a longitudinal study of 42 mothers who completed filial therapy and found that 76% of these participants reported continued improvement in their children 1 to 3 years after treatment, and 86% reported maintained improvements. Sensué (1981) conducted a follow-up study of parents trained in filial therapy and found that parents continued to show positive gains in parental acceptance and perceptions of their children's adjustment six months and three years after training when compared to a normative sample.

Research has also supported the effectiveness of filial therapy with a variety of populations that represent various cultures, family structures, and presenting concerns. Researchers have successfully used filial therapy with Hispanic parents (Ceballos & Bratton, 2010; Garza, Kinsworthy, & Watts, 2009; Sangganjanavanich, Cook, & Rangel-Gomez, 2010; Villarreal, 2008), Korean parents (Jang, 2000; Lee & Landreth, 2003), German parents (Grskovic & Goetze, 2008), Israeli parents (Kidron & Landreth, 2010), Chinese parents (Chau & Landreth, 1997; Yuen, Landreth, & Baggerly, 2002), Native American parents (Boyer, 2011; Glover & Landreth, 2000, 2009), African American parents (Sheely-Moore & Bratton, 2010; Solis, Meyers, & Varjas, 2004), Iranian parents (Alizadeh, Talib, Abdullah, & Mansor, 2011), Sudanese parents (Lim & Ogawa, 2014), and Jamaican parents (Edwards, Ladner, & White, 2007). Regarding family structure, researchers have found significant results using filial therapy with parents of adopted or foster children (Carnes-Holt & Bratton, 2014; Cornett & Bratton, 2014), single parents (Bratton & Landreth, 1995), adolescent parents (Sparks, 2010), and with married couples (Bavin-Hoffman, Jennings, & Landreth, 1996). Researchers have also presented case studies that reinforce the applicability of filial therapy with a parent and child who had experienced divorce (Glazer & Kottman, 1994), a single parent (Ray, Bratton, & Brandt, 2000; Vafa & Ismail, 2009), custodial grandparents (Bratton, Ray, & Moffit, 1998), and a blended family (Johnson-Clark, 1996). Regarding presenting concerns, filial therapists have achieved positive results with parents of children with chronic illness (Glazer-Waldman, Zimmerman, Landreth,

& Norton, 1992; Tew, Landreth, Joiner, & Solt, 2002), children with learning difficulties (Kale & Landreth, 1999), children with developmental disorders (Beckloff, 1997; Sullivan, 2011), children with selective mutism (Garwood, 1999), children with intellectual disabilities (Boll, 1972), incarcerated fathers (Landreth & Lobaugh, 1998), incarcerated mothers (Harris & Landreth, 1997), parents who were court-referred for child maltreatment (Walker, 2002), victims of family violence (Kinsworthy & Garza, 2010; Smith & Landreth, 2003), and nonoffending parents of children who experienced sexual abuse (Costas & Landreth, 1999; West, 2010).

Filial therapists have also demonstrated the effectiveness of filial therapy in a variety of formats. Although researchers conducting investigations of the effectiveness of filial therapy often have used CPRT, which is already a time-limited model comprised of 10 sessions traditionally delivered in a one-session-per-week format, several of the research studies noted above used a condensed version of CPRT and achieved positive results (Bornsheuer-Boswell et al., 2013; Harris & Landreth, 1997; Jang, 2000; Kidron & Landreth, 2010; Smith & Landreth, 2003; Walker, 2002). Ferrell (2003) conducted a more formal investigation of the effect of delivering CPRT in a condensed form over four days of training. When comparing this format to traditional CPRT, the researcher found no significant differences in effectiveness between the groups, thus providing support for the comparable effectiveness of the traditional and condensed formats.

### Outcomes and Experiences of Participating Children

One area well-documented in the research on filial therapy is the outcomes with participating children. An added benefit is that many of the studies conducted by the Guerneys and their colleagues, as well as most conducted by those outside their team, used some of the same instrumentation, thus allowing greater ease in comparing and replicating findings. The two main instruments used by these researchers to measure child behavior problems have been the Filial Problem Checklist (FPC; Horner, 1974) and the Child Behavior Checklist (CBCL), which comes in two versions depending on the age of the child (Achenbach & Rescorla, 2000, 2001). The FPC is a self-report instrument completed by parents indicating the presence and severity of 108 problematic child behaviors. Although the FPC is not a norm-referenced instrument, L. Guernsey and Ryan (2013) note support for its discriminant validity in being able to differentiate families with varying levels of problem severity. The CBCL is a standardized, self-report measure of child behavior problems completed by caregivers that yields results regarding whether the child is demonstrating clinically significant behavior problems. The CBCL has adequate reliability, supported by average test-retest reliability coefficients of .85 and .88 and average cross-informant agreements of .61 and .59 for the preschool-age and school-age versions, respectively (Achenbach & Rescorla, 2000, 2001). In addition, the CBCL possesses strong validity, as indicated by analyses supporting its content, criterion, and construct validity (Achenbach & Rescorla, 2000, 2001).

Improved child adjustment, as measured by decreased problematic behaviors on the FPC, was a consistent finding in the earliest filial studies (Dematatis, 1981; L. Guernsey & Stover, 1971; Lebovitz, 1983; Oxman, 1971; Sywulak, 1977), and



Sensué (1981) found that the children maintained these improved behaviors over time. In addition to the studies investigating child adjustment, researchers conducting early studies of children in filial therapy also reported improved social adjustment (Boll, 1972), personality adjustment (Payton, 1980), and behavior that more closely approximated what their parents considered as representative of an “ideal child” (Oxman, 1971).

Other researchers conducting studies using FFT have also found improvements related to participating children. Johnson-Clark (1996) conducted a rigorous study of 52 mother–child pairs using a different measure of child behavior problems and also found statistically significant improvements in child behavior when comparing the treatment group with a play-only group and a no-treatment control group. In a study of FFT with two families of children with selective mutism, Garwood (1999) found that parents experienced their children as more adaptable, more autonomous, and less selectively mute. A case study of using FFT with a 4-year-old child and her parents revealed parental reports of decreased temper tantrums and greater control of emotions (Packer, 1990).

Outcome research regarding the effects of CPRT on participating children has also often revealed positive changes. Multiple controlled outcome research studies have demonstrated that parents trained in CPRT reported statistically significant decreases in child behavior problems, as measured by either the FPC or CBC (Bratton & Landreth, 1995; Carnes-Holt & Bratton, 2014; Ceballos & Bratton, 2010; Grskovic & Goetze, 2008; Harris & Landreth, 1997; Jang, 2000; Kidron & Landreth, 2010; Sheely-Moore & Bratton, 2010; Smith & Landreth, 2003; Tew et al., 2002; Villarreal, 2008; Yuen et al., 2002). Although notably less in number, some researchers have not observed statistically significant improvement in behavior (Beckloff, 1997; Costas & Landreth, 1999; Ferrell, 2003; Kale & Landreth, 1999; Kellam, 2004; Ray, 2003). However, when taking a holistic view of the research conducted thus far, the general trend supports the notion that filial therapy tends to have a positive impact on the behavior of children. Researchers have also examined the effect of CPRT on the self-concept of children, with findings from two studies indicating a statistically significant improvement (Landreth & Lobaugh, 1998; Yuen et al., 2002) and two others indicating no statistically significant improvement (Costas & Landreth, 1999; Glover & Landreth, 2000).

Several researchers have also reported noteworthy findings using qualitative examinations regarding the experiences of children in filial therapy. Several qualitatively-based research studies, each involving multiple parents, have found that CPRT-trained parents reported experiencing their child’s behavior as improving (Bavin-Hoffman et al., 1996; Bornsheuer-Boswell, Garza, & Watts, 2013; Edwards, Sullivan, Meany-Walen, & Kantor, 2010; Garza et al., 2009; Lim & Ogawa, 2014; Lindo, Akay, Sullivan, & Meany-Walen, 2012; West, 2010). In an extensive ethnographic study of CPRT using three parents and their children, Lahti (1992) found that parents reported experiencing that their children exhibited increased responsibility for their behavior, improved communication, decreased aggressive and withdrawn behaviors, and increased happiness. Two separate qualitative studies of individual parents who completed CPRT found that they experienced their children as having greater self-confidence (Edwards et al., 2007; Solis et al., 2004). Steen (2005), using a collection of case studies of filial therapy with seven parents who had a child with a life-threatening illness, found that parents reported experiencing their

children as more confident, more cooperative in the hospital, more communicative with parents and staff regarding medical issues, and more communicative with parents regarding personal feelings and concerns. In a qualitative study of six mothers, [Foley, Higdon, and White \(2006\)](#) noted that parents reported experiencing that their children displayed more empathy and cooperation, used some of the same play therapy skills and attitudes that parents were using in play sessions, and were more responsible and self-directed.

### Outcomes and Experiences of Participating Parents

Many researchers investigating the effect of filial therapy on participating children also included outcome measures aimed at measuring potential changes in participating parents. Researchers conducting investigations on the effect of filial therapy on parents have frequently included one or both of the following: the Porter Parental Acceptance Scale (PPAS) ([Porter, 1954](#)), a 40-item self-report measure of a parent's acceptance of a child, and the Measurement of Empathy in Adult-Child Interactions (MEACI) ([Stover, Guernsey, & O'Connell, 1971](#)), an observation instrument that assesses the degree to which parents demonstrate empathic behaviors toward their children during play sessions. The PPAS reflects adequate reliability, as indicated by a split-half reliability correlation of .76, and content validity was supported by all items reflecting majority agreement by at least three of five expert evaluators ([Porter, 1954](#)). Reliability for the MEACI is supported by protocol that stipulates that observers obtain a certain degree of interrater agreement before data is considered reliable ([Stover, Guernsey, & O'Connell, 1971](#)).

Early filial therapy research revealed statistically significant improvements in parental acceptance ([Sywulak, 1977](#); [Dematatis, 1981](#)) that parents maintained over time ([Sensu , 1981](#)). In addition, early researchers repeatedly found statistically significant improvements in one or more of the empathic behaviors of parents trained in filial therapy ([Dematatis, 1981](#); [Guernsey & Stover, 1971](#); [Lebovitz, 1983](#)). Using another parent outcome measure, [Payton \(1980\)](#) found statistically significant improvement in maternal child rearing attitudes. Informal reports collected by [Sywulak \(1977\)](#) indicated that parents perceived themselves as more self-aware, patient, self-confident, and better at communicating as a result of training in filial therapy. [Packer \(1990\)](#) found in her intensive case study that the parents reported gaining more parenting skills and perceiving themselves as having an enhanced ability to use these skills to promote positive changes in their child's behavior.

More recent studies conducted by researchers using FFT have also found changes related to parents. For instance, [Johnson-Clark \(1996\)](#) found that filial-trained parents reported statistically significant decreases in parental rejection, a finding stable at a 2-month follow-up testing. In an intensive case study of two families, [Garwood \(1999\)](#) found that parents experienced themselves as more empathic and firmer in limit-setting, as well as experiencing increased parental competence and nurturance and decreased parenting stress.

Researchers conducting studies of the effects of CPRT on parents have found similar results, replicating these findings in numerous studies. Multiple controlled outcome research studies have revealed that parents trained in CPRT reported

statistically significant increases in parental acceptance as measured by the PPAS (Bratton & Landreth, 1995; Chau & Landreth, 1997; Costas & Landreth, 1999; Ferrell, 2003; Harris & Landreth, 1997; Kale & Landreth, 1999; Landreth & Lobaugh, 1998; Lee & Landreth, 2003; Ray, 2003; Sparks, 2010; Tew et al., 2002; Yuen et al., 2002). Only one controlled outcome study on CPRT did not find a statistically significant improvement in parental acceptance (Beckloff, 1997). In addition, CPRT researchers have found statistically significant increases in the empathic responses of parents as measured by the MEACI (Bratton & Landreth, 1995; Carnes-Holt & Bratton, 2014; Chau & Landreth, 1997; Costas & Landreth, 1999; Ferrell, 2003; Glover & Landreth, 2000; Harris & Landreth, 1997; Jang, 2000; Kidron & Landreth, 2010; Lee & Landreth, 2003; Smith & Landreth, 2003; Sparks, 2010; Yuen et al., 2002). Using other parent outcome measures, Grskovic and Goetze (2008) found that parents reported statistically significant improvements in displaying a positive attention parenting style compared with a control group of parents receiving another intervention.

Researchers conducting qualitative investigations of the experiences of parents in CPRT have further highlighted the personal changes parents have noted. The most frequently occurring experience noted in parents' reports across qualitative studies was an increased awareness of the feelings or needs of their children (Edwards et al., 2007; Foley et al., 2006; Kinsworthy & Garza, 2010; Lahti, 1992; Lindo et al., 2012; Solis et al., 2004; Wickstrom, 2009). Another common experience was increased parental confidence or competence (Foley et al., 2006; Garza et al., 2009; Grskovic & Goetze, 2008; Lahti, 1992; West, 2010; Wickstrom, 2009). Several researchers have reported that parents indicated experiencing improved parenting knowledge, skills, or styles (Edwards et al., 2010; Lindo et al., 2012; Kinsworthy & Garza, 2010; Solis et al., 2004; West, 2010). Researchers have also found parents have reported experiencing increased empathy (Grskovic & Goetze, 2008; Kinsworthy & Garza, 2010; Wickstrom, 2009) and increased acceptance of their children (Grskovic & Goetze, 2008; West, 2010; Wickstrom, 2009). Other replicated findings were feeling less responsible for and controlling of the behavior of their children (Kinsworthy & Garza, 2010; Lahti, 1992; Wickstrom, 2009), increased feelings of support (Foley et al., 2006; Kinsworthy & Garza, 2010), and increased understanding of their children (Foley et al., 2006; Grskovic & Goetze, 2008). Isolated results included increased self-awareness, patience, and resourcefulness (Foley et al., 2006); changed expectations of children, decreased reactivity, and decreased rescuing behaviors (Wickstrom, 2009); increased vulnerability (West, 2010); more realistic expectations of self (Kinsworthy & Garza, 2010); and decreased feelings of frustration related to parenting (Garza et al., 2009).

### **Outcomes and Experiences Related to Parent-Child Relationships**

It seems reasonable to assume that the extensive changes reported in parents and children in filial therapy both reflect and contribute to changes in these parent-child relationships. Researchers have specifically examined the effect of filial therapy on the parent-child relationship, primarily through qualitative analyses of information gathered during and after treatment. Although early research studies did not include formal



assessments of the parent–child relationship, Sywulak (1977) reported that parents in her study indicated improved parent–child relationships as a result of filial therapy, specifying greater closeness, warmth, openness, positivity, and less tension. Garwood's (1999) in-depth case study of two families also found that parents reported closer parent–child relationships. Based on their case study with a single mother, Vafa and Ismail (2009) observed improvements in the parent–child relationship, and reports from the mother corroborated their observations.

Several researchers studying the effect of CPRT on the parent–child relationship have used a quantitative outcome measure, the Parenting Stress Index (PSI; Abidin, 2012). The PSI is a standardized instrument, with demonstrated support for its reliability and validity, that evaluates the degree of stress in the parent–child relationship (Abidin, 2012). Most researchers conducting controlled outcome research studies of CPRT have found statistically significant decreases in parent–child relationship stress as measured by the PSI (Bratton & Landreth, 1995; Carnes-Holt & Bratton, 2014; Ceballos & Bratton, 2010; Chau & Landreth, 1997; Costas & Landreth, 1999; Kale & Landreth, 1999; Kidron & Landreth, 2010; Landreth & Lobaugh, 1998; Lee & Landreth, 2003; Sheely-Moore & Bratton, 2010; Tew et al., 2002; Yuen et al., 2002). A smaller number of researchers have not observed statistically significant reductions (Ferrell, 2003; Glover & Landreth, 2000; Kellam, 2004; Ray, 2003; Sparks, 2010).

All researchers performing qualitative analyses involving CPRT have noted that parents reported experiencing improvements in their parent–child relationships (Bavin-Hoffman et al., 1996; Bornsheuer-Boswell et al., 2013; Edwards et al., 2007; Edwards et al., 2010; Foley et al., 2006; Garza et al., 2009; Kinsworthy & Garza, 2010; Lahti, 1992; Lim & Ogawa, 2014; Lindo et al., 2012; Sangganjanavanich et al., 2010; Solis et al., 2004; West, 2010; Wickstrom, 2009). One of the most common reports from parents identified in qualitative studies was improved parent–child communication (Bavin-Hoffman et al., 1996; Garza et al., 2009; Lahti, 1992; Solis et al., 2004; West, 2010). In addition, multiple researchers have found that parents reported experiencing increased closeness with their children (Edwards et al., 2007; Kellam, 2004; West, 2010). Isolated results included experiences of increased enjoyment (Foley et al., 2006), increased warmth (Garza et al., 2009), more collaboration between parent and child (Foley et al., 2006), less friction (Lahti, 1992), and increased respect for the parent–child relationship (Kinsworthy & Garza, 2010).

### Outcomes and Experiences Related to Family Functioning

The substantial amounts of research regarding the effects of filial therapy on individuals and parent–child relationships make sense given the conceptual importance of these domains within this treatment approach. Although investigators have conducted little research to date regarding the effect of filial therapy on family functioning, the results to date are promising.

Qualitative studies conducted by Bavin-Hoffman et al. (1996), Lahti (1992), and Wickstrom (2009) have resulted in reported experiences that are suggestive of potential changes occurring in the family as a whole. In interviews with 20 married couples who participated in CPRT, Bavin-Hoffman et al. (1996) found that partic-

ipants reported improved family interpersonal communication skills, specifically improved parent–child communication and improved partner communication. In addition, these couples reported increased marital unity and indicated that their families valued the filial therapy experience. Lahti's (1992) ethnographic study of three CPRT-trained parents also found reports of closer marital relationships. Using a sample of eight parents trained in CPRT, Wickstrom (2009) found that parents identified “four relational shifts” as a result of treatment, which included “improved parent–child relationships, improved marital relationships, improved sibling functioning, and improved family of-origin relationships” (p. 199).

Two studies on filial therapy have included a quantitative measure of family functioning. To measure the impact of CPRT on the family environment, Glass (1986) used the Madanes Family Hierarchy Test (MFHT; Madanes, Dukes, & Harbin, 1980), the Family Environment Scale (FES) short form (Moos, 1974), and the Children's Version of the Family Environment Scales (CVFES; Pinos, Simons, & Slawinowski, 1984). Glass found that families who participated in CPRT reported some improvements in their family environment. In a more recent study, Cornett and Bratton (2014), using self-report and observational measures based on the Circumplex Model of Family Systems (Olson, 2000, 2011), found seven of eight families who had a parent and child participating in CPRT reported statistically significant improvements in their family functioning. In addition, seven of the families reported improvements in family satisfaction, four families noted increases in family cohesion and family communication, and one family noted improved flexibility. Observational measures indicated that five families improved in their flexibility, and four families improved in their family cohesion and family communication.

## SUMMARY AND FUTURE DIRECTIONS

As summarized in this review of the research literature, researchers investigating filial therapy have found strong results that support its general effectiveness when applied to a variety of populations, family structures, and presenting concerns as well as when applied in condensed formats. In particular, researchers have discovered strong empirical support for beneficial outcomes and experiences of filial therapy for participating children and parents, particularly in decreasing child behavior problems and increasing parental awareness of and sensitivity to children's feelings and needs. In addition, parent–child relationships also appear to reflect significant improvements, particularly in decreasing relationship stress. The potential benefit of filial therapy for family functioning has also received initial support based on the research conducted thus far.

Based on our review of the research to date on filial therapy, it appears evident that large portions of the research on filial therapy, particularly more recent studies, have tended to use qualitative methodology and smaller sample sizes. Although such research offers undeniable benefits in providing more individualized and in-depth perspectives of the experiences of those receiving filial therapy, more studies relying on quantitative measures and control or comparison groups are needed. In addition, as noted throughout the article, many of the research studies have used similar instrumentation. This has provided benefits in terms of comparing

and synthesizing studies within the professional literature on filial therapy; however, added benefits could be realized in using alternative instrumentation that measures different constructs within the domains that have been explored thus far (child functioning, parental functioning, and relationship functioning). Continued integration of data from observational assessments, in addition to self-report instruments, would also strengthen the research base on filial therapy. In addition, exploring and adapting instrumentation used in other therapeutic modalities aimed at intervening within the parent–child relationship would allow for basic comparative analyses. Controlled outcome research concentrated on specific populations and presenting concerns, in which researchers compared filial therapy with other modalities with empirical support (e.g., PCIT), would be highly beneficial.

The current status and possible future directions of filial therapy research accentuates how far filial therapy has advanced in 50 years. The powerful research conducted to date provides support for what once existed as bold and largely theoretical contentions advocated by Guerny (1964) five decades ago: that parents can serve as therapeutic agents in the lives of their children, that parents and children can experience significant positive changes in filial therapy, and that changes in the parent–child relationship can serve as a potent initiator of that growth. Our hope is that play therapists using filial therapy would be emboldened and encouraged by this research evidence while also being inspired to continue the task of solidifying and extending the research on this approach. Such work would serve as an ongoing as a testament to the impact that filial therapy has had, continues to have, and will have in the lives of children, caregivers, and their families.

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