CONNECTING PARENTS AND CHILDREN THROUGH FILIAL THERAPY:
EIGHT FILIAL THERAPY GROUP LESSON PLANS

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Dedication

I dedicate this project to my family and friends who supported and encouraged me throughout this journey:

. . . To Adam, my middle brother, for the touching and memorable Christmas gift; I'll never forget that incredible moment when I opened the shoe box (and cried ☺).

. . . To Darren Eng, my fiancé and best friend, thank you for the meals you made, the coffees you picked up, and for all the distractions and fun when I needed a break.

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Abstract

This project provides a comprehensive review of the academic literature available on filial therapy (FT) and concludes by offering a facilitators' manual composed of eight lesson plans to implement FT in a group therapy approach. FT, a derivative of child-centred play therapy (Kolos, Green, & Crenshaw, 2009), is a counselling intervention in which a counsellor trains parents or other caregivers to hold at-home, child-centred play sessions with the child, with the goal to enhance and strengthen the parent–child relationship (Landreth, 2002; VanFleet, 2005). Since FT is recently gaining popularity and increased usage in the counselling realm, counsellors may seek to augment their clinical experience and knowledge of FT. The intent of this project is to increase awareness of the FT intervention and to provide a group counselling manual in the area of FT.

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Chapter 1: Introduction

The intent of this chapter is to provide readers with an introduction to this project. This project contains two parts: Part I is a comprehensive literature review (see Chapter 2), and Part II is a stand-alone manual that contains eight filial therapy (FT) group counselling lesson plans (see Appendix A). It is important for readers to read Part I (literature review) in order to understand the context of Part II (the group manual). Part I can also be used to explain further details and additional skills discussed throughout Part II. This chapter provides a comprehensive overview of the project including the projects' rationale, format, and my statement of interest as the author of both the report and the group manual. A glossary is also included to familiarize readers with definitions of a variety of terms used throughout the project.

Project Rationale

The rationale for developing this project was twofold: The first was to augment or expand counsellors' knowledge of FT, and the second was to introduce and offer a therapy manual for facilitators to implement an FT counselling group. This project was designed for three specific target populations: (a) professional counsellors who are exploring the possibility of learning about and utilizing FT within their therapeutic practice, (b) professional counsellors who are already implementing FT principles and will benefit from a review of FT and expanding their knowledge and skills in FT, and (c) parents who are seeking information on FT in order to make an informed decision as to whether FT is an appropriate counselling modality for their child and family.

Project Format

As mentioned previously, this project consists of two parts. Part I is comprised of four chapters. Chapter 1 provides an overview of the entire project. Chapter 2 contains a comprehensive literature review providing historical, theoretical, and research applicability of FT. Chapter 3 outlines the necessary methodology used to create the project. Chapter 4 is a synopsis of the overall project outlining the strengths and limitations as well as suggested areas for future research on FT.

Part II of the project is a stand-alone manual located in Appendix A. The purpose of this manual is to guide facilitators in the delivery and implementation of an FT group training program. The manual includes session plans, suggested objectives, session handouts, and practical techniques. The manual also includes a suggested assessment in order to evaluate group members' pre- and postsession changes during the group process.

Statement of Personal Interest

My past work experience as a school counsellor was what originally piqued my interest in FT and in working with families. I felt that some parents lacked the ability to provide supportive and effective parenting skills for their child (or children). I was frustrated that despite the counselling work I provided to child clients, many parents often undid this work because they lacked effective parenting skills, had a weak parent–child relationship, and experienced a variety of unfortunate family situations such as family violence, alcohol and/or drug usage. Thus when I first heard about FT I immediately developed an interest in it. When I read about the positive benefits experienced for both children and adults involved with FT I felt particularly inspired to learn and apply FT principles to help children and their families.

Glossary

This section identifies and defines key terms used throughout this project. For convenience, these terms are listed below:

Facilitator or Facilitators: The group leader (or leaders) who assist group members through group therapy process (Corey & Corey, 2006).

Filial Therapy: This is an approach within play therapy in which professionals train parents to be therapeutic agents with their child (or children) by learning basic play therapy principles and skills (Landreth & Bratton, 2006). Through FT, parents learn how to create a nonjudgmental environment with the objectives of enhancing and strengthening the parent–child relationship (Landreth & Bratton, 2006). FT is considered an evidence-based treatment approach because of its efficacy of being replicable with comparable results (Guerney, 2000). The name of choice for this specific therapeutic modality is filial therapy (Guerney, 2000) and for the purpose of this project, the term FT will be used. However, in the literature a variety of other terms have been used to identify FT, 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).

Group Members: In the literature this term refers to group participants who partake in a counselling group. For the purposes of this project, group members refer to the caregivers who partake in the FT counselling group. Caregivers are asked to select one child to be the focus to engage in play sessions with. This child of focus will be between the 2 and 10 years old (Ray, Bratton, & Brandt, 2000). The caregiver engages

this child in at-home play sessions; however, children are not considered group members. The term caregiver refers to adults such as biological parents, extended family members, or other caregivers (e.g., the child's nanny or teacher).

Play Therapy: This term refers to a counselling modality in which trained therapists and child clients use play as the therapeutic intervention to resolve difficulties and/or achieve change and growth (Bratton, Ray, Rhine, & Jones, n.d.).

Counselling Group: The counselling group deals with conscious problems, such as specific short-term issues, problem-solving strategies, and interpersonal processes (Corey & Corey, 2006). Members in a counselling group share common goals such as developing positive attitudes, increasing interpersonal skills, working towards behavioural change, and using newly acquired skills into everyday life (Corey & Corey, 2006). It is this last goal, using newly acquired skills daily, that is most relevant to the purpose of FT. Members learn FT skills and practice these skills in group sessions in order apply such skills in everyday life with their children.

Summary

The intent of this chapter was to provide a concise overview of the purpose for this project. This chapter also described the two separate parts of this document that formulate the overall project (i.e., the report and the group manual found in Appendix A). Readers now have an understanding of the project's rationale, format, my statement of interest as the author of this document, and the key terms that are used throughout the project.

Conclusion

This project was written to teach or to augment FT skills and principles for the readers. Counsellors who work with children and families will likely gain useful information in terms of implementing FT within a group format. Chapter 2 provides an extensive literature review on FT and is valuable because it provides readers with background information for conducting an FT counselling group. Subsequently, Chapter 3 describes the research methods used to collect information for this project's development. Chapter 4 discusses the strengths, limitations, and recommended areas for future research of the project. Lastly, Part II of this project is the stand-alone manual containing suggested lesson plans for counsellors to implement (see Appendix A).

Chapter 2: Literature Review

This chapter provides a comprehensive literature review of FT. Furthermore, this literature review provides information to be used for implementing the FT group counselling manual, which is located in Appendix A. This chapter begins by describing how children communicate through play, outlining what play therapy is, and how it relates to FT. Next, the history of FT is described, and FT goals and the group training components are discussed in great deal. Lastly, the multicultural applications and the effectiveness of FT research are examined. To begin, the importance of children's play is examined.

Children Communicate Through Play

Play is the most developmentally appropriate form of communication for children (Alivandi-Vafa & Khaidzir, 2009). Play is the vehicle for children to express needs, feelings, and thoughts (Bratton, Ray, Rhine, & Jones, 2005). Children express themselves through the use of toys and the context of their play (Landreth, 2002). Through play children can resolve conflicts, work through emotional issues, and express their feelings (Landreth, 2002). Play is also essential for children's cognitive, social, and emotional growth (Edwards, Ladner, & White, 2007). Children act out feelings, thoughts, and experiences through either direct or symbolic play (Bratton et al., 2005).

Developmentally speaking, children often have difficulty and lack the cognitive and verbal ability to express themselves at a verbal level (Landreth, 2002). Research of individuals such as Axline (as cited in Foley, Higdon, & White, 2006) and Piaget (as cited in Landreth, 2002) have demonstrated that children do not typically develop the capacity for abstract reasoning, thinking, and verbal skills prior to the age of 11 years,

and these skills are necessary to communicate their thoughts and feelings and to explain

their behaviours. For this reason, using traditional talk therapy when working with

children is often an ineffective approach (Axline, as cited in Foley et al., 2006). In

contrast to traditional talk therapy, play therapy allows children to explore the self

(thoughts, feelings, behaviours, and experiences) and express self through their most

comfortable medium of exchange—play (Landreth, 2002). Other components crucial to

play therapy include the development of an interpersonal relationship between the child

client and the therapist, a safe and nurturing counselling environment, and the availability

of selected play materials for the child client to explore (Landreth, 2002). Additional

information on play therapy is explored next.

Play Therapy

As play is the most developmentally appropriate vehicle of communication for

children, play therapy is recognized as the most appropriate therapeutic intervention

(Bratton et al., 2005; Foley et al., 2006). A variety of specific forms of play therapy have

developed, which include forms such as narrative play therapy, psychoanalytic play

therapy, gestalt play therapy, cognitive behavioural play therapy, and FT, among others

(Wilson & Ryan, 2005). The latter, FT, was the focus for this project and is described in

detail following a brief overview of play therapy and its importance.

Play therapy is widely utilized in the treatment of children's emotional and

behavioural problems (Bratton et al., 2005). Play therapy involves a variety of expressive

modes of creative communication, including the use of art, dolls, puppets, storytelling,

sand play, and board games, among a multitude of other play therapy techniques (Webb,

2007). Landreth (2002) has described the use of play therapy in the following

description:

> Feelings and attitudes that may be too threatening for the child to express directly can be safely projected through self-chosen toys. Instead of verbalizing thoughts and feelings, a child may bury in the sand, shoot the dragon, or spank the doll representing baby brother. (p. 15)

An extensive meta-analysis review of 93 play therapy controlled outcome studies,

published between 1953 to 2000, was recently conducted (Bratton et al., 2005). The

purpose of this meta-analysis was twofold: (a) to assess the overall effectiveness of play

therapy, and (b) to determine the factors impacting this efficacy (Bratton et al., 2005).

Bratton et al. (2005) compared results of children who did and did not received play

therapy treatments. Results demonstrated that the effect size for children who received

play therapy treatments was an increase in their functioning by 0.80 standard deviations

(Bratton et al., 2005). In other words, the children who received play therapy treatments

were functioning at 0.80 standard deviations better than the children who did not receive

play therapy treatments (Bratton et al., 2005). This meta-analysis has provided strong

evidence for the efficacy of play therapy when working with children (Bratton et al.,

2005).

Filial Therapy Overview

As mentioned above, FT is a derivative of play therapy (Kolos, Green, &

Crenshaw, 2009). FT shares an assortment of similar principles and philosophies with

play therapy, which include unconditional acceptance, positive regard, non-intrusiveness,

and non-directive approaches (Kolos et al., 2009; Wilson & Ryan, 2005). However a

significant difference between the two has also been noted; while play therapy focuses on

enhancing the counsellor–child relationship, FT focuses on enhancing the parent–child relationship (Hutton, 2004).

A stark difference between play therapy and FT is in terms of who is implementing the play sessions. As discussed above, in play therapy the counsellor is the therapeutic agent whereas in FT the parent becomes the therapeutic agent in their child's life (Edwards et al., 2007; Rennie & Landreth, 2000). FT is based on the rationale that the parent–child relationship is the most significant and curative aspect in the child's life (Landreth & Bratton, 2006). It is for this reason that FT is demonstrated to be more successful and effective than other play therapy methods because the parent is involved in the therapeutic process (Bratton et al., 2005; Edwards et al., 2007; Ryan, 2007).

FT is a structured play therapy program used with parents and children between the ages of 2 and 10 (Ray et al., 2000). The overall objective in FT is to strengthen the parent–child relationship; this is achieved by teaching and equipping parents with play therapy skills to become the therapeutic agent in their child's life (Alivandi-Vafa & Khaidzir, 2009; Landreth & Bratton, 2006). Parents learn the skills to convey acceptance, empathy, and encouragement to their child, and to focus on the enhancement of the child and the parent–child relationship rather than the child's problematic behaviours (Bavin-Hoffman, Jennings, & Landreth, 1996).

Over 40 years of research and clinical usage has demonstrated the efficacy of FT as a therapeutic modality (VanFleet, as cited in Alivandi-Vafa & Khaidzir, 2009). FT is an effective counselling approach for a variety of childhood problems including presenting problems stemming in the social, emotional, or behavioural realms (VanFleet, 2005). For example, FT has been shown to be effective in helping children overcome

aggression, attention deficit problems, anxiety, attachment difficulties, depression, enuresis and encopresis, obsessive-compulsive behaviours, school refusal, and reactions to traumatic events including abuse (VanFleet, 1994, 2005). FT research has also been effectively demonstrated as a preventive measure such as strengthening the parent–child relationship and providing parents with developmentally appropriate child development education and parenting skills (VanFleet, 2005). Foley et al. (2006) found, as a result of pre- and posttest surveys of 14 group members participating in FT, a decrease in parenting stress, and increases in parenting effectiveness and parent–child relationship.

Bratton et al. (2005), in a recent meta-analysis including 93 controlled outcome studies, demonstrated research results indicative of FT as an effective therapeutic modality. Furthermore, Bratton et al.'s research demonstrated significant effect sizes regardless of the play therapy approach (i.e., behavioural, cognitive, directive play therapy, etc.). However, when researchers compared the effect size between general play therapy and FT it was found that FT produced a greater effect (ES = 1.06) than when compared to general play therapy (ES = 0.73). Lastly, the mean effect size was significant ($p < .01$) when parents conducted FT play therapy sessions than when a mental health professional provided play therapy sessions (Bratton et al., 2005). Furthermore, researchers purported that parental involvement was a significant predictor of successful outcome measures (Bratton et al., 2005; Reddy, Files-Hall, & Schaefer, 2005). Bratton et al.'s (2005) meta-analysis demonstrated that FT is an effective play therapy modality, and the results showed that FT has even higher efficacy rates than play therapy.

Filial Therapy History

The concept of involving parents in the child's therapeutic process can be traced back to early as the 1900s (Alivandi-Vafa & Khaidzir, 2009). For example, Sigmund Freud in 1909, believing strongly in the bond between parent and child, successfully trained a father to be effective at responding to his 5-year-old son's phobia (see the case of "Little Hans" in Landreth, 2002). Freud (as cited in Ray et al., 2000) attributed the successful treatment to the parent–child relationship and was convinced that nobody but the father would have had the same successful progress. Another example of an early FT intervention occurred when Carl Rogers advised his daughter to use play therapy techniques to assist in overcoming anxiety-related symptoms (Fuchs, as cited in Ray et al., 2000). Fuchs (as cited in Ray et al., 2000) reported that the anxiety-related symptoms were resolved in addition to experiencing positive changes in the parent–child relationship.

During the late 1950s and early 1960s, intrapsychic and pathological problems in parents were generally believed to be directly responsible for causing problems in their children (Guerney, 2003). When families sought help through counselling, each family member was assigned to a separate therapist and therapy consisted of assessing how serious the parental pathology had impacted the child's problems (Guerney, 2000, 2003). Bernard Guerney (as cited in Guerney, 2003), a clinical child psychologist, disagreed that parental pathology was to blame; rather he was convinced that parents lacked the understanding of child development and child management skills. B. Guerney (as cited in Guerney, 2003) purported that if parents received proper parenting education and were

included in the treatment process, they could be valuable source of change in their child's lives.

It was then in the early 1960s that Bernard Guerney (as cited in Guerney, 2003) conceived the principles of FT and proposed the first structured FT training models (see also Solis, Meyers, & Varjas, 2004). Bernard Guerney (as cited in Hutton, 2004) identified a lack of but a demand for mental health services for children and families in the United States of America (see also Rennie & Landreth, 2000). The introduction of FT at this time was a heretical idea and met with criticism and resistance (Ginsberg, 2003). However, as Ginsberg (2003) recapitulated, Bernard Guerney's idea was considered so innovative at the time that he was joined by his wife Louise Guerney and several other team members who were provided with a grant to develop and research pilot studies to test this model. The team carried out and gathered intensive research data on FT approaches and their results produced tremendously encouraging results (Guerney, 2003). For example, Guerney and Stover (as cited in Ginsberg, 2003) demonstrated their results of their 3-year pilot program, in which all of the involved children showed significant improvement on the measures and the parents increased their ability to reflect the child's feelings, encourage their child in self-direction, and demonstrated increased empathy towards their child's emotions and behaviours.

Filial Therapy Goals

As discussed above, the overall objective in FT is to enhance and strengthen the parent–child relationship. However, a variety of specific goals divided between the parents, the children, and joint goals for parent and child also exist. Landreth and Bratton (2006) have provided a summary of these goals:

Goals for Parents
- Increase their understanding, acceptance, and sensitivity to their children, particularly their emotional worlds.
- Learn child-centred play therapy principles and skills.
- Learn how to encourage their children's self-direction, self-responsibility, and self-reliance.
- Develop more realistic and tolerant perceptions and attitudes toward self and child.
- Gain insight into self in relation to the child.
- Increase parental self-acceptance and confidence in their ability to parent.
- Develop more effective parenting skills based on developmentally appropriate strategies.
- Rediscover the "joy" of parenting their children. (p. 121)

Goals for Children
- Communicate thoughts, needs and feelings to his parent through a medium of play
- Experience more positive feelings of self-respect, self-worth, confidence, and competence through feeling accepted, understood, and valued
- Change any negative perceptions of the parent's feelings, attitudes, and behaviour through increased trust and sense of security.
- Reduce or eliminate problematic (self-defeating) behaviour.
- Develop an internal locus of control (self-control), become more self-directing, take responsibility for actions, and ultimately choose more appropriate ways to express needs and get needs met.
- Develop effective problem-solving skills. (Landreth & Bratton, 2006, p. 121)

Goals for Parent-Child Relationship
- Strengthen the parent-child relationship and foster a sense of trust, security, and closeness for both parent and child.
- Improve family interactions and expression of affection.
- Increase level of playfulness and enjoyment between parent and child.
- Improve coping and problem-solving. (Landreth & Bratton, 2006, p. 121)

Filial Therapy Group Training Overview

This section provides an overview along with detailed information on 10 common components in many FT counselling groups. These common components are: FT implementation, group size, group length, length of session, didactic and dynamic learning, children, play sessions, selection of parents, initial parent intakes, and FT group facilitators.

Filial therapy implementation. There are two common methods of FT: group models and individual models (Ryan, 2007). VanFleet has been credited with modifying the existing FT group model to implement FT with individual families and couples (Hutton, 2004). Group models are the most commonly used FT method (Smith & Landreth, 2003). For the purpose of this project, and from this point forward, FT via the group counselling model is discussed and described. However, for more information on FT via the individual family model, refer to these works: Alivandi-Vafa and Khaidzir (2009), Edwards et al. (2007), and Ryan (2007).

Group size. Research suggests that the optimal size of an FT counselling group is between six to eight members (Glazer-Waldman, Zimmerman, Landreth, & Norton, 1992; Landreth & Bratton, 2006), but it can even be as many as nine members (Bratton & Crane, 2003). A group of this suggested size ensures all members have an opportunity to discuss and share personal stories with the group, and guarantees that all members will receive adequate supervision from facilitators (Bratton & Crane, 2003). Facilitators are highly discouraged to have 10 or more members because a group of that size places too many restrictions on group interaction and supervision (Landreth, 2002).

Group length. The length of the FT counselling group has varied throughout the treatments inception. The Guerneys' original group training model was initially designed to run for 12 months (Guerney, 2000). However the Guerneys refined their model and shortened its length to run for 5 to 6 months (Guerney, 2000). Research demonstrated comparable results between the initial, year-long program and the refined, shortened program (Guerney, 2000). Researchers have adapted the Guerney model by shortening the length (Landreth & Bratton, 2006). For example, Landreth and his students in North

Texas University have developed and successfully implemented a 10-week group training model in which members attend 2-hour sessions on a weekly basis (Landreth, 2002). Researchers have conducted extensive research between the Guerney model and the Landreth model and have found comparable success rates on both the shorter and longer FT groups (Landreth & Bratton, 2006). Researchers have also found positive results when condensing the Landreth 10-week group model into fewer weeks, with increased sessions per week (Landreth, 2002).

FT counselling groups that run for longer than 10-weeks makes attendance difficult for members (Bratton & Crane, 2003). It has been noted that Landreth's 10-week model is considered more conducive to members because the time and financial constraints are lessened considerably compared to the original year-long model (Ray et al., 2000).

Length of session. The recommended and most beneficial length of time to attend per FT group session is 2-hours (VanFleet, 1994). However, during this 2-hour session, a short break is suggested in order to maintain group interest and encourage interaction among group members (VanFleet, 1994).

Didactic and dynamic learning. FT group training is significantly different than other forms of parent training approaches. The main reason is that FT helps parents gain an understanding of their child's behaviours, rather than learning to control behaviours, as is more commonly found in most parent training approaches (Alivandi-Vafa & Khaidzir, 2004). FT group training involves a combination of didactic and dynamic components (Ray et al., 2000). It is due to these components that ultimately set FT apart from other parent training programs, which are exclusively educational in nature (Ray et

al., 2000). Parents are educated on child development, play therapy, and FT principles

(Foley et al., 2006); however, parents also engage in role-playing, tape recording, and

practice play sessions. Parents learn to convey acceptance, empathy, encouragement to

child, and effective limit-setting skills by the various training modalities offered by FT

group counselling (Landreth, 2002). Members are taught FT principles and skills and

receive supervision by trained facilitators (Ray et al., 2000). Through this didactic

instruction, along with supportive supervision from facilitators and other group members,

a dynamic and innovative process occurs during the training program (Ray et al., 2000).

Research results from Alivandi-Vafa and Khaidzir (2010) demonstrated a

combination of didactic and dynamic learning. These researchers demonstrated that it

was common for the mothers who were included in their study to need assistance in

learning effective parenting skills and, prior to having assistance learning these skills, in

general these mothers did not know how to build positive relationships with their child.

From receiving education on parenting skills in the FT counselling group, these mothers

were able to improve their parenting skills and also able to demonstrate increased

empathy towards their children as the best way to improve the parent–child relationship.

Another example from research by Foley et al. (2006) showed that parents highly

valued the experiential nature of the FT training. Group members reported feeling

empowered and motivated to utilize new skills that were learned throughout the group

session via group demonstrations, practice play sessions, and feedback from other

members and facilitators (Foley et al., 2006). One group member in Foley et al.'s

research stated, "You got the information and you got the demonstration of how it should

be done, and you will have to do it and critique on how you did it. That's one of the best ways to learn, I think" (p. 48).

Children. The age of the child generally ranges between 2 and ten 10 years old (Bratton & Crane, 2003). Nonetheless, the basic FT principles can be adapted for older children and teens. Parents substitute play time for more developmentally suitable activities while still allowing the child to choose and lead the activity (Bratton & Crane, 2003; Ray et al., 2000).

The group member is required to select one child to conduct the at-home play sessions with. This child is considered the "child of focus" (Landreth & Bratton, 2006). It is not required that the group member be the biological parent of this child, but rather that he or she provides consistent care for the child. People such as foster/carer parents, extended family members, nannies of affluent families, and parents-to-be, have all been involved in the FT group process (Landreth & Bratton, 2006; Ryan, 2007).

Play sessions. The parent–child play sessions are an essential component of the success of the FT model (Landreth & Bratton, 2006). It is during these sessions that the parent applies the newly acquired play therapy skills learned from previous FT group sessions (Solis et al., 2004). Parents are required to practice these skills at home, weekly, for 30 minutes during parent–child play sessions (Ray et al., 2000). During these 30 minutes the parent is to follow the child's lead, while the child is encouraged to direct and lead the play (Landreth & Bratton, 2006).

During play sessions, the parent creates an accepting and nonjudgmental environment with their child (Landreth & Bratton, 2006). Children are free to express and workout feelings, ideas, and stresses without interference, judgments, or interruptions

(Ginsberg, 2003). However, parents do have several important responsibilities during the play session (Ginsberg, 2003). Although the child leads the play, the parent sets appropriate boundaries and uses structuring and limit-setting skills (see Appendix A for more information) to ensure the session is safe for both the child and the parent (Landreth & Bratton, 2006). As discussed, through the play session FT goals are met for both child and parent, in addition to the overall goal of enhancing the parent–child relationship (Landreth & Bratton, 2006).

According to Guerney (as cited in Costas & Landreth, 1999), there are three objectives in the FT play sessions:

(a) To allow the child to understand more clearly the parents' feelings, attitudes, or behaviours toward the child
(b) To facilitate the child's communication of thoughts needs, and feelings to the parents' and
(c) To enhance the child's self-respect, self-worth, and confidence. (p. 46)

Selection of parents. FT group counselling is effective with parents from a variety of presenting issues and diverse cultural populations (Landreth & Bratton, 2006). Landreth and Bratton (2006) described running groups consisting of nannies sent by affluent families, grandparents and other relatives, pregnant mothers-to-be, and parents of a 5-year old wanting the relationship bond between father and child to be built before father served a prison sentence. On the other hand, there are some parents in which FT would not be recommended for and/or most appropriate to use with. A detailed description of whom this includes is provided in the following section titled 'Contraindications.'

Initial parent intakes. Prior to the first group session facilitators are recommended to meet individually with parents in order to screen for group membership

(Landreth & Bratton, 2006). Additional reasons for initial parent intakes include building rapport, providing information and answering any questions asked about FT, attaining historical and familial information, and obtaining informed consent by members (Landreth & Bratton, 2006). According to Landreth and Bratton (2006), meeting with potential group members allow facilitators to discuss and assist the parent in selecting who their child of focus will be. Facilitators are also able to complete all administrative responsibilities during this intake process, which frees them from these responsibilities during the first group session. As recommended by Landreth and Bratton (2006), conducting initial parent intakes prior to conducting the group sessions is a large contributor for the presession success.

Another reason for recommending that facilitators conduct initial parent intakes is to screen parents. Facilitators must be competent during the initial parent intakes in order to screen those applicants who are deemed inappropriate for FT. As mentioned above and detailed below in the section titled 'Contraindications,' there are a variety of reasons that would deem parents to be an inappropriate match for FT requirements. Facilitators will ask several recommended screening questions in which will identify those parents who meet the exclusion criteria. For those parents who meet this exclusion criteria and are therefore deemed inappropriate for FT, facilitators will provide a referral for the family, most likely in the form of individual play therapy sessions with a trained therapist and the child.

Filial therapy group facilitators. FT group facilitators shall have obtained a master's degree relevant to the counselling field. Furthermore facilitators shall be educated in play therapy, FT, child development, and group process skills. FT facilitators

must also be highly knowledgeable in FT in order to demonstrate, train, and supervise parents in FT skills (VanFleet, 2003). Facilitators will seek on-going supervision with a competent supervisor also trained and knowledgeable in FT. Facilitators must maintain this sense of congruence in their personal and professional lives in order to teach the skills with a sense of genuineness (Ginsberg, 2003). In addition, it is essential that facilitators believe that families have the capability to manage themselves and have a commitment to family empowerment (VanFleet, 2003).

Facilitators assume the role of supporter and educator to group members (Hutton, 2004). Facilitators provide support, encouragement, and constructive feedback to members during the supervision process, with the aim that members improve their FT skills (Foley et al., 2006). The facilitator supports parents with supervision and constructive feedback on ways to improve their FT skills (Foley et al., 2006).

Counterindications

Therapists must apply clinical rationale when choosing to implement other forms of play therapy over FT (Bratton et al., 2005). FT is based on the premise that most parents have the psychological and emotional ability, when provided with knowledge, practice, and support, to contribute positively to the development of their child (Guerney, 2000). However, it is recognized that a handful of circumstances exist in which FT is considered unsuitable (VanFleet, 2005).

There are five main circumstances in which FT is unsuitable. The first circumstance is with parents who are intellectually incapable of understanding the specific FT skills (VanFleet, 2005). The second circumstance is when a parent's own pathology directly results in problems for the child (Guerney, 2000). The parent's

pathology could include a parent who is dealing with serious psychological or mental health concerns and impairments in physical and/or basic needs that limit a parent's ability to focus on their child's needs (Guerney, 2000; VanFleet, 2005). The third circumstance in which implementing FT is not suitable is with the offending parent of a sexually abused child (Guerney, 2000; VanFleet, 2005). In this case, individual therapy is recommended first for both the abusive parent and the child so that both can resolve their own issues and feelings. FT becomes a treatment option to explore with family members once individual therapy has been completed and after the primary abuse issues have been resolved (VanFleet, 2005). FT is suitable and has been effectively utilized with the non-abusing parent and child (Costas & Landreth, 1999). The fourth circumstance in which implementing FT is not suitable involves parents who are unwilling or unmotivated to participate in FT for reasons such as lack of time and money or feelings of guilt and resentment (Bratton et al., 2005). The fifth circumstance is when a child's emotional issues extend beyond the capability of the parent and the parent is unable to provide a therapeutic experience (Bratton et al., 2005).

Advantages to Filial therapy Group Counselling Model

There are two focal strengths to using a group format when implementing FT. The Guerneys' original rationale for implementing FT as a group format was to increase group leverage (Guerney, 2000). This meant that FT offered therapist's the opportunity to work with six to eight parents (and as many as six to 12 children) during the same amount of time as would allow for the therapist to work with one parent and one child (Guerney, 2000). Thus FT group counselling is considered a cost- and time-efficient therapy approach (Ryan, 2007).

An additional strength of FT group counselling is that group members are able to discuss common experiences and provide and receive encouragement and support from other members and facilitators (Smith & Landreth, 2003). Members experience support and encouragement during role-playing activities and by sharing their thoughts and feelings relating to their homework assignments (Glazer-Waldman et al., 1992). This would not be the case for FT via the individual family model whereby the individual parent (or parents) would only receive support through the therapist. Group counselling increases members' learning as well since members experience vicarious learning by watching and learning from other members' experiences (Guerney, as cited in Foley et al., 2006).

Ethical Considerations for group Filial therapy

Despite the advantages of group FT, there are several ethical considerations to also be explored. One ethical consideration for facilitators to be aware of is the fact that parents are practicing their FT skills at home, without any form of supervision from the facilitators. The potential for risks for the child is low, however facilitators must be aware and constantly screening those parents who are at risk of doing more harm than good to their child. Another consideration for facilitators is to handle the issue very carefully if they feel it clinically indicated for the parent to be removed from the group. A discussion between parent and facilitators could result in struggles at home, revealing the parent would prefer individual play therapy sessions for the child. In any case, facilitators must use caution and respect when discussing potential risks to the parent involved in FT training.

Four Filial Therapy Skills

During FT group training, parents learn four relationship-based skills: child-centred imaginary play skills, structuring skills, empathic skills, and limit-setting skills (Alivandi-Vafa & Khaidzir, 2009). An overview of each of these four skills is provided in this section.

Child-centred imaginary play skills. This section: (a) defines child-centred imaginary play skills, (b) provides a rationale for including this skill in the FT group sessions, and (c) provides further details regarding child-centred imaginary play skills along with research that supports it. I begin with defining this skill.

Defining child-centred play skills. This skill applies to the overall philosophy in play therapy that, when given the opportunity, children have the ability to direct their own play, make their own decisions about play, and express their feelings and experiences through play (Landreth, 2002). This focus of this skill is to teach parents or other caregivers to be followers, rather than leaders, in the child's imaginary play (Goodwin, 2003).

The rationale. Many parents either play with their children in a directive manner, suggesting to their child to play with certain toys (i.e., educational toys) or seldom play with their child due to difficulties engaging in pretend play (VanFleet, 1994). Thus the rationale for teaching this skill is for group members to increase their understanding on the importance of their child deciding and directing their own play (Ginsberg, 1997; VanFleet, 2005).

Further details. Parents learn to demonstrate acceptance, empathy, warm caring, and genuineness, which are all factors of child-centred imaginary play skills (Landreth,

2002). Furthermore, parents learn to follow, rather than direct the child in the play

exploration process (Landreth, 2002). To help parents understand this skill, VanFleet

(1994) used a film analogy whereby parents are to view the child's role as that of

director, and to view the parent's role as that of actor/actress. According to VanFleet

(1994), "The child decides whether or not the parent gets a part, 'writes the script' for

that part, and indicates to the parent how to play it out" (pp. 17–18). Rather than asking

the child questions about their role in the script, parents learn to pay attention to verbal

and nonverbal communication directed by the child (VanFleet, 2005). Through this skill

parents demonstrate complete acceptance and empathy, valuable towards helping the

child direct their play (Landreth, 2002).

Structuring skills. This section: (a) defines structuring skills, (b) provides a

rationale for including this skill in the FT group sessions, and (c) provides further details

regarding structuring skills along with research that supports it. I begin with defining this

skill.

Defining structuring skills. This skill is important because it helps parents learn

to set and enforce boundaries with their child during the play sessions. Parents are

required to use consistency when applying this skill with their child. For example, a

parent might say during the last few minutes of the play session, "we have 5 minutes left

to play. You are free to chose whatever you want to play with for the next 5 minutes."

The rationale. The rationale for this skill is to demonstrate to children the

framework of the play sessions (VanFleet, 2005). Children learn that they are generally

allowed to do whatever they please during the play session, with few restrictions or limits

(VanFleet, 1994), and parents learn that this skill creates a safe but intimate environment

conducive to the play session (Ginsberg, 1997). Parents also learn to structure the play

session in terms of playroom arrival and departure, bathroom breaks, resistance, and

clean up (VanFleet, 2003, 2005). For example, upon arrival of the play area, the parent

might say to their child, "Right now is our special play time. During this time you can do

and play with almost anything you want, and if there is something that you cannot do, I

will let you know" (Daneker & Hunter-Lee, 2006).

Further details. Parents are encouraged to ignore distractions such as the

telephone or doorbell ringing and continue engaging the child in the play session

(Goodwin, 2003). This skill is helpful because it teaches parents what to say upon

playroom entry and departure, ending a play session, and how to handle interruptions

such as bathroom breaks (VanFleet, 1994).

Empathic listening skills. This section: (a) defines empathetic listening,

(b) provides a rationale for including this skill in the FT group sessions, and (c) provides

further details regarding empathetic listening along with research that supports it. I begin

with defining this skill.

Defining empathetic listening. A parent empathetically listens to their child by

observing the child's verbal and non-verbal body language including tone of voice and

facial expressions and reflects how he or she presumes the child is feeling. This skill is

important because parents learn how to reflect their child's feelings, but to use their own

words to do so (Goodwin, 2003).

The rationale. The rationale for this skill is for caregivers to have an

understanding on their child's thoughts and feelings (VanFleet, 2003). Upon learning

this skill, parents are better able to convey sensitivity for their child and provide their

child with undivided attention (VanFleet, 2005). Children's sense of self-mastery and

self-esteem is increased when they feel their actions and feelings are observed,

acknowledged, and understood by their parent (Ginsberg, 1997). According to VanFleet

(2005), empathic listening skills also:

> (a) demonstrates the parents' interest in the children, (b) allows children to clarify
> any misunderstandings the parents have of their intentions or feelings, (c)
> provides children with labels for their feelings, thereby increasing their ability to
> express their emotions in constructive ways, and (d) helps children accept
> themselves when they feel accepted by their parents. (p. 18)

Further details. As part of empathic listening, VanFleet (1994, 2005) advocated

that parents track their children's actions and feelings, similar to a sportscaster who

provides play-by-play commentaries. An example of tracking the child's actions may be

saying "you put the doll in the doll house," "you are throwing the ball," and "you put the

dragon puppet on your hand." Parents also learn to track their child's feelings by using

listening skills to rephrase the child's words with feelings (VanFleet, 2005). For

example, if the child puts a puppet on their hand and says, "I'm going to be this puppet,"

the parent learns to listen empathically by saying something like, "You are excited to

play with the puppet." Other examples of tracking feelings may include comments like:

"You are mad that our time is over," "you are proud of your artwork," or "you feel

confused that you don't know how to open that toy."

Limit-setting skills. This section: (a) defines limit setting, (b) provides a

rationale for including this skill in the FT group sessions, and (c) provides further details

regarding limit setting along with research that supports it. I begin with defining this

skill.

Defining limit-setting skills. To set a limit the parent clearly explains to the child what behaviours are and are not acceptable in a particular space. This skill has three steps that parents are encouraged to learn and implement with their child during the play session.   This skill is especially designed for those parents who have a tendency to overcontrol (using physically abusive techniques), for those parents who undercontrol (using neglectful techniques), and those parents who require assistance in maintaining consistent discipline (VanFleet, as cited by Goodwin, 2003).

The rationale. The limit-setting skill is important in keeping the child and parent safe during play sessions (VanFleet, 2005). The limit-setting skill helps children become more responsible for their actions if they choose to break a limit after being already warned of the repercussions (VanFleet, 2005). Children learn to take responsibility for their actions and feelings and foster a sense of independence and self-reliance (Ginsberg, 1997). With limit-setting, children develop trust in their parents when the parent consistently follows through on what the parent said they would do (VanFleet, 2005).

Further details. Generally, limits are related to property, the parent and/or child's body parts, and to the overall composition of the session (Goodwin, 2003). The following list comprises some common limits in FT:

1. The child should not throw anything at windows, mirrors, or cameras.
2. Crayons should not be used on the walls, furniture, or blackboards.
3. Sharp objects or hard-soled shoes should not be poked, thrown, or kicked at the bop bag.
4. The child may not leave the playroom except for one trip to the bathroom.
5. Dart guns should not be pointed or shot at people when they are loaded.
6. The child should not destroy valuable items or engage in mass destruction of toys.
7. Parents may need to set personal limits, but keep them to a minimum (e.g., no jumping on the parent's bad back; no dumping of an entire container of water on the parent). (VanFleet, 2005, p. 20)

Parents learn a three-step process to establish this skill (VanFleet, 2005). These three steps include: stating the limits, warning about the limits, and implementing the consequences (Ginsberg, 1997). The first step, stating the limit, occurs only when the child has already broken the limit or appears to be about to break the limit (VanFleet, 1994). Parents learn to be brief, clear and specific when it comes to stating the limit (VanFleet, 1994). For example, a parent might state, "Remember when I told you there were things you cannot do in this room? In this room you cannot pinch me. You can kick the ball if you are feeling angry."

The second step, giving a warning, occurs after the parent has already stated the limit (i.e., step one) but the child has chosen to engage in the prohibited behaviour (VanFleet, 1994). If the child breaks the limit again, then the parent provides the child with the consequences of this action (Goodwin, 2003). For example, the parent might say to the child, "I have already told you that you cannot pinch me. If you choose to pinch me again, the play session will be over for today."

The third and last step is to enforce the consequence. This occurs after the child has broken the limit for the third time (VanFleet, 2005). The consequence is that the child must leave the room and that the special play session is over (Goodwin, 2003). Caregivers use a pleasant but firm voice and restate that the child made a choice and broke the limit, then enforce the consequence. The parent might say to the child, "My body is not for pinching. Because you have chosen to keep pinching me, we are ending our play session. We can try again during next week's play session."

Effectiveness of Filial Therapy

A wide abundance of research demonstrates that FT is conducive across a variety of parent-child dyads (Bratton et al., 2005; Edwards et al., 2007). In addition, FT is relationship-based, FT is commonly viewed as an appropriate avenue for a wide variety of ethnically diverse populations (Ryan, 2007; Solis et al., 2004).

Cultural effectiveness. Demonstrated success of FT with ethnically diverse populations included Jamaican (Edwards et al., 2007); African American (Solis et al., 2004); Native American (Glover, as cited in Rennie & Landreth, 2000); and Asian cultures (Alivandi Vafa & Khaidzir, 2009; Jang, as cited in Solis et al., 2004). FT has also been demonstrated to be used with Chinese American and Chinese Canadian cultures (Chau & Landreth; Yuen; Yuen, Landreth, & Baggerly, as cited in Edwards et al., 2007). As evidenced above, FT is effective with a range of multicultural and diverse parental–child populations, likely because play is deemed as the universal language among children (Solis et al., 2004).

A variety of research studies have also been conducted on various parent–child dyads. These parent–child dyads can be divided into four categories: (a) various family configurations, (b) families with children experiencing illness and/or disabilities, (c) families experiencing unfortunate situations, and (d) families in association with the law or justice system. Each of these four parent–child dyads are discussed in this section.

Various family configurations. A variety of studies have been conducted to assess the effectiveness of FT utilizing various family configurations. These family configurations included married couples, single-parent families, and families with adopted children and foster carers (Bavin-Hoffman et al., 1996; Ray et al., 2000; Ryan,

2007). Bratton and Landreth (1995) conducted research to determine the effectiveness of FT with single parents and their children as a method of prevention and intervention. Bratton and Landreth's study included 22 group members in the FT (experimental) group, and 21 group members in the control group, with a handful of participants being fathers and the majority of participants being mothers. When the FT group was compared to the control group, a variety of interesting and significant results were demonstrated. Bratton and Landreth found (a) a significant increase in attitudes of acceptance and empathic behaviours in the FT parents; (b) an increase in the FT parent's acceptance of their child, including growth in unconditional love and the child's need for autonomy; (c) significantly reduced levels of stress; and (d) a reduced number of problematic child behaviours as evidenced by pre- and posttesting with assessments such as the Measurement of Empathy in Adult-Child Interaction, Porter Parental Acceptance scale, Parenting Stress Index, and the Filial Problem Checklist. FT offers the opportunity to promote the well-being of single-parent families by equipping single parents with positive and healthy parenting skills (Bratton & Landreth, 1995). For an additional resource on FT with single parents attending community colleges refer to Ray et al.'s (2000) research.

Families with children experiencing illness and/or disabilities. This category encompasses children (a) who are chronically ill, (b) with learning disabilities, (c) who stutter, (d) who are deaf and hard of hearing, (e) with Pervasive Developmental Disorders, and (f) with child conduct behaviour problems (Glazer-Waldman et al., 1992; Gilmore, as cited in Hutton, 2004; Smith, 2002; Tew, Landreth, & Joiner, as cited in Solis et al., 2004; Beckloff; Johnson-Clark, as cited in VanFleet, Ryan, & Smith, 2005).

Glazer-Waldman et al. (1992) researched the effectiveness of FT as an intervention with families of chronically ill children. Glazer-Waldman et al. used pretest-posttest designs with assessments such as the State-Trait Anxiety Inventory, the Child Anxiety scale, and the Parental Acceptance scale. Results indicated a trend in increased parental acceptance, parents being better able to judge their child's report of anxiety, and significant increases in their relationship with their child (Glazer-Waldman et al., 1992). Findings from Glazer-Waldman et al.'s research have gained credibility; D. Smith (2002) reported similar results using FT as an effective intervention with teachers and children who are deaf and hard of hearing. The experimental group consisted of 12 teachers. The results indicated the teachers in the FT group demonstrated significant increases in empathy, acceptance of student, and self-direction, as measured by the Measurement of Empathy in Adult–Child Interaction assessment when compared to the control group. Furthermore, the children in the FT group demonstrated significant decrease behavioural problems as measured by the Child Behaviour Checklist assessment when compared to the control group. Both of these studies lend some credibility to the fact that FT has been effectively utilized with families with children experiencing illnesses and/or disabilities.

Families experiencing unfortunate situations. This category includes children and families from less fortunate situations such as disadvantaged and lower-class families, homeless families, mother and children with exposure to domestic violence, and children exposed to neglect and child abuse (Ginsberg, 2003; Guerney, Stover, & Andronico, 1967; Kolos et al., 2009; Smith & Landreth, 2003). N. Smith and Landreth (2003) conducted research assessing the effectiveness of FT, individual play therapy, and sibling group play therapy with group members consisting of mothers and children

witnesses of domestic violence. N. Smith and Landreth compared their results using FT

as the therapy modality with data from Kot et al.'s (as cited in Smith, 2002) and Tyndall-

Lynd et al.'s (as cited in Smith, 2002) previous studies using individual play therapy and

sibling group play therapy. Group members received two to three weeks of intensive FT

training (modified from Landreth's 10-week FT training). N. Smith and Landreth (2003)

used the Child Behaviour Checklist, the Joseph Preschool and Primary Self-Concept

Screening test, and the Measurement of Empathy in Adult-Child Interaction assessment

in order to have a base-line from which to measure the success of their research. This

research demonstrated that children in the FT group displayed a significant improvement

on all measures when compared to the non-treatment (control) group. For example,

children in the FT group showed significant increases in self-concept and significant

decreases or reductions in behavioural problems (e.g., aggressive behaviours, somatic

complaints, and anxious and depressed feelings), when compared to the non-treatment

group. In addition, research demonstrated an increase in the mother's ability to convey

empathic behaviour, and FT facilitated by the mother was shown to be as effective in

reducing problematic behaviours when compared to individual play therapy and sibling

group play therapy as facilitated by professional therapists (Smith & Landreth, 2003).

Further research is needed to examine why FT is as effective as individual play therapy

and sibling group play therapy.

N. Smith and Landreth's (2003) research compared three treatment groups and a

nontreatment group (control) and used a variety of standardized measures, which gave

credence to implementing FT with families in less than desirable situations (i.e., domestic

violence in this situation). Additional studies can also be utilized to further demonstrate

the effectiveness of FT with families in less than desirable situations, such as homeless

families, disadvantaged or poor families, and children exposed to neglect and child abuse

(Ginsberg, 2003; Guerney et al., 1967; Kolos et al., 2009; Smith & Landreth, 2003).

Families in association with the law or justice system. This category involves

families with some sort of association with the law or justice system, including children

with incarcerated fathers, incarcerated mothers, and with the nonoffending parent of

sexually abused children (Costas & Landreth, 1999; Harris & Landreth, 1997; Landreth

& Lobaugh, 1998). Landreth and Lobaugh (1998) studied 32 men residing in a medium-

security federal correctional prison. The purpose of the study was to determine the

effective of FT with incarcerated fathers and their children on four factors: (a) the fathers'

attitude of acceptance toward child, (b) level of stress related to parenting, (c) number of

problems related to family interaction, and (d) improving self-concept of the child

(Landreth & Lobaugh, 1998). Of the 32 men chosen to participate in Landreth and

Lobaugh's (1998) study, 16 men were chosen randomly to be a part of the experimental

group (to receive the FT group training, broken into two groups of FT), and 16 were in

the control group. Both groups of fathers completed four pretest and posttest

assessments, while the child completed one pretest and posttest assessment (Landreth &

Lobaugh, 1998). Of the men in the FT treatment group, significant increases occurred

with levels of acceptance of their child and significant decreases in the level of stress in

the parent–child relationship when compared to the control group, as measured by the

Porter Parental Acceptance scale and the Parenting Stress Index (Landreth & Lobaugh,

1998). The children of fathers in the FT group also demonstrated significant results in an

increase in their self-concept when compared to the control group, as measured by the

Joseph Preschool and Primary Self-Concept scale. Furthermore, fathers in the FT group demonstrated significant increases in unconditional love, parental attachment, and degree of emotional closeness with child, according to posttest measures and compared to control groups.

Landreth and Lobaugh's (1998) results were supportive of research Harris and Landreth (1997) conducted with incarcerated mothers. These mothers demonstrated: significant increases in levels of acceptance of their child, significant increases in empathic behaviours, and significant decreases in the number of problematic behaviours experienced by their child (Harris & Landreth, 1997). Harris and Landreth's results were demonstrated by the Porter Parental Acceptance scale, the Measurement of Empathy in Adult–Child Interactions scale, and the Filial Problem Checklist. Of particular importance, according to Harris and Landreth (1997), were the FT group's mothers' report that their child's behaviours were now being considered in the normal range of scores when compared to pre-FT scores. The results of both studies supported the use FT as an intervention to strengthen the parent–child relationship with both incarcerated fathers and incarcerated mothers (Harris & Landreth, 1997; Landreth & Lobaugh, 1998).

Summary

The intent of this chapter was to provide a comprehensive literature review of FT. In addition, this information was provided in order to further understand the principles and skills of FT to implement an FT counselling group. This chapter outlined the value of play in children, discussed play as a child's medium of communication, outlined what play therapy is, how it relates to FT, and described FT goals and the group training components in great detail. Lastly, research on the effectiveness of FT was demonstrated

with a variety of populations including an assortment of parent-child dyads and

multicultural groups.

The following chapter, Chapter 3, describes how the research was obtained for

this project. More specifically the research focus, process, and my ethical stance as the

author is explained to provide an understanding for readers. Chapter 3 an important

chapter because it provides a context for the basis of this project and it may also

encourage readers to be interested and motivated to compose similar FT projects or

theses. This project outlines my process towards finding relevant research articles and

books related to FT.

Chapter 3: Methods

This chapter identifies the research process undertaken in order to create this project and develop an applied counselling manual (see Appendix A). Research focused on the principles of FT and on ways to implement a successful group therapy utilizing FT as the main intervention. This chapter concludes with my ethical stance, as the author, on composing this project.

Research Focus

As the author, I was open to gaining information from a variety of methods including books, articles, professional development in-services, media, and so forth. There were no search limits in terms of the year of publication, and for this reason articles used ranged from 1967 to 2010. This is due to the fact that the originator of FT, Bernard Guerney, has written articles from as early as 1964. I wanted to gain an understanding on FT from his original perspective. I also included articles written as recent as 2010 for the sole reason that these articles are modern and relevant to current FT research. At this time, I have not attended any professional development workshops on FT. This is due to none being available in or anywhere near my place of residence. I have also not included any media due to the fact none appeared relevant and useful for the purpose of this project.

There was no restriction on the publication location for the research studies that I reviewed. However, most of the research studies found were conducted in the United States of America. Unfortunately, only a few articles could be located outside of the United States of America. There were two articles from Europe, both of which were case studies (Hutton, 2004; Ryan, 2007). This project also included three articles from Asia,

which included an empirically-based study (Alivandi-Vafa & Khaidzir, 2010), a case study (Alivandi-Vafa & Khaidzir, 2009), and a descriptive literature review (Alivandi-Vafa & Khaidzir, 2004).

Research Process

In regards to the compilation of the literature review, academic journals came from databases such as Academic Search Complete Medline, Child Development and Adolescent Studies, EBSCOhost, Ovid, ProQuest, PsycINFO, Sage, and ScienceDirect. Google search engine was also used to search for additional FT research. A variety of search terms were used. This included, but was not limited to, the following key terms: attachment therapy, child–parent relationship therapy, filial therapy, filial family therapy; Landreth; non-directive play therapy, parent-child relationship, and play in therapy.

Ethical Stance

This project did not involve human subjects or any data collection, therefore, approval from the University of Lethbridge in the area of human subjects research was not required. At all times during this project, I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000). As the author, I also adhered to all writing standards as outlined in the 6th edition of the *Publication Manual of the American Psychological Association* (American Psychological Association, 2010). For the lesson plans, creative freedom was expressed, however, I have still adhered to editorial standards.

Summary

This chapter presented the necessary details on how the research material was collected for the purpose of this project. This included a description of the research focus

and process including databases used and key search terms. In addition, my ethical

stance was stated and adhered to during the project.

The next chapter, Chapter 4, provides a description of the project's synopsis. This

entails a detailed explanation of the project's strengths and limitations. In addition,

future areas of research relevant to the topic of FT group counselling conclude Chapter 4.

Part II, the FT group counselling manual then follows (see Appendix A). The group

counselling manual provides readers with suggested lesson plans, lesson objectives, and

handouts in order to implement the FT counselling group.

Chapter 4: Synopsis

This chapter identifies the strengths and limitations of the project. This chapter also includes suggestions and implications for future research of FT in a counselling group format. Lastly, this chapter concludes with a comprehensive list of resources that were used to compile this project.

Project Strengths

There are a variety of strengths demonstrated throughout this project. This section provides a detailed description of strengths found throughout the two main components of this project (i.e., the report and the manual).

There are a variety of strengths to the literature review found in Chapter 2 of this project. First, the comprehensiveness of the literature review was a significant strength. As the author, I utilized various research studies and authors to provide this comprehensive review. The project incorporated literature directly from the originator of FT, Bernard Guerney in order to understand his perspective for creating the therapy (Guerney et al., 1967). In addition, current resources were also utilized in order to understand recent FT methodology and covered much of the research currently available on FT. Secondly, this comprehensive literature review was written with the intention of being conducive to teaching readers about FT. Moreover, a general discussion of FT was described and detailed descriptions of the specific skills and principles of FT were provided.

Another strength to this project was the research used and included in formulating the literature review. First, the quantitative research articles used sampling of participants, which was a strength. The term sampling generally refers to the process

taken by researchers to select a sample of participants from the defined population that accurately represents that intended population (Gall, Gall, & Borg, 2007). In other words, the journal articles used throughout this project involved a sample of people who were representative of a population of people. This is shown in a variety of research articles, such as research with single parents (Ray et al., 2000), First Nations people (Glover, as cited in Rennie & Landreth, 2000), incarcerated mothers (Harris & Landreth, 1997) and incarcerated fathers (Landreth & Lobaugh, 1998), and mothers and children with exposure of domestic violence (Smith & Landreth, 2003). Secondly, a stratified random sampling was also evident in a handful of journal articles, demonstrating that certain subgroups in the population were adequately represented in the research sample. Examples of research utilizing stratified random sampling included FT with: a Jamaican family (Edwards et al., 2007), an Iranian family (Alivandi-Vafa & Khaidzir, 2009), families with children who were deaf and hard of hearing (Smith, 2002), and families who were homeless (Kolos et al., 2009).

All articles included in this project utilized a variety of self-report measures and tests that group members were required to complete pre- and post-FT training. Many researchers provided explanations for their choice of the self-report measures, providing reasons such as the measures were standardized tests and were demonstrated to have strong test validity and reliability (Gall et al., 2007). These self-report measures included, but were not limited to, assessments such as: the Child Behaviour Checklist, the Joseph Preschool and Primary Self-Concept Screening test, the Measurement of Empathy in Adult–Child Interaction assessment, the Porter Parental Acceptance scale, the Parenting Stress Index, and the Filial Problem Checklist. Furthermore, an analysis of

covariance (ANCOVA) was present to identify significant differences between experimental groups and control groups (Smith & Landreth, 2003). Researchers that used the ANCOVA demonstrated to either retain or reject the hypotheses as evidenced by the self-report measures (Bratton & Landreth, 1995).

Journal articles that utilized a qualitative research methodology used grounded theory in data collection and analysis (Foley et al., 2006). Many qualitative FT researchers described using semistructured interviews that were descriptive and exploratory (Solis et al., 2004). Furthermore, Strauss and Corbin's (as cited in Foley et al., 2006) open-coding procedure and the constant comparison were used to transcribe and analyze in order to identify common themes, concepts, and patterns (see also Solis et al., 2004).

The FT group manual (see Appendix A) in and of itself is a strength of this project. The manual provides facilitators with a user-friendly layout and design. Helpful hints, reminders, assessment techniques and procedures, exercises, and handouts were all developed for convenient use for the facilitators to read, remove, or photocopy when necessary. Another strength of the manual includes the adaptability of the lesson plans. Each lesson plan is independent of the others, which is valuable because facilitators can decide which activities to use and can determine the appropriate order in which to conduct these activities. This provides facilitators with the capability of altering lesson plans to be most appropriate and relevant for each specific group.

Project Limitations

Despite the multitude of strengths, there are a handful of limitations also associated with this project. These limitations were: researcher bias, a lack of available

longitudinal FT studies, and the group manual found in Appendix A is has not yet been tested.

Researcher bias. The first limitation of the project pertains to possible researcher biases from authors of the journal articles used. A bias in research is generally defined as the way certain facts or data are routinely ignored, twisted, or falsified (Gall et al., 2007). Researcher bias was possible in the studies cited in chapter 2 where the researchers were also the FT facilitators (Foley et al., 2006). For example, it is possible group members altered their answers to provided researchers with data the group members believed the researchers wanted to receive. One suggestion to avoid researcher bias in future research is to ensure that the researchers are not as the facilitators of the FT sessions (Foley et al., 2006).

As the author of this project my personal biases must also be identified. I acknowledge the references located and utilized throughout this project may reveal my own agenda and judgments (Ponech, 2010). My own bias may be revealed in terms of the authors referenced and utilized more frequently than other authors, as well as by the information chosen from certain articles over others. Although this has not been done intentionally, this personal bias is important for the readers and I, as the author, to be aware of.

Lack of available longitudinal filial therapy studies. Another limitation to this project was the limited number of longitudinal FT studies available. Longitudinal studies are important for collecting data from group members at different stages post-FT group to assess for long-term benefits (Gall et al., 2007). Unfortunately, there has been little to no research has been conducted that follows parents and their children over time to see if

play skills and positive relationships were sustained over time (Foley et al., 2006). With this information in mind, readers are cautioned to generalize the length of FT benefits over time.

Professional limitations. Given I am a new counsellor to the field, my lack of applied experience may impact the quality of the manual. I have not taken a group therapy course in my Master of Education training. Further, as part of my practicum, I have only started my training in play therapy and counselling with parents. Therefore, with more experience and training, I will be able to better to assess the quality of the manual. For example, when I implement this group upon graduation (under supervision), I will be in a more informed position to refine the manual instructions, adjust the session length, adjust the length required for each activity, and so forth. Overall, future research and implementation of this group manual will strengthen this very important resource for therapists.

The group manual has not yet been tested. The last significant limitation of this project is that none of the suggested lesson plans and handouts found in the group manual (see Appendix A) have ever been implemented. Therefore, at this point, the validity of the manual is unknown given it has not been implemented. As such, there were no experimental or control group data to assess the results. As the author of this project, I cannot be fully certain of the success rate on the manual nor how group members, including the facilitators, would react to the suggested lesson plans.

Areas of Future Research

It is clear that future FT research is necessary. One area in which further research would be valuable is in terms of additional populations studied. Researchers might take

an interest in investigating any potential gender differences in the group members' receptivity and implementation of the training (Foley et al., 2006). For example, participants who are mothers make up more of the group members than do participants who are fathers. It would be fascinating to conduct a comparison study that examined the gender differences associated with the implementation and outcome of FT.

As discussed previously, longitudinal research is limited in relation to FT. Therefore, another area of future research involves conducting long-term, follow-up studies determining the lasting effects and benefits (Foley et al., 2006). For example, researchers could assess initial changes immediately after an FT group ends, 6 months after the group ends, and then 2, 5 and 10 years after the group ends. This could be conducted by researchers mailing self-reported assessments to group participants and assessing the differences in the participants scores from the first and subsequent times filling the assessments out. I believe that research conducted using self-reported assessments by mail would be relatively low-cost and time-efficient, but moreover would demonstrate if there are long-term effects and, if so, what those effects would be.

I would also like to recommend that the group manual (see Appendix A) be subjected to empirical investigation in order to assess if the recommendations and suggestions are supported. It would be interesting to implement the manual and conduct research on whether the length of time per session (2 hours per session) and/or the frequency of each session (1 time a week) is empirically supported. In addition, further research such as obtaining results as to whether group members experienced change, the types of change experienced, and to what extent change occurred would be compelling and an important aspect for future research.

Summary

The intent of this chapter was to provide readers with an understanding of the strengths and limitations of this project. A handful of strengths and limitations were described, providing readers with information and awareness of the project in general and the manual more specifically. In addition, this chapter identified and provided suggestions for FT research ideas/studies to obtain further knowledge on FT.

Closing Remarks

As identified, the intent of this project was to augment readers' knowledge of FT and provide suggested lesson plans for implementing an FT counselling group. Chapter 1 provided an overview and introduction for the usefulness of this project. Chapter 2 served as a foundation for the upcoming manual, as it provided information on FT for readers to understand in order to implement an FT counselling group. Chapter 3 acquainted readers with the research process, research focus, and my ethical stance as to the development of this project. Lastly, Chapter 4 provided a critical analysis of the literature review and manual, including the project's strengths, limitations, and areas for future research recommendations.

This concludes Part I of this project. The next part of this project is Part II, which is comprised of eight suggested FT group counselling lesson plans (see Appendix A). Please keep in mind that these lesson plans are suggestions only; each lesson plan and handout can be modified or removed to suit the needs of individual clients or counselling groups.

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Appendix A:[1]

CONNECTING PARENTS AND CHILDREN THROUGH FILIAL THERAPY:

EIGHT FILIAL THERAPY GROUP LESSON PLANS

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[1] All images in this manual are from Microsoft Clip Art; Microsoft allows customers to use clip art for personal, educational, and non-profit applications.

Table of Contents

Connecting Parents and Children Through Filial Therapy:
Eight Filial Therapy Group Lesson Plans
Facilitators' Manual

PREAMBLE

PURPOSE: The purpose of this group manual is to provide counsellors who work with parents and children with the tools needed to initiate a Filial Therapy (FT) counselling group. The manual contains eight group counselling therapy session plans, comprised of facilitators' notes, group members' handouts, suggested homework activities, and other resources. Also included is a sample brochure that facilitators can modify to suit their needs based on their agency and FT group.

FOR ADDITIONAL INFORMATION: Prior to implementation of this group manual, facilitators are strongly recommended to read Chapters 1 through 4 of this project in order to understand the framework and context. In addition, it is ideal that facilitators who utilize this manual have previous experience working with parents and children, have experience in conducting counselling groups, and are familiar with child development and teaching parental skills.

COPYRIGHT STATEMENT: The material included in this group manual is subject to copyright and permission of the author or the author's supervisor (Professor Dawn McBride) should be sought prior to implementation of the manual. For permission please email the author's supervisor at dawn.mcbride@uleth.ca.

The reader may use ideas from this manual providing they are referenced as:

FACILITATOR QUALIFICATIONS: The group manual has been designed for group facilitators who have obtained a master's degree in the counselling field. Furthermore, it is recommended that facilitators have training in play therapy, taken courses in child development, and have received training in group processes.

GROUP MANUAL FORMAT: The group manual has been designed to be run with six to eight group members. Group members are considered to be the parents who attend the sessions. Although parents engage in at-home special play sessions, children do not attend the group for any reason. This group is designed as a closed group, and thus new members will not be accepted after the presession. Group members are asked to contact a facilitator if they are sick or will be absent from a group session. Additionally, if a group member misses two sessions, the member will be asked to leave the group and will be referred to seek services at an alternate counselling group or counselling agency.

INITIAL GROUP MEMBER INTAKE: It is highly recommended that facilitators meet with potential group members individually prior to the presession group meeting. This recommendation is specifically due to the fact that initial intake meetings contribute to the success of the first session. For additional information and to understand the goals of conducting the initial group member intake, please read Chapter 2 of this project.

SELECTION OF GROUP MEMBERS: Research demonstrates that FT group counselling is highly effective with diverse cultural populations and various presenting issues. For information on past research conducted with diverse populations please read the "Effectiveness of Filial Therapy" section found in Chapter 2. This manual is designed to be used with a variety of cultural and presenting issues for group members. Despite this design, use discretion when implementing suggested activities from this manual and feel free to modify lesson plans based on needs and backgrounds of group members.

CONTRAINDICATIONS OF GROUP MEMBERS: There are five main circumstances in which FT is unsuitable and inappropriate for parents. Facilitators are highly recommended to read the 'Contraindications' section found in Chapter 2. During the initial intake process, facilitators should screen for those parents who meet the

exclusion criteria. Appropriate referrals should be provided for those families that do not match the FT requirements.

GROUP LENGTH: The group will run for 8 consecutive weeks. A pre- and postgroup meetings are also included within this 8-week period. It is suggested that the length of each group session, including pre- and postgroup meetings, be 2.5 hours long.

INSTRUCTIONS FOR USE: This manual provides facilitators with a guide on implementing an FT counselling group. Although this manual is designed with the intention to be implemented with culturally diverse clients, facilitators are strongly recommended to alter any of the activities in order to suit any specific needs and backgrounds of group members. The group manual has been designed with the expectation that facilitators will use the informal assessment measures included in the manual to further refine the group's content and process. The clients' written assessments of the group's content and process are intended to be used to refine the group from session to session and group to group. The contents of this manual are to be used in an ethical manner and must not be used to inflict harm. Facilitators are to refer to their appropriate code of ethics to gain further information or guidance when implementing this manual. Facilitators are advised to consult Chapters 1 through 4 of the project for additional information pertaining to group screening criteria and other ethical issues.

CAUTIONS AND LIMITATIONS: Group facilitators using this manual are recommended to remind group members of their rights to opt out and to not participate in any activity at any time, without consequence. Further, please refer to Chapter 5 for the strengths and limitations of this project including the group manual.

Note: Please refer to Chapter 1, 2, 3, and 4 in order to understand the context of the following lesson plans and consider any necessary components before implementing the following lesson plans.

+---+
| **CONNECTING PARENTS AND CHILDREN THROUGH FT** |
| |
| **FT GROUP SESSION PLANS** |
| |
| **PRESESSION: 1 OF 8** |
| |
| **SESSION THEME: INTRODUCTIONS** |
+---+

Objectives for Today's Session:

1) Provide structure for the group

2) Begin to establish group cohesion, trust and safety

3) Administer assessment: Measurement of Empathy in Adult-Child Interactions (MEACI)[2]

Advanced Preparation Required for Today's Session:

- Pens/pencils
- Copies of handouts
- Copies of MEACI
- Copies of Appendix B: Session Evaluation Form

Time: Activity/Objective

5   **Informal group mingling (Objective #2)**

Directions: Facilitators welcome individual group members as they arrive and encourage members to help themselves to drinks and snacks and to meet other members prior to group starting. If members appear uncomfortable meeting others, facilitators can encourage these members to find a seat and get settled. Facilitators distribute name tags—everyone is asked to wear a name tag, including facilitators.

Facilitators post today's agenda for the session.

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[2] Material retrieved from: Smith, N., & Landreth, G. (2003). Intensive filial therapy with child witnesses of domestic violence: A comparison with individual and sibling group play therapy. *International Journal of Play Therapy, 12*(1), 67–88. doi:10.1037/h0088872

5   **Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

20   **Administer assessments (Objective #3)**

Directions: Facilitators emphasize the importance of completing the assessment in order to determine the effectiveness of the counselling group. Facilitators distribute the assessment along with pens or pencils. Members are asked to complete the assessment at their own pace. Facilitators score the assessments when this session is finished. Facilitators will need to access the scores during the last group session (Session 8) to show group members of any improvements during the course of the group. As facilitators, remember to keep the scores confidential, securely, locked and to follow your agency's confidentiality policies.

5   **Facilitator leads introductions (Objective #2)**

Directions: Facilitators introduce themselves and their interest in FT and group counselling. Facilitators are encouraged to share two personal things about themselves (perhaps their hobby, favourite movie, favourite food, etc.). Facilitators ask members to share these same two things with the group. Facilitators normalize the courage it took to come today and congratulate all members on their desire to have change within their family. Check in with members on any questions, concerns, or comments at this time.

10   **Discussion and creation of group norms (Objective #1)**

Directions: Provide the following definition to members: Group Norms: "The shared beliefs about expected behaviours aimed at making groups

function effectively"[3]. Then ask the core questions and use follow-up questions as required. Record answers on a flipchart to enhance the discussion process. Provide pens and blank pages for members to write the rules if they desire to do so.

Core Questions: The following questions are asked in order to address the group characteristics and concepts present during the initial stage of group development.

- What are group norms?
- Why are group norms important to group counselling?
- What group norms are important for this group?

Follow-Up Questions:

- Why is X important for members?[4]
- How will you know X is being reached?
- Which norm is most important to you and why?
- Which norm is least important to you and why?

Facilitators' Notes:

- Refer to *Session 1: Notes #1*

   10   **Discussion of group expectations for members and facilitators (Objective #1)**

Directions: Group members are given the opportunity to discuss their expectations of group members and of facilitators. This is done by asking the core question and using follow-up questions as required. Members are encouraged to raise hands to answer the questions. Facilitators then

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[3] Question from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

[4] Replace X for answers provided by group members. For example X might be safety, confidentiality, trust, respect, etc. Do this for any occasion where X is identified throughout this manual.

indicate their expectations of themselves as facilitators and of the group members.

Core Question: "What are your expectations for this group? What did you have in mind when you signed up?"[5]

Follow-Up Questions:

- Which expectation is most important to you?
- What expectation might be the hardest to achieve?
- What are some of your expectations of other group members?
- What are your expectations of yourself?
- What are your expectations of the group facilitators?
- How should things be handled if someone isn't at the level of the group's expectations?

Facilitators' Notes:

- Facilitators might share why the group was designed, what the hope is to be accomplished, and what the leaders expect of themselves.

__10__ **Discussion about group counselling (Objective #2)**

Directions: Ask the core question, use follow-up questions as required. Record answers on a flipchart to enhance the discussion process. Provide pens and blank pages for members to write the rules if they desire to do so.

Core Question: What are some advantages and disadvantages to group counselling?

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[5] Questions from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

Follow-Up Questions:

- Which advantage is most important to you?
- What disadvantage might be the hardest to overcome?
- How might someone show us that they were feeling X (from the disadvantage list)?
- Which item listed might change with time?

Facilitators' Notes:

- Advantages—some include meeting new people, hearing other members' stories, and feeling supported.
- Disadvantages—less privacy, hard to talk in front of a group, and difficult to share their feelings or stories with strangers.

__10__   **Break**

__10__   **Discussion about Filial Therapy (Objective #2)**

Directions: Facilitators educate members on FT and discuss the goals and advantages of FT. Facilitators explain that each member must select their child of focus for the remaining sessions. This child will be discussed throughout the upcoming group sessions. Facilitators explain to parents that it is not recommended to do FT play session with other children during the course of this group. The purpose behind this is so the parent can learn the skills very well with one child.

Facilitators' Notes:

- Refer to Chapter 2 for additional information

__30__   **Discussion of Supervision Format (aka Videotaping) (Objective #2)**

Directions: Educate parents on how the videotaping process works and re-emphasize that this is a group requirement. Facilitators share why it is useful for learning. Facilitators also provide the opportunity for members

to ask any questions on or share any thoughts about the videotaping process.

Facilitators' Notes:

- Refer to *Session 1: Notes #2*
- Refer to Chapter 2 for additional information

__5__   **Question and Answer Period (Objective #1)**

- Members are encouraged to ask questions they may have in regards to information already discussed during pre-session or in regards to future sessions. Facilitators answer questions.

__10__   **Incomplete Sentence Stems[6] (Objective #2)**

Directions: Distribute *Session 1: Handout #1* and pens to all members. Allow time for members to work individually on this for 5 minutes. Facilitators then pair off group members and members share their answers with their partner. While members are in dyads, facilitators walk around and listen to the sharing process.

After 5 minutes of working in dyads, the group comes back together; members are asked if they would like to share their answers from the handout with the large group. If members choose to share, facilitators can use follow-up questions as needed.

Follow-Up Questions:

- Were any of your answers surprising to you?
- Were any of your answers of concern to you?
- How did it feel to share your answers with your partner?

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[6] Material from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

Facilitators' Notes:

- Facilitators walk around and observe while sharing in dyads is occurring. Do not interject your opinions or answers.

__5__   **Homework (Objective #1)**

- Facilitators distribute *Session 1: Homework #1*. Facilitators explain that members are to read the list and circle the top 5 to 10 words that best describes their current relationship with their child.
- Facilitators encourage members to ask any questions about the homework.

__10__   **Check out (Objective #2)**

Directions: Ask the core question and use follow-up questions as required.

Core Question: "What was it like for you to be in this group today?"[7]

Follow-Up Questions:[8]

- What affected you the most?
- What did you learn?

__5__   **Session Evaluation (Objective #1)**

Directions: Distribute Appendix B: Session Evaluation Form

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[7] Question from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

[8] Questions from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

SESSION 1: NOTES #1

GROUP NORMS

Group Norms: "The shared beliefs about expected behaviours aimed at making groups function effectively."[9]

A list of common norms found in group therapy:

- Attend regularly and be on time.
- Be an active participant and member – share meaningful aspects of yourself.
- Provide feedback to one another.
- Express thoughts and feelings, rather than talking about experiences in a detached way.
- Focus on here-and-now and provide immediacy.
- Provide therapeutic support in an appropriate way.
- Provide challenges without arousing defensiveness of another.
- Listen to the feedback provided to you.
- Privacy / Confidentiality—what is discussed in these sessions stays within group.
- A part of confidentiality is if a disclosure is made in regards to intent to harm others, harm one's self, or if a dependent person or child is at risk, facilitators have a duty to break confidentiality and to report to the proper authorities.
- If another member discloses to you any of these above risks, please inform a facilitator and it will be handled appropriately. This also takes responsibility away from the member.
- Turn cell phones and pagers off during group sessions.
- Avoid bathroom breaks other than the scheduled group break. Use your judgement, and please be respectful of other members' learning.
- If members are not pleased with something in the group, please bring it up with the entire group in a respectful manner.

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[9] Material adapted from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

SESSION 1: NOTES #2

VIDEOTAPING PROCESS[10]

- Remind members that they are expected to practice their FT skills by engaging their child in special play sessions. At one point during this counselling group, each parent is required to videotape themselves engaging in the special play session with their child.

- The videotaping process is an important and essential component of the FT model.

- For the purposes of this specific group format, four parents will be scheduled to videotape their special play sessions and bring their videotapes in during Sessions 6 and 7.

- Options include having the parent record sessions at home (since most parents have home video cameras) or at the agency (arrange with parents for the date and time for this process to occur).

- This experience provides a valuable opportunity for vicarious learning. There is no substitute and no better way for group members to learn about themselves and their FT skills.

- Facilitators are able to view members' skills and provide feedback and encouragement.

- Members are able to provide supportive feedback to other members.

SESSION 1: HANDOUT #1

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[10] Material adapted from: Landreth, G. L., & Bratton, S. C. (2006). *Child parent relationship therapy (CPRT): A 10-session filial therapy model*. New York, NY: Routledge.

INCOMPLETE SENTENCE STEMS[11]

Please work alone for 5 minutes and complete any or all of the following phrases. Once instructed, work with a partner and share your answers.

What I most want from this group is _____

_____

_____

_____

The one thing I most want to be able to say at our final meeting is _____

_____

_____

_____

Thinking about being in this group for the next 8 weeks, I _____

_____

_____

_____

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[11] Material adapted from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

A fear I have about being a group member is _____

_____

_____

_____

One personal concern or problem I would hope to bring up is _____

_____

_____

_____

My most dominant reaction to being in the group so far is _____

_____

_____

_____

The one aspect I'd most like to change about myself is _____

_____

_____

_____

SESSION 1: HOMEWORK #1
PARENT–CHILD RELATIONSHIP WORDS[12]

Choose 5–10 words that best describe your relationship with your child.

Friendly	**Close**
Aggressive	**Warm**
Avoidant	**Perfect**
Conflicted	**Terrible**
Calm	**Cold**
Passive	**Pathetic**
Passive-Aggressive	**Ideal**
Assertive	**Strong**
Comfortable	**Weak**
Friends	**Optimistic**
Authoritarian	**Depressing**
Strict	**Add your own:**_____
Indifferent	**Add your own:**_____
Attentive	**Add your own:**_____
Loving	**Add your own:**_____
Reactive	**Add your own:**_____

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[12] Created by Vigrass, A. (2011).*Connecting parents and children through filial therapy: Eight filial therapy group lesson plans* (Unpublished master's project). University of Lethbridge. Lethbridge, AB, Canada.

CONNECTING PARENTS AND CHILDREN THROUGH FT

FT GROUP SESSION PLANS

SESSION 2 OF 8

SESSION THEME: INTRODUCTIONS & INFORMATION ON

PLAY AND FT

Objectives for Today's Session:

1) Provide structure for the group

2) Continue to establish group cohesion, trust and safety

3) Understand importance of play, play therapy, and FT

Advanced Preparation Required for Today's Session:

- Pens/pencils
- Copies of handouts
- Copies of Appendix B: Session Evaluation Form
- Group norms and group expectations poster sheets taped to nearby wall

Time: Activity/Objective

5   **Introductions (Objective #2)**

Directions: Facilitators welcome individual group members as they arrive. Facilitators distribute name tags—everyone is asked to put it on. Members are encouraged to find a seat and sit down. Facilitators re-introduce themselves and thank all members for returning. Facilitators post today's agenda for the session.

5   **Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

15   **Reminders of group norm and group expectation (Objective #1)**

Directions: Facilitators direct members' attention to a nearby wall and members re-read poster sheets on group norms and group expectations. Members are offered the chance to add or delete any that were discussed from last session. Facilitator distributes blank paper and pens and members are encouraged to write down group norms.

Core Questions:

- Are these group norms still important for this group?
- Are these group expectations still appropriate for group members and facilitators?

Follow-Up Questions:

- Are there any norms that need to added, deleted, or changed?
- Since last week, which norm is most important to you and why?
- Since last week, which norm is least important to you and why?
- Are there any expectations that need to be added, deleted, or changed?

10   **Check in (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What most stood out for you in the last session?

Follow-Up Questions:

- What else are you thinking about since the last session?
- Are there any questions or comments since the last session?
- Is anyone else feeling this way?
- What needs to occur today to make this session run smoothly?

10   **Process and review homework (Objective #1)**

<u>**Directions:**</u> Ask the core question and use follow-up questions as required. Members share answers with the group.

<u>**Core Question:**</u> Share with the group a few of your word choices that most closely reflect your parent–child relationship as it is now.

<u>**Follow-Up Questions:**</u>

- What word most stands out for you?
- What word hurts?
- What words do you wish you could circle?
- What words did you chose that you wish you didn't circle?

15   **Yarn Web Introductions (Objective #2)**

<u>**Directions:**</u> Facilitators explain that this activity is to get to know each other and to build trust among group members. One facilitator starts by holding a ball of yarn and states their name, then holds onto end of yarn ball and throws it to a member. This member states their name and holds the part of the yarn to make the line go tight, and throws to someone else. This continues until all members have stated their name and are holding a piece of yarn. Continue passing yarn ball around but members are asked to answer the following topics:

- Child's favourite food

<u>**Directions:**</u> Now facilitators request that members unravel the web by throwing the yarn ball to the member who last threw it. Two last questions are suggested to continue helping members feel comfortable sharing in the group environment.

- An animal, colour, or object that best describes themselves as a parent
- When member's child was born

_20_ **Chose an object that relates to or reminds you of your child (Objective #2)**

Directions: Facilitators place a variety of objects in middle of the circle. This can include objects found in counselling office such as a blanket, pillow, book, pen, candle, rocks and sticks, and a variety of toys found in a playroom from the sandtray shelves (e.g., animals, bugs, humans, buildings, etc.). Ask the core question and use follow-up questions as required. Members provide answers around the circle. Explain that it is possible for two people to share the same object—member can ask to sit beside the member holding the already selected object.

Core Question: Choose something from the middle of the circle that best represents or reminds you of your child.

Follow-Up Question:

- Why does this particular object remind you of your child?

Facilitators' Notes:

- For some members, talking in front of the group is easier when he or she can externalize onto an object (this is why this activity is suggested).

_15_ **Break**

_20_ **Psycho-Education on play, play therapy, and FT (Objective #3)**

Directions: Facilitators discuss the importance of play and provide psychoeducation on play therapy and FT. Facilitators can encourage members to take notes if they wish to.

Facilitators' Notes:

- Distribute *Session 2: Handout #1*
- Review Chapter 2 of the project

__15__   **Discussion and formulation of individual goals (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Distribute *Session 2: Handout #2* and pens. Once all members have completed the handout, members form dyads and share their goals/answers with their partner. While in dyads facilitators walk around and listen to sharing. The group comes back together after dyads have shared their answers. Facilitators encourage discussion from the entire group.

Core Question: Keeping in mind the focus of this group is FT, what are your individual goals for the next 6 weeks?

Follow-Up Questions:

- How will you know if you have reached your goals?
- What goal seems reasonable to achieve?
- Share your goal that seems more difficult to achieve?
- Why is this goal important to you?
- Where have you experienced this before?

Facilitators' Notes:

- Facilitators educate members that good goals are specific and clear. Facilitators' use of questions can help in this process. Also inform members that these goals will be discussed again and can be reworked in the future (i.e., they are not permanent).

__5__   **Homework (Objective #1)**

- Facilitators distribute *Session 2: Homework Sheet #1*. Facilitators encourage parents to play with their child on two occasions throughout the week, providing 5 minutes of uninterrupted, undivided attention to the child.

- Facilitators encourage members to ask any questions about the homework.

- Review Chapter 2

_10_   **Check out (Objective #2)**

Directions: Ask the core question and use follow-up questions as required.

Core Question: "What are you getting or not getting from this group?"[13]

Follow-Up Questions:

- What parts are you enjoying and why?
- What parts are you not enjoying and why?

_5_   **Session Evaluation (Objective #1)**

Directions: Distribute Appendix B: Session Evaluation Form

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[13] Question from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

SESSION 2: HANDOUT #1

EDUCATION OF PLAY, PLAY THERAPY, AND FT PRINCIPLES[14] [15]

Play is not just to pass the time!

Play is important for the following reasons:

- Children express their feelings, thoughts, experiences, and worries through play.
- Play is the most developmentally appropriate language for children.
- Play is deemed to be the universal language among all children.
- Play holds a variety of important roles for children.
- Play is essential for children's cognitive, social, and emotional growth.

Filial Therapy

- FT focuses on strengthening the parent–child relationship.
- Through FT, parents learn necessary skills to respond most effectively to their child's needs.

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[14] Landreth, G. L. (2002). *Play therapy: The art of the relationship* (2nd ed.). New York, NY: Brunner-Routledge.

[15] VanFleet, R. (1994). *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Press.

SESSION 2: HANDOUT #2

SETTING INDIVIDUAL GOALS

* Please be specific and honest while you complete this form.

1. What do I want to get out of coming to this group?

2. What will I do in the group to achieve this?

3. What do I want from the group to help me achieve my goals?

4. How will I know my goals have been achieved?[16]

5. What do I want to be changed between my child and I?[17]

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[16] Questions 1 to 4 are adapted from: Saxe B. J. (1993). *From victim to survivor: A group treatment model for women survivors of incest.* Ottawa, Ontario: National Clearinghouse on Family Violence.

[17] Question created by Vigrass, A. (2011).*Connecting parents and children through filial therapy: Eight filial therapy group lesson plans.* (Unpublished master's project). University of Lethbridge. Lethbridge, AB, Canada

SESSION 2: HOMEWORK #1
5-MINUTE PLAY EXPLOSION![18]

* On two different occasions, between Session 1 and Session 2, play with your child for 5 minutes straight. Do not allow yourself to be interrupted—give your child your undivided attention.

What did you and child do/play with?	How did you feel? How do you think your child felt?
Play time 1:	
What did you and child do/play with?	**How did you feel? How do you think your child felt?**
Play time 2:	

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[18] Created by Vigrass, A. (2011).*Connecting parents and children through filial therapy: Eight filial therapy group lesson plans* (Unpublished master's project). University of Lethbridge. Lethbridge, AB, Canada.

CONNECTING PARENTS AND CHILDREN THROUGH FT

FT GROUP SESSION PLANS

SESSION 3 OF 8

SESSION THEME: FT SKILLS: CHILD-CENTRED IMAGNINARY PLAY &

STRUCTURING

Objectives for Today's Session:

1) Provide structure for the group

2) Maintain group cohesion, trust and safety

3) Implementation of FT Skills: Child-centred imaginary play and structuring skills

Advanced Preparation Required for Today's Session:

- Pens/pencils

- Copies of handouts

- Copies of Appendix B: Session Evaluation Form

Time: Activity/Objective

_10_   **Check in (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with group members.

Core Question:

- What is something that I tried this week with my child that is different from what I have done in the past?

Follow-Up Questions:

- Was this successful?
- What will I try again? What will I be sure not to try again?
- Does anyone else feel this way?

5   **Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

10   **Process and review of last session (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question:

Why is play important for children?

Follow-Up Questions:

- What can children communicate through play?
- What could parents do to help understand child better when playing?

10   **Process and review homework (objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question:

In reviewing your homework, what is something you would like to share about your play time with your child?

Follow-Up Questions:

- What feelings came up for you while playing?
- How did the play explosion experience differ from the regular play sessions you engage in with child?

Facilitators' Notes:

- Facilitators work to normalize and link parents to one another in order to build group rapport, trust, and cohesiveness.

__10__ **Discussion and process on child characteristics (Objective #2)**

Directions: Facilitators ask members to first share something that they love about their child of focus (e.g., a cute part of their child's personality, the child's behaviour towards guests, cuddling with their child, etc.). Then facilitators ask members to share something about their child that frustrates them. Members each have about one minute to share about their child; try to encourage members to talk about both aspects of this.

Follow-Up Questions:

- Who else feels this way?
- How do you show your child that you love this about them?
- What is one way you can handle this frustration?

Facilitators' Notes:

- Facilitators work to normalize feelings and link members to one another in order to build group rapport, trust, and cohesiveness.

__15__ **Psycho-Education of FT principles. Discussion (Objective #3)**

Directions: Facilitator provides psycho-education on FT. *Session 3: Handout #1* and pens are distributed for members to take notes and learn material visually. Facilitators read from the handout, providing examples

when possible. Allow time throughout presentation to answer members'
questions.

Facilitators' Notes:

- Consult Chapter 2

15   **Break**

20   **Facilitators role-play directive and non-directive play (Objective #3)**

Directions: Distribute *Session 3: Handout #2*. Facilitators role-play the
difference between directive and non-directive play. One facilitator is
"child" and the other is the "adult." Facilitators ask the core question and
use the follow-up questions as required. Record the members' answers on
a flipchart to enhance the discussion process.

Core Question: What difference did you see between the directive and
non-directive role-play sessions? Compare and contrast the two.

Follow-Up Questions:

- What are the similarities between directive and non-directive play?
- What are the advantages of directive play?
- What are the advantages of non-directive play?

Facilitators' Notes:

- Help establish a good discussion and encourage thoughts on both
  types of play. The goal is for parents to appreciate and value both
  but to lean more towards using non-directive play with their child.
- Consult Chapter 2

10   **Practice non-directive play (Objective #3)**

Directions: Facilitators pair members into dyads; one partner practices
being the "non-directive parent" while the other partner practices being the
"child." Encourage members who are the "parents" to allow the "child" to

lead the play, and remind the "parents" that it is their job to follow the "child."

Facilitators' Notes:

- Facilitators walk around and observe members role-playing and provide feedback and suggestions to various groups.

__15__ **Process non-directive play (Objective #3)**

Directions: Gather the group back together. Ask the core question and use follow-up questions as required.

Core Question: How did using non-directive play feel?

Follow-Up Questions:

- What thoughts were going through your mind?
- As the child, how did it feel to lead?
- As the parent, how did it feel to follow?
- Why would this be useful or helpful when playing with your child?

Facilitators' Notes:

- Normalize and link parents who are struggling with valuing this form of play.

__10__ **Structuring Skills (Objective #3)**

Directions: Facilitators distribute the *Session 3: Handout #3*. Facilitators educate members on this skill, providing examples and additional information when possible or as needed. Members practice stating a few sentences to the person beside them in order to become comfortable with saying directive comments.

Core Question: Why would structuring be important in play sessions?

Follow-Up Questions:

- When could parents use the structuring skill?
- How could this skill be useful with children?
- What would or could children learn from this skill?

Facilitators' Notes:

- Highlight the importance of this skill and why parents need to use structuring during all play sessions; discuss the advantages of being consistent.
- Help establish a good discussion and encourage thoughts on both types of play. The goal is for parents to appreciate and value both but to lean more towards using non-directive play with their child.
- Consult Chapter 2

   5   **Homework (Objective #1)**

- Practice a variety of non-directive and directive play with your child.
- Read over *Structuring Skills Handout*. Gain confidence and familiarity with the structuring skills and what to say to your child at different times throughout the play session.

   10   **Check out (Objective #2)**

Directions: Gather the group back together. Ask the core question and use follow-up questions as required.

Core Question: What is one tool you learned today that you are eager to try with your child?

Follow-Up Questions:

- How do you plan to implement that tool?
- Is anyone else planning to implement that tool?

5 **Session Evaluation (Objective #1)**

Directions: Distribute Appendix B: Session Evaluation Form

SESSION 3: HANDOUT #1
FILIAL THERAPY PRINCIPLES[19]

Objective of FT

- To enhance the parent–child relationship

4 Skills in FT

1) Child-Centred Imaginary Play

2) Structuring Skills

3) Empathic Listening Skills

4) Limit-Setting Skills

FT Goals for Parent–Child Relationship

- Strengthen the parent–child relationship and foster a sense of trust, security, and closeness for both the parent and the child.

- Improve family interactions and expression of affection.

- Increase the level of playfulness and enjoyment between the parent and the child.

- Improve coping and problem-solving skills.

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[19] Material adapted from: Landreth, G. L., & Bratton, S. C. (2006). *Child parent relationship therapy (CPRT): A 10-session filial therapy model.* New York, NY: Routledge.

SESSION 3: HANDOUT #2
SKILL 1: CHILD-CENTRED IMAGINARY PLAY SKILLS[20]

Directive Play	Child-Centred Imaginary Play Skills (also known as Non-Directive Play)
The parent leads the play.	The parent follows the play.
The parent tells the child what toys to play with (e.g., educational toys)	The parent says nothing. The child makes decisions about what will be played. The parent listens and follows the child's play.
The parent tells the child where to play with his or her toys.	The parent follows the child around the play area, and the child decides where to play.
The parent leads the play. For example, the parent says to the child, "My doll will be the nurse, and you can have this doll. Your doll is the teacher."	The parent waits until the child gives the parent a toy. Then the parent waits to be told what role to play. For example, the child says to parent, "You can be this doll."

[20] Material adapted from: VanFleet, R. (1994). *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Press.

SESSION 3: HANDOUT #3
SKILL 2: STRUCTURING SKILLS[21]

Structuring Skills – This skill is important because it helps children understand the framework of the play session. These statements are provided to the child to keep the play session boundaries clear.

Entering the play area:

- "[Child's name], this is our play area, and it is now our play time. You can play or do almost anything you want in here. If there is something that you cannot do, I will tell you."

Upon re-entering play area after a bathroom break:

- "[Child's name], you are back in the play area now."

Play area departure:

- Stated when 5 minutes and 1 minute remain: "[Child's name], we have 5 minutes/1 minute left in the play area today."
- Stated at the end of the session: "[Child's name], our time is up. We have to leave the play area now; we will play here again next week."

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[21] Material adapted from: VanFleet, R. (1994). *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Press.

SESSION 3: HOMEWORK #1
PRACTICE CHILD-CENTRED PLAY & STRUCTURING SKILLS[22]

Practice a variety of quick play sessions using both directive and non-directive play with your child. Observe how your child responds to both types of play sessions and provide your reflection and thoughts below.

As discussed in group session:

- Directive = you take control of the play.
- Non-Directive = you let the child control the play.

Area for reflection: _____

_____

_____

_____

_____

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[22] Created by Vigrass, A. (2011).*Connecting parents and children through filial therapy: Eight filial therapy group lesson plans* (Unpublished master's project). University of Lethbridge. Lethbridge, AB, Canada.

CONNECTING PARENTS AND CHILDREN THROUGH FT

FT GROUP SESSION PLANS

SESSION 4 OF 8

SESSION THEME: FT SKILL: EMPATHIC LISTENING

Objectives for Today's Session:

1) Provide structure for the group

2) Maintain group cohesion, trust, and safety

3) Implementation of FT Skills: Empathic listening

Advanced Preparation Required for Today's Session:

- Pens/pencils

- Copies of handouts

- Copies of Appendix B: Session Evaluation Form

<u>Time:</u>   <u>Activity/Objective</u>

10   **Check in (Objective #2)**

<u>Directions:</u> Ask the core question and use follow-up questions as required. Members share answers with the group.

<u>Core Question:</u> We are in the middle of our group sessions. If you were to use a metaphor of the parts and seats in a car to describe your feelings of group thus far, where or what part of the car would you describe yourself?

<u>Follow-Up Questions:</u>

- Can you tell us a little more about why you feel you are in X position?

- What needs to happen for you to move to the steering wheel?

**　5　**　　　　**Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

**　10　**　　　**Process and review of last session (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What stood out for you last week?

Follow-Up Questions:

- What is non-directive play?
- How does non-directive play differ from directive play?
- Why is non-directive play important?
- What is structuring?
- When is structuring important?
- List an important tip related to structuring?

Facilitators' Notes:

- Facilitators work to normalize and link parents to one another in order to build group rapport, trust, and cohesiveness.

**　10　**　　　**Process and review homework (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: By looking at your homework, can you share with the group a difference you experienced when using the directive and non-directive play?

Follow-Up Questions:

- Which form of play were you most comfortable with?
- Which form of play do you feel is most conducive to FT principles?
- What feelings came up for you while playing with your child?

__20__   **Empathic listening skills (Objective #3)**

Directions: Facilitator provides psycho-education on FT. Facilitators distribute *Session 4: Handout #1* and read from the handout, providing examples when possible. Facilitators encourage a brainstorming session on core the question, using follow-up questions as needed.

Core Question: In what ways can you tell how a child is feeling?

Follow-Up Questions:

- How do children show their feelings?
- Why is it important to understand how a child is feeling?

Facilitators' Notes:

- Facilitators refer to Chapter 2

__20__   **Role-play of children's feelings (Objective #3)**

Directions: Distribute *Session 4: Handout #2*. Parents who are unfamiliar with recognizing feelings will appreciate having this handout to glance at when needed. Facilitators role-play a variety of skits with one facilitator being the child and the other being the parent. The "child" demonstrates his or her feelings. At the end of each skit, facilitators "pause" the skit to allow members the opportunity to guess what feeling(s) the "child" may be experiencing. Facilitators can encourage members to refer to their handout to assist with this exercise.

After several role-plays have occurred, facilitators ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: How can you tell when the child is feeling a specific emotion?

Follow-Up Questions:

- Why is it important for adults to understand how their child is feeling?

Facilitators' Notes:

- Facilitators encourage members to imagine themselves in their child's position and to reflect on how they may feel. Other cues involve non-verbal and verbal hints (e.g., facial expressions, posture, body language, voice tone, etc.).
- Facilitators link members who may share similar feelings or experiences. Normalizes the difficulty of this skill.
- Consult Chapter 2.

15	**Break**
20	**Practice (Objective #3)**

Directions: Facilitators separate members into dyads. Members take turns being the "parent" and the "child." The child is to lead the play, and the parent is to reflect on the child's actions or feelings. The "child" is to play with figurines on the floor. This "child" is to engage in enthusiastic play for the first minute of the role-play, then become mad at the figurine. The "parent" is asked to track the "child's" feelings during this play for several minutes. Then "parent" and "child" switch roles and repeat directions.

- Facilitators walk around providing assistance to those members struggling with reflecting action or feelings.

__20__   **Process (Objective #2)**

Directions: Members gather around the circle again. Facilitators lead discussion on engaging in the Reflection of Feelings and Actions exercise. Facilitators ask the core questions and use follow-up questions as required.

Core Question: What is the importance of Reflective Statements?

Follow-Up Questions:

- How do you feel when someone else understands how you feel?
- When you were in the child role, how did it feel to lead?
- How do you see yourself incorporating this skill in your daily life?
- Why is self-recognition of one's own feelings important?

Facilitators' Notes:

- Facilitators explain to members who are still having difficulty with the activity to "put themselves in their child's shoes" and to imagine how they might feel if in that position. Other cues involve non-verbal and verbal hints (e.g., facial expressions, posture, body language, voice tone, etc.).

__5__   **Homework (Objective #1)**

- Distribute *Session 4: Homework #1*. This homework teaches parents to track their child's feelings using reflective statements. Parents are asked to track their child's feelings during the next week and have 15 examples tracked.

__10__   **Check out (Objective #2)**

Directions: Members provide a short description of what they are connecting with in terms of the discussions so far. What is resonating for members? What is most important for members?

___5___   **Session Evaluation (Objective #1)**

<u>Directions</u>: Distribute Appendix B: Session Evaluation Form

| SESSION 4: HANDOUT #1 |
| EMPATHIC LISTENING SKILLS[23] |

Empathic listening. Parents give their undivided attention to their child. Reflective statements can be based on seeing what your child is *doing* or based on how you think your child is *feeling*.

Reflective statements demonstrate empathic listening:

1. Get on the same level as your child and watch them play (e.g., if the child is playing on the floor, then please sit on the floor too ☺)

2. Watch your child—pay attention to what your child is doing. This is not the time to correct or change your child's behaviour. Just watch.

3. While watching, say to your child one of the following sentences, and then go back to watching your child. Continue to repeat steps 2 and 3:

    o   "You are playing with...." (what child is doing)
    o   "You have _____ in your hand" (what child is doing)
    o   "You are happy because ..." (what child is feeling)
    o   "You are proud because ..." (what child is feeling)
    o   For example: "You are playing with the ball. You have a crayon in your hand. You are happy because you like to paint. You are proud of your tower you made." For other feeling words, see the next page of these notes.

**Do not lead or tell the child what to play with, rather follow your child in what they want to do! This is showing your child you accept what they are doing, how they are feeling, and that they have your undivided attention.

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[23] Created by Vigrass, A. (2011).*Connecting parents and children through filial therapy: Eight filial therapy group lesson plans* (Unpublished master's project). University of Lethbridge. Lethbridge, AB, Canada.

SESSION 4: HANDOUT #2

LIST OF 30 FEELINGS: FOCUS ON FEELINGS[24]

Afraid
Angry
Annoyed
Anxious
Bored
Confused
Courageous
Curious
Embarrassed
Excited
Frightened
Grumpy
Guilty
Happy
Jealous
Lonely
Loving
Mean
Nervous
Proud
Sad
Scared
Shy
Silly
Sorry
Surprised
Tense
Tired
Withdrawn
Worried

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[24] Created by Vigrass, A. (2011).*Connecting parents and children through filial therapy: Eight filial therapy group lesson plans* (Unpublished master's project). University of Lethbridge. Lethbridge, AB, Canada.

SESSION 4: HOMEWORK #1

REFLECTIVE STATEMENTS[25]

* bring completed homework to Session 4

Play with your child during the week. During these play sessions do these two things:

1. Reflect on what you see your child doing.

2. Reflect on what you think your child may be feeling (put yourself in child's shoes to understand what feeling child may be experiencing).

Then finish the sentence "You are ..." (pouring water, coloring with the crayon, etc.) or "You are feeling ..." (happy, sad, angry, etc.). Record below what your child was playing with and what your response was.

What your child was playing with:	What your response was:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

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[25] Material adapted from: Landreth, G. L., & Bratton, S. C. (2006). *Child parent relationship therapy (CPRT): A 10-session filial therapy model.* New York, NY: Routledge.

CONNECTING PARENTS AND CHILDREN THROUGH FT

FT GROUP SESSION PLANS

SESSION 5 OF 8

SESSION THEME: LIMIT-SETTING

Objectives for Today's Session:

1) Provide structure for the group

2) Maintain group cohesion, trust and safety

3) Implementation of FT Skills: Limit Setting Skill

Advanced Preparation Required for Today's Session:

- Pens/pencils
- Copies of handouts
- Copies of Appendix B: Session Evaluation Form

Time: Activity/Objective

 10   **Check in (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: Using the form of a metaphor, what type of animal currently describes your level of energy and motivation for being present in today's session?

Follow-Up Questions:

- Are you pleased with the animal you chose to describe yourself?
- What can you do to increase your energy?
- What can you do to increase your motivation?

__5__   **Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

__10__   **Process and review of last session (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What is important about empathetic listening?

Follow-Up Questions:

- What do empathic listening skills include?
- Why is it valuable?
- Why is it important for the child to feel heard and understood?
- What important tip could you teach a friend who might be interested?
- Did anyone else struggle with reflecting feelings or actions?

Facilitators' Notes:

- Facilitators work to normalize and link parents to one another in order to build group rapport, trust, and cohesiveness.

__10__   **Process and review homework (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with group members.

Core Question: How did the homework from the last session go over? What were the groups' thoughts on reflecting actions and feelings?

Follow-Up Questions:

- Was one exercise harder or easier than the other?
- Does anyone else feel this way?
- Anyone have any tips, advice, or comments for the group?

__20__   Limit-setting skills: Learning the steps (Objective #3)

Directions: Facilitators provide psycho-education on limit-setting. Distribute the *Session 5: Handout #1* and pens for members to take notes and learn material visually. Facilitators read from the handout and provide examples when possible. Facilitators engage in a role-playing session to model the three-step limit-setting process. Do two role-plays with each facilitator playing the child and parent role once.

__15__   Practice limit-setting (Objective #3)

Directions: Members separate into dyads. Members take turns being the "parent" and the "child." Facilitators provide a limit for group to set (i.e., no crayons on walls, etc.). The child is to break the limit, and the adult is to set the limit. Have dyads engage in role-play for 5 minutes, and then switch roles. This allows for the three steps of the limit-setting process to be practiced.

Facilitators' Notes:

- Facilitators walk around and assist any members having difficulty. Encourage members to use the handout as needed.

__15__   Break

__20__   Limit-Setting Skills: Learning the Limits (Objective #3)

Directions: Facilitators encourage a brainstorming session on a list of limits that parents feel may be necessary during special play sessions. Parents then receive the *Session 5: Handout #2* identifying common limits

and process whether the list is quite similar, different, etc. Parents are encouraged to spend a minute looking at the two lists, crossing off or adding any items that the parent does or does not identify or agrees with.

Core Question: What are your reactions when you look at both limit lists?

Follow-Up Questions:

- Is there anything on either list that has been missed?
- Does anything feel uncomfortable for you?
- How will these limits feel for your child?

Facilitators' Notes:

- Facilitators normalize and empathize with members if they feel certain limits should or should not be on list. Remind members this list can be changed to suit individual parent-child dyads.

25   **Special Play Session Preparation (Objective #2)**

Directions: Facilitators remind members that the next two group sessions will be focused on watching members' videos. Facilitators ask members to raise their hands if they would like to tape this week's play sessions and encourage those members you feel are prepared and confident. Group A will tape this week, and Group B will tape next week. Remind members that videotaping is a requirement and was discussed during group intake meetings. All members have already agreed to videotaping as part of being involved in the group. However, members do have the option to tape at home (the recommended route) or to tape at the agency. If the videotaping session is taking place at the agency, members need to schedule a date and time with the facilitator to book the play session.

Facilitators will need to divide members into the two groups if they are not self-selecting into the two groups.

Distribute *Session 5: Handout #3*. This is a list of toys that members were asked to gather from their home and collect for the play session. Provide members who are videotaping this week with a motivational pep-talk and reminders of the four skills already learnt. Instill confidence that all members will do their best job. For those members who are videotaping this week, remind them that if they don't have a video camera at home, there are video cameras available for them to borrow from the agency.

Facilitators ask the core questions and use follow-up questions for additional processing.

Core Question: What thoughts go through your mind/body when thinking about the home-based play sessions beginning?

Follow-Up Questions:

- Who else feels this way?
- What is something you have learned in our group sessions that you will remember during your home play sessions?

Facilitators' Notes:

- Facilitators seize opportunities to continue building connections and cohesion between members.

___10___   **Check out (Objective #2)**

Directions: Members describe one feeling word that best states how each person is feeling at the end of this session.

___5___   **Homework (Objective #1)**

- Group A: Facilitators distribute two forms to Group A who will be videotaping this week:
  - ○ *Session 5: Handout #4*. This is a list of helpful "Play Session Do's".

- o *Session 5: Homework #1.* This homework is to be completed after the group member videotaped the play session with their child.
- Group B: There is no designated homework for Group B. However, facilitators can encourage this group to engage in a practice play session.

__5__   Session Evaluation (Objective #1)

Directions: Distribute Appendix B: Session Evaluation Form

SESSION 5: HANDOUT #1
LIMIT-SETTING SKILLS[2627]

Things to know about Limit-Setting:

- It is one of the most essential categories of play therapy.
- It helps children become more responsible for their actions.
- Children develop trust when their parent does what they say they will.
- No Limits = No Security, but Consistent Limits = Secure Relationship.

The three-step process to establishing limits:
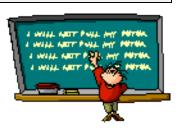
1. ***Stating the limit:***

- The parent is brief yet specific when stating limits. Parent only states the limit when it appears the child is about to break a limit or already has broken the limit.

- *"[Child's name], you want to hit me, but that is something you cannot do in here."*

2. ***Giving a warning:***

- Occurs after the child engages in the prohibited behaviour after being given first warning.

- *"[Child's name], remember that I told you that you cannot hit me. If you choose to do that one more time, I will end our play session today. You may punch a stuffed animal if you want.*

- Parents begin at this second step after the first play session.

3. ***Enforce the consequence:***

- This occurs after the limit has been broken for the third time or the second time if this limit has already warned in previous play sessions. The consequence is always the same: the child must leave the play area and the play session is over for this week.

- *"[Child's name], remember I told you that you cannot hit me and if you did that again we would end the play session. Since you have chosen to hit me again, our play session is over. Now we must leave the area. We can try again next week."*

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[26] Material adapted from: Ginsberg, B. G. (1997). *Relationship enhancement family therapy*. New York, NY: John Wiley and Sons.

[27] Material adapted from: Goodwin, C. E. (2003). *Filial therapy with court-ordered parents of maltreated children: A multiple case study* (Doctoral dissertation, Virginia Polytechnic Institute and State University). Retrieved from http://scholar.lib.vt.edu/theses/available/etd-06062003-133816/unrestricted/Dissertation2.pdf

SESSION 5: HANDOUT #2

LIMIT-SETTING SKILLS: LIST OF COMMON LIMITS[28]

The following list comprises some common limits in FT according to

- The child should not throw anything at windows, mirrors, or cameras.

- Crayons should not be used on the walls, furniture, or blackboards.

- The child may not leave the playroom except for one trip to the bathroom.

- Dart guns should not be pointed or shot at people when they are loaded.

- The child should not destroy valuable items or engage in mass destruction of toys.

- Parents may need to set personal limits, but keep them to a minimum (e.g., no jumping on the parent's bad back; no dumping of an entire container of water on the parent).

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[28] Material from: VanFleet, R. (1994). *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Press.

SESSION 5: HANDOUT #3
TOY LIST[29]

Note: Obtain sturdy cardboard box with sturdy lid to store toys in (a box that copier paper comes in is ideal—the deep lid becomes a dollhouse). Use an old quilt or blanket to spread toys out on and to serve as a boundary for the play area.

Real-Life Toys (also promote imaginative play)

☐ Small baby doll: *should not be anything "special"; can be extra one that child does not play with anymore*

☐ Nursing bottle: *real one so it can be used by the child to put a drink in during the session*

☐ Doctor kit (with stethoscope): *add three Band-Aids for each session (add disposable gloves/Ace bandage, if you have)*

☐ Toy phones: *recommend getting two in order to communicate: one cell, one regular*

☐ Small dollhouse: *use deep lid of box the toys are stored in–draw room divisions, windows, doors, and so forth inside of lid*

☐ Doll family: *bendable mother, father, brother, sister, baby, and so forth (ethnically representative)*

☐ Play money: *bills and coins; credit card is optional*

☐ Couple of domestic and wild animals: *if you don't have doll family, you can substitute an* animal *family (e.g., a horse or cow family)*

☐ Car or Truck: *one to two small ones; you could make this specific to child's needs (e.g., an ambulance)*

☐ Kitchen dishes: *couple of plastic dishes, cups, and eating utensils*

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[29] Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents*. [CD-ROM included with the manual]. New York, NY: Routledge.

Optional

- ☐ Puppets: *one aggressive, one gentle; can be homemade or purchased (animal shaped cooking mittens, etc.)*
- ☐ Doll furniture: *for a bedroom, bathroom, and kitchen*
- ☐ Dress up: *hand mirror, bandana, scarf; small items you already have around the house*

Acting-Out Aggressive Toys (also promote imaginative play)

- ☐ Dart guns with a couple of darts and a target: *the parent needs to know how to operate these toys*
- ☐ Rubber knife: *small, bendable, army type*
- ☐ Rope: *prefer soft rope (can cut the ends off jump rope)*
- ☐ Aggressive animal: *(e.g., snake, shark, lion, dinosaurs—strongly suggest hollow shark!)*
- ☐ Small toy soldiers (12–15): *two different colours to specify two teams or good guys/bad guys*
- ☐ Inflatable bop bag *(Bobo clown style preferable)*
- ☐ Mask: *Lone Ranger type*

Optional

- ☐ Toy handcuffs with a key

Toys for Creative/Emotional Expression

- ☐ Playdough: *homemade or bought*
- ☐ Cookie Sheet: *to contain the playdough mess—also serves as a flat surface for drawing.*
- ☐ Crayons: *eight colours, break some and peel paper off (markers are optional for older children—note: markers can be very messy)*
- ☐ Plain paper: *provide a few pieces of new paper for each session*

- ☐ Scissors: *not pointed, but cut well (e.g., child Fiskars)*
- ☐ Transparent tape: *remember, child can use up all of this, so buy several of smaller size*
- ☐ Egg carton, Styrofoam cup/bowl: *for destroying, breaking, or coloring*
- ☐ Ring toss game
- ☐ Deck of playing cards
- ☐ Soft foam ball
- ☐ Two balloons per play session

Optional

- ☐ Selection of arts/crafts materials in a Ziploc bag *(e.g., coloured construction paper, glue, yarn, buttons, beads, scraps of fabrics, raw noodles, etc. —much of this depends on age of child)*
- ☐ Tinkertoys/small assortment of building blocks
- ☐ Binoculars
- ☐ Tambourine, drum, or other small musical instrument
- ☐ Magic wand

Note: Unwrap any new toys or take out of box before play session. Toys should look inviting.

Reminder: Toys need not be new or expensive. Avoid selecting more toys than will fit in a box—toys should be small. In some cases, additional toys can be added based on child's need and with the therapist's approval. If you are unable to get every toy before first play session, obtain several from each category—ask the therapist for help in prioritizing.

Good Toy Hunting Places: garage sales, attic, friends/relatives, "dollar" stores, toy aisles of grocery, and drug stores.

SESSION 5: HANDOUT #4 FOR GROUP A

PLAY SESSION DO'S[30]

Do set the stage
  o Prepare the play area—block off an area if needed. Have the toys in play area.
  o Use structuring to inform child this is his or her special play time.

Do let the child lead
  o Follow the child in what they are playing with; let the child label what is happening.

Do join in as an active follower
  o Continue to ask the child what her or she wants you to be doing: "You want me to be the teacher?" Whisper question such as, "What should I teach?"

Do verbally track what you see the child doing/playing
  o Tracking lets the child know you are paying attention to him or her and that you are interested. You could say, "You have decided to play in the doll house now," or "You've changed your mind about using that puppet."

Do reflect the child's feelings
  o Communicating that you understand your child's feelings tells your child that you accept his or her feelings and needs. You can say, "You are proud of your drawing," or "You are disappointed on how your painting looks."

Do set firm and consistent limits
  o Setting limits creates structure and predictability. You can say, "I am not for shooting at. You can shoot the gun at the wall."

Do encourage the child's efforts
  o Encouragement of efforts builds self-esteem and confidence. You can say, "You worked hard on that," "You did it," or "You really focused on your work."

Do be verbally active
  o Communicating verbally shows you are interested in your child's play. When you don't know what else to say, use an empathic grunt "hmmm...," which also shows interest and involvement.

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[30] Material adapted from: Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents.* New York, NY: Routledge.

SESSION 5: HOMEWORK #1 FOR GROUP A
THOUGHTS AFTER VIDEOTAPING SPECIAL PLAY SESSION[31]

*** Complete this sheet after videotaping with your child ***

My feelings before the videotaping?

Significant Happenings during videotaping?

What I learned about my child?

- Feelings Expressed?

- Play Themes?

What I learned about myself?

- My feelings?

What I feel I did well at?

- What was challenging for me?

Questions for my facilitators or group members?

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[31] Adapted from Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006) Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents. New York: Routledge

CONNECTING PARENTS AND CHILDREN THROUGH FT
FT GROUP SESSION PLANS
SESSION 6 OF 8
SESSION THEME: VIDEOTAPED SESSIONS – PART 1

Objectives for Today's Session:

1) Provide structure for the group

2) Maintain group cohesion, trust and safety

3) Implementation of FT Skills: Videotape review and supervision

4) Process termination

Advanced Preparation Required for Today's Session:

- Pens/pencils

- Copies of handouts

- Copies of Appendix B: Session Evaluation Form

Time: Activity/Objective

__10__   **Check in (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What was something in regards to your relationship with your child that went well for you during this past week?

Follow-Up Questions:

- Why did X go so well for you and your child?

- What did you do to increase the success of X?

- What do you suppose your child would say about why X went so well?

___5___   **Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

__10__   **Process and review of last week (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: Why is limit setting important?

Follow-Up Questions:

- What does limit setting include?
- What are the three steps?
- Why is it valuable?
- Why is it important for the child to have limits?
- What important tip could you teach a friend who might be interested?

Facilitators' Notes:

- Facilitators work to normalize and link parents to one another in order to build group rapport, trust, and cohesiveness.

__10__   **Process and review homework (Objective #1)**

Directions: The members who videotaped for this week's session begin by answering the core question; all members can join in during the follow-up questions. Members share answers with the group.

Core Question: How did things go during your special play session?

Follow-Up Questions:

- In which ways did you feel successful/unsuccessful?
- Did anyone else feel this way?

- What was something you learnt about your child?
- Did anything surprise you about your child?
- What are some future fears for those who are videotaping this week?

10   **Process on how to give feedback (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What is the best way to give or provide feedback to the member who is showing his or her video?

Follow-Up Questions:

- How would you like to receive feedback?
- What is important when giving feedback?
- What is important when receiving feedback?

Facilitators' Notes:

- Facilitators remind members that they are to reflect something positive to the other member (e.g., focusing on the strengths).

25   **Videotaped Play Session Review and Supervision (Objective #3)**

Directions: Facilitators remind members about how to provide feedback (i.e., positive and constructive). Normalize the feelings of members who videos are to be presented today. Distribute four copies of *Session 6: Handout #1* to each member. For each videotape presented, one form is to be completed.

Facilitators ask if there is a volunteer who would like to go first. If no one volunteers, the facilitators can do something creative to select who starts the process (i.e., pick a number). Facilitators are in charge of all of the technological processes, including having the TV/monitor ready, ensuring

the speakers are turned on and are loud enough, and so on. The member will pass the tape to the facilitator, and the facilitator will start the tape at the beginning. Watch each video for approximately 10 minutes or until a strength is demonstrated. The facilitator is in charge of keeping track of time and knowing when to stop each tape. Once the tape has been stopped, facilitators remind members to use positive feedback (members are encouraged to look at the handout for examples of ways to give feedback). Members provide feedback, and facilitators assist in the process by asking members to explain their feedback in further detail when necessary. The member whose tape was just shown is the last to speak. This member is given the option to debrief thoughts, feelings, concerns, worries, and so on from their video experience.

Facilitators' Notes:

- Facilitators play each videotape until a strength is evident (or until several strengths are evident).
- Four videos are to be played today. This segment allows time for two videos to be viewed.

__15__   **Break**

__25__   **Videotaped Play Session Review and Supervision (continued) (Objective #3)**

Directions: Facilitators remind group members about providing positive, constructive feedback and normalize feelings of members whose videos are being presented during this segment.

Facilitators' Notes:

- Facilitators can refer to the section above to remind themselves about how to run this process, to facilitate members comments, and so on.

- Facilitators play each videotape until strength is evident (or until several strengths are evident).
- This segment allows time for the last two videos to be viewed.

__20__   **Process Termination (Objective #4)**

Directions: Facilitators remind members that there are two sessions left in this group. Facilitators identify and normalize a variety of feelings members may be having since group is coming to an end (fears, anxiety, concerns, excitement and happiness about the group ending, etc.). Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: The group is coming to an end, although there are still two sessions left. When looking at your contributions towards the group, what would you like to continue doing or want to change during the next two sessions?

Follow-Up Questions:

- Why do you feel that way?
- Why is this important to you?
- Does anyone else feel this way?

Facilitators' Notes:

- Facilitators work to normalize and link group members to one another in order to build group rapport, trust, and cohesiveness.

__10__   **Check out (Objective #2)**

Directions: Members are asked to discuss their thoughts on today's session.

Core Question: What did you learn from watching the videotapes in today's session?

Follow-Up Questions:

- How was today helpful?
- How will you implement what you learned during your play sessions?
- What did you walk away learning today?

__5__   **Homework (Objective #1)**

- Group B: Facilitators distribute two forms to Group B who will be videotaping this week:
  - *Session 6: Handout #2.* This is a list of helpful 'Play Session Do's'.
  - *Session 6: Homework #1.* This homework is to be completed after the group member taped the play session with child.
- Group A: There is no designated homework for Group A. However, facilitators can encourage this group to engage in a practice play session.

__5__   **Session Evaluation (Objective #1)**

Directions: Distribute Appendix B: Session Evaluation Form

SESSION 6: HANDOUT #1
IN-CLASS PLAY SESSION SKILLS CHECKLIST[32]

- Do not put your name on this sheet, only the name of the member who is showing the tape.
- Put a checkmark beside the skills you observed, space is provided to the right to record any specific observations.

Name of Video presenter: _____

_____ Set the stage/Structured Play Session

_____ Allowed child to lead

_____ Followed child's lead

_____ Reflected child's actions

_____ Reflected child's feelings

_____ Used encouragement, praised child's effort

_____ Set limits when needed, used the 3-step process

_____ Used encouragement, praised child's effort

_____ Seemed engaged in play session

Any other positive feedback is welcome below:

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[32] Material adapted from: Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents.* New York, NY: Routledge.

Do set the stage
  o Prepare the play area—block off an area if needed. Have toys in the play area.
  o Use structuring to inform the child this is his or her special play time.

Do let the child lead
  o Follow the child in what they are playing with; let the child label what is happening.

Do join in as an active follower
  o Continue to ask the child what he or she wants you to be doing: "You want me to be the teacher?" Whisper question such as, "What should I teach?"

Do verbally track what you see the child doing/playing
  o Tracking lets the child know you are paying attention to him or her and that you are interested. You could say, "You have decided to play in the doll house now," or "You've changed your mind about using that puppet."

Do reflect the child's feelings
  o Communicating that you understand your child's feelings tells your child that you accept his or her feelings and needs. You can say, "You are proud of your drawing," or "You are disappointed on how your painting looks."

Do set firm and consistent limits
  o Setting limits creates structure and predictability. You can say, "I am not for shooting at. You can shoot the gun at the wall."

Do encourage the child's efforts
  o Encouragement of efforts builds self-esteem and confidence. You can say, "You worked hard on that," "You did it," "You really focused on your work."

Do be verbally active
  o Communicating verbally shows you are interested in your child's play. When you don't know what else to say, use an empathic grunt "hmmm...," which also shows interest and involvement.

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[33] Material adapted from: Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents.* New York, NY: Routledge.

SESSION 6: HOMEWORK #1 FOR GROUP B
THOUGHTS AFTER VIDEOTAPING SPECIAL PLAY SESSION[34]

*** Complete this sheet after videotaping with your child ***

My feelings before the videotaping?

Significant Happenings during videotaping?

What I learned about my child?

Feelings Expressed?

- Play Themes?

What I learned about myself?

- My feelings?

What I feel I did well at?

- What was challenging for me?

Questions for my facilitators/members?

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[34] Material adapted from: Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents.* New York, NY: Routledge.

CONNECTING PARENTS AND CHILDREN THROUGH FT

GROUP SESSION PLANS

SESSION 7 OF 8

SESSION THEME: VIDEOTAPED SESSIONS – PART 2

Objectives for Today's Session:

1) Provide structure for the group

2) Maintain group cohesion, trust and safety

3) Implementation of FT Skills: Videotape review and supervision

4) Goal obtainment

5) Termination

6) Relapse prevention

7) Preparation for post-group session

Advanced Preparation Required for Today's Session:

- Pens/pencils

- Copies of handouts

- Copies of Appendix B: Session Evaluation Form

Time: Activity/Objective

  10   **Check in (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What is something you are proud of in relation to your contributions of group thus far?

Follow-Up Questions:

- Why does that make you feel proud?

- Who else feels the same way?

- How is this related to your relationship with your child?

<u> 5 </u>   **Provide session plan and session reminders (Objective #1)**

<u>**Directions:**</u> Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

<u> 10 </u>   **Process and review of last week (Objective #1)**

<u>**Directions:**</u> Ask the core question and use follow-up questions as required. Members share answers with the group.

<u>**Core Question:**</u> What did members learn from watching videotaped play sessions?

<u>**Follow-Up Questions:**</u>

- What is something you learned from another group member?
- What will you try to do differently in the future?
- What will you do the same?
- Who else feels the same way?
- What are some other feelings members experienced?

<u>**Facilitators' Notes:**</u>

- Facilitators work to normalize and link parents to one another in order to build rapport, trust and cohesiveness.

<u> 10 </u>   **Process and review homework (Objective #1)**

<u>**Directions:**</u> The members who recorded since last session begin by answering the core question; all members can join in for the follow-up questions. Members share answers with the group.

<u>**Core Question:**</u> How did things go during your special play session?

<u>**Follow-Up Questions:**</u>

- In which ways did you feel successful/unsuccessful?
- Did anyone else feel this way?

- What was something you learnt about your child?
- Did anything surprise you about your child?
- What are some future fears for those who are videotaping this week?

10   **Reminder on how to give feedback: Process (Objective #1)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: What is the best way to give or provide feedback to the member who is showing his or her video?

Follow-Up Questions:

- How would you like to receive feedback?
- What is important when giving feedback?
- What is important when receiving feedback?
- For those who presented last week, what type of feedback was most helpful?
- For those who presented last week, what type of feedback was least helpful?

Facilitators' Notes:

- Facilitators keep in mind that members are to reflect something positive to the other member (i.e., focus on the strengths).

25   **Videotaped Play Session Review and Supervision (Objective #3)**

Directions: Facilitators remind members about process-based answers (i.e., positive, constructive feedback). Normalize feelings of nervousness from members who videos are being presented during today's session. Distribute four copies of *Session 7: Handout #1* forms to each member. This form is to be completed for each videotape presented during today's group session.

Facilitators' Notes:

- Facilitators play each videotape until strength is evident (or until several strengths are evident).
- Four videos are to be played today. This segment allows time for two videos to be viewed. Watch 10 minutes of each video or until a strength is demonstrated. After watching two videos, take a break.

15   **Break**

25   **Videotaped Play Session Review and Supervision (continued) (Objective #3)**

Directions: Facilitators remind about providing positive, constructive feedback and normalize feelings of members whose videos are being presented during this segment.

Facilitators' Notes:

- Facilitators play each videotape until strength is evident (or until several strengths are evident).
- This segment allows time for the last two videos to be viewed. Watch 10 minutes of each video or until a strength is demonstrated.

10   **Process Goals (Objective #4)**

Directions: Facilitators distribute handout used from session X to formulate members' individual goals. Give members several moments of silence to re-read goals, formulate updated thoughts on this list of goals.

Core Question: What goals from this handout, have you accomplished?

Follow-Up Questions:

- What goals are you proud that you accomplished?
- Why was this goal important to you?
- What goals did you not accomplish?

Facilitators' Notes:

- Facilitators work to normalize and link group members to one

__10__   **Preparation for Postsession (Objective #7)**

Directions: Facilitators remind members that this is the end of the 7th session and that there is just one session left. Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: "How can members best be prepared for leaving the group and continuing to carry their learning into everyday living?"[35]

Follow-Up Questions:

- Do you have a tip to share to the group on how you handle good-byes?
- How will you prepare for leaving this group?
- How will you ensure you carry the learning into everyday life?

__10__   **Check out (Objective #2)**

Directions: Members are asked to express two things:

1) What is something you would like covered for next week?

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[35] Question from: Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.

___5___ **Relapse Prevention (Objective # 5)**

- Facilitators distribute *Session 7: Handout #2*. Brief discussion on local resources for additional information for personal counselling (for caregiver or child), agencies typically offering parent support groups, and articles by FT authors highlighting the importance of FT, benefits, etc.

___5___ **Session Evaluation (Objective #1)**

Directions: Distribute Appendix B: Session Evaluation Form

SESSION 7: HANDOUT #1
IN-CLASS PLAY SESSION SKILLS CHECKLIST[36]

- <u>Do not put your name on this sheet, only the name of the member who is showing the tape.</u>

- <u>Put a checkmark beside the skills you observed, space is provided to the right to record any specific observations.</u>

Name of Video presenter: _____

_____Set the stage/Structured Play Session

_____Allowed child to lead

_____Followed child's lead

_____Reflected child's actions

_____Reflected child's feelings

_____Used encouragement, praised child's effort

_____Set limits when needed, used the 3-step process

_____Used encouragement, praised child's effort

_____Seemed engaged in play session

<u>Any other positive feedback is welcome below:</u>

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[36] Material adapted from: Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents.* New York, NY: Routledge.

SESSION 7: HANDOUT #2
RESOURCE AND ADDITIONAL HELP LIST

For additional information on filial therapy, please refer to the following books/articles:

- Landreth, G. L. (2002). *Play therapy: The art of the relationship* (2nd ed.). New York, NY: Brunner-Routledge.

- Landreth, G. L., & Bratton, S. C. (2006). *Child parent relationship therapy (CPRT): A 10-session filial therapy model.* New York, NY: Routledge.

- VanFleet, R. (1994). *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Press.

For additional parent and/or child resources in the city of Lethbridge, please refer to the following agencies:

- Family Centre – Child, parent, family counselling.
- Lethbridge Family Services – Child, parent, family counselling and Outreach education on parenting skills.
- Mental Health – Children's Team – Child, parent, family counselling, education on mental health concerns in children.
- School counsellors – if applicable
- School teachers, principles, aids – may have information on parent groups, children programs, etc.
- Head Start programs – ask local school for referral information

CONNECTING PARENTS AND CHILDREN THROUGH FT

FT GROUP SESSION PLANS

POST-SESSION: 8 of 8 (conducted one week after Session 7)

SESSION THEME: TERMINATION

Objectives for Today's Session:

1) Provide structure for the group.

2) Maintain group cohesion, trust and safety.

3) Administer assessment: Measurement of Empathy in Adult–Child Interactions (MEACI)[37] .

4) Process termination.

5) Process highlights of parent-child relationship.

6) Process post-group session.

Advanced Preparation Required for Today's Session:

- Pens/pencils
- Copies of MEACI assessment
- Copies of Appendix C: Post-Group Evaluation Form

Time: Activity/Objective

  10   **Check in (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with each other.

Core Question: What was your experience from being in this group?

Follow-Up Questions:

- What have you learned from this group?
- How have you learned X?

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[37] Material retrieved from: Smith, N., & Landreth, G. (2003). Intensive filial therapy with child witnesses of domestic violence: A comparison with individual and sibling group play therapy. *International Journal of Play Therapy, 12*(1), 67–88. doi:10.1037/h0088872

- What was something you liked from being in this group?
- What was something you disliked from being in this group?
- Can you explain more about why learning X was important for you?
- What is something that you have learned about yourself through this experience?.

__5__ **Provide session plan and session reminders (Objective #1)**

Directions: Facilitators inform members of the agenda for the session. Facilitators also inform members of any business or housekeeping issues.

__25__ **Process members' group experiences (Objective #2)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with each other.

Core Question: What was your experience from being in this group?

Follow-Up Questions:

- What have you learned from this group?
- How have you learned X?
- What was something you liked from being in this group?
- What was something you disliked from being in this group?
- Can you explain more about why learning X was important for you?
- What is something that you have learned about yourself through this experience?

Facilitators' Notes:

- Facilitators may need to assist members in being more specific if they make global statements. Continue to ask additional process-based questions to help you, as the facilitator, and other group

members to understand the meaning of their statements (i.e., in what specific ways have you enjoyed/disliked this group).

    25   **Process members' parent-child experiences (Objective #5)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: In what way has your relationship with your child changed?

Follow-Up Questions:

- How has change occurred in your relationship with your child?
- How do you know change has occurred in your relationships with your child?
- Has change occurred in your relationship with other children, your spouse, and with extended family members?
- What is something that you have learned about your child through this experience?

    15   **Break**

    20   **Administer Measurement of Empathy in Adult–Child Interactions (MEACI) assessment (Objective #3)**

Directions: Facilitators emphasize the importance of this assessment to determine the effective of the group training. Members are asked to complete the assessment at their own pace. Facilitators then distribute the self-report questionnaire and pens or pencils.

    20   **Process parent-child relationship change (Objective #5)**

Core Question: How do you plan to implement the information learnt from this group to enhance your relationship with your child?

Follow-Up Questions:

- From the things you have learned from this group, what do you plan to utilize with your child?
- What is something from this group that resonated for your child and helped increase your parent-child relationship?
- How will you seek help if you need a FT refresher?

__15__ **Process termination (Objective #4)**

Directions: Ask the core question and use follow-up questions as required. Members share answers with the group.

Core Question: How are you feeling knowing that this is the last group session together?

Follow-Up Questions:

- What emotions are being experienced?
- Are members' feeling sad, happy, confused about knowing this was the last time you would be walking in the door today?
- How have you handled other good-byes in your life?

Facilitators' Notes:

- Facilitators explain and normalize that good-byes can be difficult, although good-byes are a part of everyday life.
- Facilitators encourage all members to continue doing things for themselves (e.g., personal counselling, self-care, and self-awareness), continue with special play sessions with their child, to extend play sessions with other children, and to keep skills fresh by attending additional parenting classes/groups in the future.

10   **Check out (Objective #2)**

        <u>**Directions:**</u> Members are asked to express two things:

            1) What they plan to remember from this group experience?

            2) What they will try or continue to try with their child?

        <u>**Facilitators' Notes:**</u>

          • Facilitators are also encouraged to share what they have learnt from the group.

5   **Group Evaluation (Objective #1)**

        <u>**Directions**</u>: Distribute Appendix C: Post-Group Evaluation Form

Appendix B: Session Evaluation Form[38]: Session #__

Your feedback and suggestions are important and will help to improve the success of this group. Please spend a few minutes and reflect on your experiences of being in this group. Record your responses in the questions below:

What did you hope to achieve by attending today's group?

What changes do you plan to make?

What was most helpful about today's group?

What was least helpful about today's group?

What pleased you about your own behaviour and/or participation in today's group?

What regrets do you have about your behaviour, contribution, or participation in today's group?

What constructive criticism can you offer to help us improve the Group?

Do you have any additional feedback?

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[38] Material adapted from: Saxe B. J. (1993). *From victim to survivor: A group treatment model for women survivors of incest.* Ottawa, ON, Canada: National Clearinghouse on Family Violence.

Appendix C: Post-Group Evaluation Form[39]

Your feedback and suggestions are important and will help to improve the success of future groups. Please spend a few minutes and reflect on your experiences of being in this group. Record your responses in the questions below:

What did you hope to achieve by attending this group?

What changes did you make?

What was most helpful about the group?

What was least helpful about the group?

What pleased you about your own behaviour and/or participation in the group?

What regrets do you have about your behaviour, contribution, or participation in the group?

Is the ending of the group appropriate for you? Should it have been longer? Shorter?

What constructive criticism can you offer to help us improve the group?

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[39] Material adapted from: Saxe B. J. (1993). *From victim to survivor: A group treatment model for women survivors of incest.* Ottawa, ON, Canada: National Clearinghouse on Family Violence.

Appendix D: Sample Brochure

Material adapted from:

Adapted from: Bratton, S., Landreth, C., Kellam, T., & Blackard, S. R. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents*. [CD-ROM included with the manual]. New York, NY: Routledge.

Is <u>C</u>hild-<u>P</u>arent-<u>R</u>elationship (C-P-R) Training Right for You and Your Child?

As a parent do you feel like you have lost control?

Do you find yourself yelling at your child more often than laughing with your child?

Do you feel you have lost touch with your child…don't feel as close as you'd like?

Do you feel frustrated and find yourself saying the same things over and over again with no results?

Would you like for your relationship with your child to go back to the "way it used to be"?

If you answered "Yes"

to any of these questions,

please read on…

C-P-R Training (also called Filial Therapy) is a research-based, 10-week parenting course that teaches parents how to use some of the same skills that play therapists use to help children experiencing social, emotional, or behavioural problems.

Research shows that motivated parents can be as effective as a professional in helping their child.

How Can C-P-R Training Help?

<u>In 10 weeks, you will learn how to:</u>

Regain control as a parent

Help your child develop self-control

Effectively discipline & limit

inappropriate behaviour

Understand your child's emotional needs

Communicate more effectively with your child

<u>In 10 weeks, you will see a noticeable difference in:</u>

Your relationship with your child

Your child's behaviour

Your ability to respond effectively

Your confidence in your parenting skills

When are C-R-R Training Classes Held?

(Insert day and times)

Classes generally meet weekly for 10 weeks for 1 ½–2 hours

Where are Classes Held?

Insert office /agency /school name address and phone number

How Do I Sign Up?

Space in the C-P-R training groups

is limited, so call

(your office/agency phone number)

TODAY

to set up an appointment

to reserve your spot.

Appointments fill up quickly!

Note: Sliding Scale Fees and Scholarships are Available.

In Today's World…

PARENTING

CAN BE

DIFFICULT

…But there is no more important role
you play than that of parent!

WE CAN HELP…

(insert therapist(s)/agency name

phone numbers, etc.)

Child–Parent–Relationship

(C-P-R) Training

Insert Artwork or Image

Learn the Keys to

Helping Your Child Succeed

in School and in Life

_____

A 10-Session Parenting Program

for parents of children

under 10 years of age