

Filial Therapy as a Cross-cultural Family Intervention

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Filial therapy is a parent training program based upon building and enhancing the parent-child relationship through use of play therapy skills. Since both play and family relationships cross cultural boundaries, it is proposed that filial therapy is an effective family therapy intervention across ethnic groups. The history of filial therapy, rationale for its use, and fundamental structure are discussed. Filial therapy has also been extensively researched and shown to be an effective intervention with a variety of parent and child populations. Included is a discussion of the cross-cultural applications of filial therapy and a summary of filial therapy research with various ethnic populations.

Introduction

Language and culture are often geographically and ethnically bound. This recognition is crucial in the provision of quality psychotherapeutic interventions. While there is an abundance of literature on cross-cultural counseling and psychotherapy, there is nevertheless often a hesitation to adopt “Western” modalities in “Eastern” settings. This is understandable, as it is both a pragmatic and ethical responsibility to be culturally sensitive and appropriate. This is true regardless of the counseling population.

Children and families present unique challenges for the practicing counselor. While interventions must be culturally appropriate, they must also be developmentally appropriate and empirically effective. Therapeutic work with families must be systemic, involving the recognition that people and presenting problems do not exist in a vacuum. Systemic therapy is inherently inclusive, and as such should include children in the process. Children, in light of their developmental level, can only be included if the intervention acknowledges and honors developmental differences. Sweeney and Rocha (2000) assert that it is the therapist's responsibility to respond to the "lowest developmental denominator" in order to be truly inclusive and systemic.

This response recognizes that children developmentally communicate differently than adults. They communicate through play. Play, as will be further discussed below, is the fundamental language of children. This is ubiquitous, as children in all cultures play. While the play media and verbal language may differ, the fact that children communicate through play is universal.

Play is an activity for children which serves many purposes beyond its intrinsic value. It provides a means for communication and mastering of their world, and assists in forming an identity with their family and culture. There is a growth and freedom in being able to adapt, assume, modify, and forfeit various roles in play. For children, the ability to move in and out of play roles fosters a capacity for increased responsibility in everyday life. While roles and responsibilities differ across cultures, they can be explored in developmentally appropriate ways.

Each culture has its own symbols, metaphors and nuances of communicating through verbal and nonverbal ways. Language is a significant component in what defines a culture. However, if adults limit themselves to relating with children only through verbal cues, they are imposing the adult

world on children and thus miss out on the wealth of children's interior worlds (Gil, 1994; Landreth, 2002). Play offers children an opportunity to express themselves using their own symbols, rehearse their own life situations, and find solutions to their problems. In filial therapy, parents have the privilege of entering into their children's world and seeing their children with new eyes. In this respect, filial therapy is culture-specific to each family situation.

This article provides a brief overview of filial therapy, and the interested reader is strongly encouraged to pursue further study and training. The history of filial therapy, the rationale for its use, and the fundamental structure are discussed below. A discussion of the filial therapy research and the cross-cultural applications is also provided.

Filial Therapy as Family Therapy

In filial therapy, the counselor functions more as a facilitator than expert to the parents. This may be a more acceptable form of therapeutic intervention for people in collectivistic cultures, such as those in Asia. As a form of family therapy, the facilitative and educative nature of filial therapy may make the process more acceptable. Additionally, it benefits the whole family, and is not "problem-focused" so as to risk the stigma of labeling a child. Labels are cross-culturally damaging.

The significance of family and kin relationships is also cross-cultural. While there are differences in family roles, functions and structural hierarchy across cultural lines, the importance of family relationships is also a universal phenomenon. In comparison to the often-individual focus in Western culture and psychotherapy, the importance of family and family-focused counseling interventions may be greater in some Asian cultures (Hu & Chen, 1999).

It is suggested that the cross-cultural relevance of both play and family relationships can be therapeutically utilized through filial therapy. Filial

therapy is a family therapy intervention which is focused on training parents to build and enhance relationships with their children using play therapy skills. Parent training is a powerful tool in the therapeutic focus on the needs of children, parents, and families.

Families who seek professional therapeutic input are often motivated not only by the challenges of disruptive child behavior, but also by the increasing stress in the parenting process. Children may be presented as “out of control” and the parents sense their own loss of control as well. Both parent and child are in need of an intervention that will establish or reestablish balance to the chaotic system. Many parent training programs available focus on behavior management or control. Behavioral interventions for children who act out can be useful. However, if a child’s behavior is primarily a reflection of emotional turmoil and unmet needs, behavior control will not have a lasting impact. It becomes necessary to provide a therapeutic experience that touches the child at emotional and relational levels while empowering the parent to be the change agent for the child, themselves, and their relationship.

This empowering of the parents is a key in filial therapy. A large part of the family therapy process when the presenting issue focuses on noncompliance is to reestablish appropriate roles in the family. The parents should be the executives in the system, maintaining control without being overly controlling.

In the parent training process, Sweeney (1997) asserted that “rules without relationship equals rebellion” (p. 166). Parents can employ the most researched, effective, and developmentally appropriate rules of parenting and behavior management; but if the parent-child relationship is poor, the result will involve minimal compliance and potential rebellion. It is relationship that creates the environment for emotional expression and problem solving. Filial therapy provides this opportunity.

Filial therapy is a parent training program focused on relationship. The goal is essentially to promote the parent-child relationship through the training of parents in the use of basic skills used by child-centered play therapists. The parents use the child-centered play therapy skills to conduct weekly 30-minute special playtime in the family home. It is within the special playtime that the parent-child relationship is developed or strengthened. It is proposed that it is upon the foundation of this relationship that discipline and limit setting can truly be effective. A discussion of filial therapy must therefore fundamentally begin with a brief introduction to the world of play and play therapy.

Play Therapy

Play therapy is based upon the fundamental truth that children do not communicate in the same way as adults. Adult communication requires both verbal abilities and abstract thinking skills. Children do not communicate this way. Children communicate through play. The basis for doing play therapy is fundamentally to honor children through entering their world of communication rather than forcing children to enter the adult world of verbalization.

Piaget (1962) discussed the operational progression of child development. The complex and sophisticated nature of adult communication and adult therapy stand in contradiction to the operational nature of childhood and child's play. Verbalization is symbolic and abstract in contrast to the concreteness of the child's world. Sweeney (1997) suggested:

Play and language ... are relative opposites. They are contrasting forms of representation. In cognitive verbalization, children must translate thoughts into the accepted medium (talk). The inherent limitation is that children must fit their world into this existing medium. Play and fantasy, however, do not carry this limitation. Children can create without the restriction of making their creation understandable. Play, therefore, does not lend itself to operationalism. It is preoperational. (p. 27)

For children, play is not just what they do, but an expression of who they are. Because play is the natural medium of communication for children, children are more comfortable expressing themselves through play as opposed to verbalization. Landreth (2002) asserted that children “playing out” their experiences and feelings is the most natural dynamic and self-healing process in which children can be involved.

Play therapy can be defined as a “dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child’s natural medium of communication, play” (Landreth, 2002, p. 14). There are crucial elements contained within this definition, which Sweeney (1997) expands upon. Play therapy involves a dynamic interpersonal *relationship*. It is relationship that is the basis for therapeutic healing; and it should be without question that therapeutic relationships be dynamic and interpersonal. The play therapist should be *trained in play therapy procedures*. Providing play media and using talk therapy does make the process into play therapy. Attending a brief workshop or reading a book about play therapy does not make a play therapist. Training is essential. *Selected play materials* should be provided — not a random collection of toys. In play therapy, the play is the child’s language and the toys are the child’s words. The *development of a safe relationship* is facilitated by the play therapist. This does not involve following the agenda of the therapist. Referred children already feel disempowered and out of control. The child needs to be given the opportunity to *fully express and explore self*. And, as already noted, play therapy allows the children to use their *natural medium of communication, play*.

These same exhortations can be applied to the filial therapy process. It should be dynamic and the therapist should be trained in filial therapy. Selected play materials are an important part of the process, and children

are encouraged to express and explore self through their own medium of communication. The difference is that with filial therapy, the parents are trained to be the facilitators of the “therapeutic” relationship.

Filial Therapy

In the filial therapy approach, parents are trained in an individual or small group format to use child-centered play therapy principles and skills in home play sessions with their own children. Developed by Bernard Guerney and his colleagues in the early 1960s, filial therapy was an innovative approach to the treatment of emotionally disturbed children, because it depended upon the parents of these children learning to conduct play sessions at home and to become the agent of therapeutic change (Fidler, Guerney, Andronico, & Guerney, 1969; B. Guerney, 1964; B. Guerney, L. Guerney, & Andronico, 1966; L. Guerney, 1976).

Before Guerney’s work, there was precedent for training parents to be therapeutic change agents in the lives of their children. Freud (1955), in the early 1900s, worked with the father of a five-year-old phobic child in the case of “Little Hans.” Freud provided instruction to the father for having play sessions at home, and would later interpret the child’s play in sessions with the father. Jacobs (1949) and Baruch (1949) both advocated parent-child play sessions at home for enhancing communication and improving the parent-child relationship. Natalie Rogers-Fuchs (Fuchs, 1957), with the counsel of her father, Carl Rogers, conducted home play sessions based on the writings of Virginia Axline (1947). Fuchs reported positive changes in her daughter, who had been experiencing emotional difficulties related to toilet training. In addition, she noted positive changes within herself. Moustakas’s (1959) description of home play sessions was one of the earliest. Moustakas discussed that play therapy at home provides children with a way to express emotion and release tension and repressed feelings.

The underlying rationale for filial therapy was based on the hypothesis

that if parents could be taught to assume a similar role to that of a therapist, they could conceivably be more effective than a professional because the parent naturally has more emotional significance in the life of the child. Secondly, the anxiety symptoms learned by the child in the presence or under the influence of parental attitudes could be more effectively unlearned or extinguished under facilitative parent-child conditions (B. Guernsey, L. Guernsey, & Andronico, 1966). They also suggested that interpersonal misexpectations could be effectively corrected if appropriate delineations were made clear by the parent to the child about what is and is not appropriate behavior according to time, place, and circumstances.

VanFleet (1994) listed several principles central to filial therapy. First, filial therapists must recognize the importance of play in child development. This includes a consideration of play as the primary means by which children communicate and through which they can understand children. Second, filial therapists must believe that parents can learn the necessary skills to conduct child-centered play sessions with their own children. Third, filial therapists must prefer educational versus biological models of evaluation and treatment. VanFleet summarized the aims of filial therapy as a way to deal with presenting problems at their source, to develop positive parent-child interactions, and to help families develop the ability to deal successfully with future problems without the need of professional intervention through increased communication, coping, and problem-solving skills.

Rationale

Before further discussion of the filial therapy process, it is appropriate to consider some basic rationale for its use. Stover and Guernsey (1967) suggested several advantages to using filial therapy: (a) more parsimonious use of the professional therapist's time; (b) avoidance of fears and rivalry that develop in the parent as the child decreases dependency and develops attachment with the therapist; (c) reduction of guilt and feelings of helplessness that often arise when the parent feels obligated to abandon the

problem to an expert for resolution; and (d) avoidance of the problems that otherwise they arouse when the parent does not develop appropriate responses to new child behavior patterns.

The dynamics of the parent-child play sessions in the filial therapy training process are similar to those in play therapy. There are, therefore, similar beneficial qualities. The following benefits and rationales for using filial therapy have been adapted from Sweeney (1999) and Sweeney, Homeyer, and Pavlishina (2000):

1. *Parent-child play sessions give expression to nonverbalized emotional issues.* Children often express their emotional turmoil through acting-out behaviors, because they do not have a safe place to express these emotions elsewhere. Since play is the language of childhood, the parent-child play times provide a safe medium for expression.
2. *Parent-child play times have a unique sensory and kinesthetic quality.* Play, by its very nature, is sensory and kinesthetic. For children who have encountered trauma there is a need for therapeutic interventions that are sensory and kinesthetic, since trauma itself is sensory in nature.
3. *Parent-child play sessions create a therapeutic distance for children.* There are times when children are unable to express their emotional pain in words. It is easier for emotionally hurt children to “speak” through the metaphor of the play as opposed to verbalizing their pain.
4. *Filial therapy teaches and provides opportunities for boundaries and limits.* Boundaries and limits define the parent-child relationship, as well as other relationships. Limits are needed to provide a safe world for children, as children do not grow where they do not feel safe. A specific limit-setting model is taught in filial therapy.
5. *Parent-child play sessions provide a unique setting for the emergence of therapeutic metaphors.* Unexpressed emotional needs can find facilitated expression through the metaphorical and fantasy quality of the play experience.

6. *Parent-child play times are effective in overcoming a child's resistance.* Children who are resistant to participating in psychotherapy are often more open to a “therapeutic” experience with their parents. Children who are resistant to talking with their parents are often open to an experience which is not verbally based.
7. *Parent-child play times provide a needed and effective communication medium for the child with poor verbal skills.* Many children struggle with the challenges of developmental language delays or deficits in social or relational difficulties. Play sessions facilitate communication for children grappling with these and other language difficulties.
8. *Conversely, parent-child play times can cut through verbalization used as a defense.* For the verbally sophisticated child, who uses the adult skills of intellectualization and rationalization as a defense, the play times may cut through these defenses.
9. *Parent-child play sessions create a place for the child to experience control.* One of the primary issues for the child who is in crisis or has experienced trauma is the loss of control. The facilitated, as opposed to directed, play times provide an opportunity for the child to be empowered.
10. *Most importantly, parent-child play times enhance and strengthen the parent-child relationship.* Since the focus of the filial therapy is not upon behavior management and control, parents have the opportunity to invest in the relationship with the child.

It is proposed that filial therapy would be a very effective parenting intervention for Asian families. It has been shown to be effective with many at-risk populations as discussed in the research section below, and is ideally suited for families where kin relationship and handling issues within the family system are priorities.

Play and Filial Therapy Cross-culturally

Pedersen (1997) suggests that the Western approach to counseling

essentially focuses on helping people feel more pleasure and less pain, more success and less failure. He suggests that this one-directional approach does not consider the two-directional balance that is sought after in Asian cultures. Defining and restoring balance is key to effective counseling in non-Western families. This is a key element to filial therapy, with its focus on parent-child and family relationships, as opposed to a problem-focused approach which looks primarily to issue resolution.

Since many cultures emphasize the family over the individual much more than in Western culture, family interventions may be particularly effective and appropriate within such collectivistic groups (Aponte, Rivers, & Wohl, 1995). However, many therapists are at a loss in how to incorporate young children into the therapy process without relegating them to the corner with a few toys and some crayons. Many Asian people and communities consider the immediate and extended family as the primary source of support and intervention. As opposed to the typical Western focus on independence and autonomy, there is frequently a focus on interdependence. Hu and Chen (1999) note that for Asians, “the family unit has been the strongest social unit to provide guidance, support, and help to individuals” (p. 31). Therapy interventions such as filial therapy keep the focus within the family, promoting both child and parent autonomy through a process of interdependence and mutual activity.

In family-focused cultures, seeking the help of a therapist for kin challenges may be somewhat taboo or at least offer certain resistances. The idea of being open and intimate with a stranger about family difficulties can risk bringing shame upon both the family group and the larger collective (Ponterotto, Casas, Suzuki, & Alexander, 1995). With filial therapy’s positive and strengths-based focus on relationship enhancement, possibly shameful family challenges are not the focus.

A play therapy-based intervention may be particularly helpful cross-

culturally. Ho (1992) asserts that in therapy with “children whose cultures do not endorse open expression of feelings, especially to a nonkin member, play sometimes can be a child’s only form of communication. Playing in therapy permits children to verbalize conscious material and associated feelings safely and to act out unconscious conflicts and fantasies” (p. 127). Ho also suggests that the Asian work ethic may view play as a frivolous activity, noting that “Asian parents may not consider play as productive to solving their children’s problems, which they think often center around too much play and not enough serious work” (p. 128).

This points to an important issue in the filial therapy process. Huang and Ying (as cited in Gibbs & Huang, 1998) found that it is important to educate parents as to the efficacy of play, especially when working with parents who stress academic excellence. Since education is valued in many Asian cultures, the educational component of filial therapy can and should be highlighted. As opposed to other forms of counseling interventions, filial therapy is both psychotherapeutic and psychoeducational. A primary educational goal of filial therapy includes the teaching of parenting skills to be used within the family as opposed to establishing a dependent counseling relationship.

In work with the Japanese-American population, Nagata (as cited in Gibbs & Huang, 1998) reported that play therapy is an effective and important form of therapy. The use of play therapy allows themes to emerge that are unlikely to be expressed in traditional family therapy or with the use of behavioral treatments. She echoes the caution noted above, however, that excessive play can be seen as a frivolous activity by some Japanese-American parents and it may be challenging for some to accept play therapy as a valid form of treatment. With a strong emphasis on using free time for homework, parents may see the use of play therapy as indulgent, looking instead for more concrete signs of progress. For this reason, Nagata stressed the importance of clearly delineating the goals of the therapy to the parents. Gil

(1994) summarized this, stating: “The goal of play therapy is to assist children to identify and express their feelings in healthier, nonsymptomatic ways, as well as to encourage the working through of difficult emotions while finding and using alternative nonproblematic behaviors” (p. 33).

Research

Filial therapy has consistently been demonstrated to be an effective family therapy intervention. While the majority of the research has been conducted with Western populations, consistent results have been found with cross-cultural populations. A recent meta-analysis of filial therapy research with multiple populations was conducted (Ray, Bratton, Rhine, & Jones, 2001) which confirmed its fundamental efficacy. In a review of filial therapy studies, experimental groups performed at 1.06 standard deviations better than the nontreatment control groups. This is significantly stronger than previous child therapy research. An earlier meta-analytic study of child psychotherapy concluded an effect size of .71 (Weisz, Weiss, Han, Granger & Morton, 1995).

Western Populations

Since its inception, the efficacy of filial therapy has been researched and substantiated. Stover and Guerney (1967) evaluated the effectiveness of training mothers in basic filial therapy skills and demonstrated that parents can learn to modify their pattern of interactions with their own emotionally disturbed children by employing the role of a client-centered therapist.

Andronico, Fidler, Guerney, and Guerney (1967) evaluated the combination of didactic and dynamic elements of filial therapy and illustrated a reduction in physical and behavioral symptoms, increased academic performance, and increased cooperation in the parent-child relationship. They attributed the positive results of these investigations in large part to the increased levels of empathy shown by parents toward their children. To measure the development of empathy, scales were developed (B. Guerney,

Stover, & DeMeritt, 1968; Stover, Guerne, & O'Connell, 1971). The studies concluded that the level of empathy communicated by the parent was a decisive element in the process and was crucial for significant change to occur. B. Guerne and Stover (1971) reported that children of mothers trained in filial therapy showed significant improvement on several measures of behavioral and psychosocial adjustment, as rated by their parents. Two evaluation measures of clinical observation also showed significant improvement.

Filial therapy research has been applied in a wide variety of settings and with varied populations. Andronico and Blake (1971) applied filial therapy to children with stuttering problems, and reported a reduction in stuttering when parents refocused energy toward improving parent-child challenges. Gilmore (1971) studied learning disabled children, and reported a significant improvement in the children's academic and social functioning. In a study of filial therapy with educable mentally retarded children, Boll (1972) reported that mothers in filial therapy noted positive social changes in their children.

Oxman (1972) conducted a large study, including 51 mothers of children who had been diagnosed as emotionally maladjusted and provided with twelve months of filial therapy training. In comparison to the control group, the parents trained in filial therapy reported significant changes, including a significant decrease in problem behaviors on two behavioral checklists. Ginsberg (1976) discussed the qualitative efficacy of using of filial therapy in a community mental health setting, and reported that filial therapy was an effective approach to be used as an intensive short-term intervention with foster parents, low socioeconomic groups, and single- and two-parent families.

Sywulak (1977) investigated clinic-referred parents, in which the parents served as their own control group. The parents were assessed four months

prior to the filial training, immediately before training, at two months into the training, and four months following completion of the training. Significant results were reported on increased parental acceptance and decreased child behavior problems. Sensue (1981) conducted a three-year follow-up study of the participants in Sywulak's study, and found these significant results were maintained over the three-year follow-up period. These long-term changes were also noted in another study by L. Guernsey (1975) who found positive responses surveying former filial therapy participants one to three years after the completion of the training.

Payton (1981) evaluated filial therapy with both parents and paraprofessionals. The parents and paraprofessionals received filial training, and the experimental group parents showed significantly improved parental attitudes and reported significantly greater behavioral improvement as compared to the control groups. Lebovitz (1982) also conducted a comparative filial therapy study, with the treatment groups showing significant gains on measures of parental acceptance and parental involvement, and decreases on problem child behaviors. Glass (1987) found that filial therapy significantly increased parents' feelings of unconditional love for their children as well as significantly decreased the parents' perception of expressed conflict in the family.

Several qualitative studies (Bavin-Hoffman, 1995; Lahti, 1992; Packer, 1990) attest to the efficacy of filial therapy training for parents. These studies reported that following filial therapy training, parents perceived themselves as having attained skills that positively affected their children and themselves, reported gaining an increase in objectivity, increased awareness of their child's needs, enhanced self-communication, and noted positive changes in their children, themselves, and couple relationships.

Multiple research studies have shown the efficacy of filial therapy with specific parent or child populations. Two studies looked at the effects of

filial therapy with parents of chronically ill children (Glazer-Waldman, 1991; Tew, 1997). These studies showed a decrease in parental stress and children's acting-out behavior, increase in parental empathy, and a general report of positive changes in self and children. Filial therapy has also been studied with the challenging population of incarcerated parents (Harris, 1995; Lobaugh, 1991). With fathers in a federal correctional facility and mothers in a local jail, both studies used a 10-week filial therapy model. Significant positive gains were demonstrated in the reduction of parental stress, increase in parental empathy and acceptance, and a decrease in reported behavioral changes in their children.

Research studying single parents has also provided positive results (Bratton, 1993). Using the 10-week filial therapy training, significant increases were measured in single parents' empathy and acceptance toward their children and significant decreases in parental stress and parental report of child problems. Kale (1997) demonstrated the effectiveness of filial therapy with parents of children with learning difficulties. Again using the 10-week model of filial training, similar significant results were reported. In a similar research design, Costas (1998) confirmed the same positive results with non-offending parents of sexually abused children.

Recently published research continues to support the efficacy of filial therapy. In a qualitative report, filial therapy was noted to be effective with Head Start families (Johnson, Bruhn, Winek, Krepps, & Wiley, 1999). Garwood (2000) reported improved parental perception of children with selective mutism following filial therapy training. In a case study of two mothers and their children, filial therapy training resulted in significant decreases in maternal stress and children's negative behaviors (Athanasίου & Gunning, 1999).

Smith (2000) researched filial therapy with child witnesses of domestic violence, additionally comparing the results with previous research with

the same population using intensive individual (Kot, 1996) and group (Tyndall-Lind, 1999) play therapy. Smith found improved child self-concept, decreased internalizing problems and externalizing behaviors, and increased maternal empathy. These measures demonstrated greater efficacy than similar measures with the other two interventions.

Non-Western Populations

Although filial therapy was developed in the United States, it should not be considered an “American intervention.” The United States itself has a plethora of cultural populations with varying degrees of acculturation, and has been a model laboratory for researching the efficacy of filial therapy as a treatment across cultures. At the same time, it is recognized that further research must be done to further support the efficacy of filial therapy with Asian populations. This is strongly recommended.

The existing cross-cultural filial therapy research encompasses several populations, including Chinese parents (Chau & Landreth, 1997), Dominican and Puerto Rican mothers of children enrolled in Head Start early intervention programs (Johnson, Bruhn, Winek, Krepps, & Wiley, 1999), Korean parents (Jang, 2000), immigrant Chinese parents in Canada (Yuen, 1997), and Native American parents on the Flathead Reservation (Glover & Landreth, 2000). The consistently positive results of these studies with various populations speak to the universality of the human need for strong relational connection.

Chau and Landreth (1997) investigated the effectiveness of filial therapy with Chinese parents. While this study was conducted in the United States, the population consisted of first-generation Chinese parents. All assessment instruments and filial therapy instruments were translated, and the training conducted in Mandarin. The experimental group of Chinese parents received the 10-week format of filial training, and showed significant change in comparison to the control group. The parents in the experimental group demonstrated significant increases in their levels of empathy and acceptance

toward their children and significant decreases in parental stress. Using the same training model and measures, Yuen (1997) researched filial therapy with Chinese immigrant parents in Canada. The experimental group of parents showed significant improvement on all measures, as compared to the control group of parents.

In a study of mothers of young children in Korea, Jang (2000) found that filial therapy had a positive impact on parent-child relationships. Jang suggests that the Korean culture tends to have a strong emphasis on children's cognitive development and academic success to the detriment of emotional development. Though the training was conducted between the mother and one child of focus, the positive results of the filial therapy generalized to other relationships within the families. Communication between parents improved as well as the mothers' empathic responses toward nonparticipating children.

The post-testing of the filial therapy training showed a less significant decrease in parental stress level than has been observed with other experimental groups. Jang (2000) postulated that the mothers were concerned with presenting with lower stress levels in the pre-testing which would have skewed the results. One Korean-American play therapist suggested that her native culture is so competitive that the training process could be stressful for Korean parents. She speculated that the benefits of the training may not be as apparent until afterwards when the parents are not feeling the need to be the best.

In cultures where competitiveness is stressed and emotional development is subverted by academic achievement (Jang, 2000; Johnson-Powell & Yamamoto, 1997), filial therapy can be promoted as a useful tool for increasing overall success in children. Children who are more secure emotionally will have fewer problems behaviorally in school, thus promoting better achievement. This may correlate with children getting into better

schools, which can lead to better jobs, and so on. Unfortunately, within some Asian cultures, academic decline is the only indicator of need for professional help. Good grades may give parents the false impression that the child does not suffer from emotional or social problems.

Using the 10-week model of filial training, Glover and Landreth (2000) evaluated the use of filial therapy with Native Americans. Although there was not significant change on similar assessments as employed in previous studies, positive trends were evident on all measures.

Chau and Landreth (1997) suggest that “although there are differences in the purpose and values underlying filial therapy and the traditional Chinese parent-child relationship, Chinese share basic human needs and human aspirations with the rest of humankind” (p. 89). All people share this need for relationship. As an intervention focused on relationship enhancement, filial therapy has been demonstrated to be a powerful family intervention, and the efficacy and appropriateness appear cross-cultural.

Process of Filial Therapy

It is important to note that it is not possible within the scope of this article to adequately describe the filial therapy process or to provide training to therapists interested in utilizing filial therapy. The interested reader is strongly encouraged to pursue appropriate training and supervised experience.

Filial therapy with parents can be taught on an individual or group basis. The recommended format is for the training to be conducted in a group setting. Since many struggling parents often feel alone in their challenges, the dynamic of a shared group experience becomes invaluable. It is inevitably reassuring for parents to know that others in the group contend with similar issues. The groups should generally be limited to six or eight parents. Larger groups may become cumbersome in light of the fundamental dynamics of

group work and the need to provide a significant amount of training and the appropriate supervision of parent-child play sessions.

Some parents and families in Asian cultures are reticent to share internal relational problems with peers. As noted, filial therapy training can be provided on an individual basis. If the situation presents, it may be beneficial to continue with the “group” model by including extended family members in the parent training. The filial therapist, therefore, must be trained and experienced as both a play therapist and group therapist.

10-Week Model

The 10-week filial therapy model developed by Landreth (2002) is the recommended format. While other models of filial therapy call for a lengthier format, it has been found that parents frequently do not have the time or commitment level to continue longer than ten weeks. The ten weeks should be considered a minimum because of the substantial amount of material covered. The duration is also crucial so that parents can be supervised adequately in their skill development and so that proper support can be given to parents who are frequently dealing with emotionally charged parenting issues.

This model is based on conducting filial therapy in a group setting. When filial therapy training is conducted on an individual basis, it is the first author’s experience that the duration is usually six weeks. Although it might be postulated that the treatment time should be shorter because of the decreased number of clients, the supervision component of the training necessitates this duration.

Whether a group or individual process, filial therapy training should involve discussion and interaction. Whereas parents are often looking for answers from the “expert,” the filial therapist should focus on facilitation rather than direction and dispensing advice. It is a helpful group dynamic

for group members to be able to brainstorm and offer their own solutions to typical child care problems. Homework should be given each session and reviewed at the beginning of the subsequent session, which reinforces its importance. Homework includes such items as worksheets on recognizing children's feelings; exercises on reflective listening and limit setting; lists for purchasing toys for the filial toy kit; instructions for setting up the play times; instructions for conducting the play times; and limit-setting guidelines. Parents should always be encouraged to ask questions and take notes.

Space prohibits providing a detailed description of each session. A summary outline, adapted from Sweeney, Homeyer and Pavlishina (2000) which is modeled after Landreth's (2002) filial therapy model from his book *Play Therapy: The Art of the Relationship* follows:

Session 1

Parents are asked to introduce themselves and their parenting experiences. Affirmation from other group members frequently occurs during this time, as all discuss shared positive and negative experiences. Parents are asked to briefly discuss their child of focus. The therapist should take notes during this time and refer to them during the 10th session.

All play sessions should generally be conducted by the same parent, because alternating between parents sets up potential confusion and conflict for the child. If both parents and/or extended family are involved in the training, it is best if all participating adults have one child to work with and practice skills.

The filial therapist should explain the purpose for the training, conduct some role-playing, and give out homework. The goal of this first session is to sensitize the parents to the child's emotions that underlie the problematic behavior, to resensitize the parents to the wonder and uniqueness of their child, and to instruct in the use of reflective listening.

Session 2

Begin with a review of the homework. Continue to use role-playing for skill development, with the therapist modeling empathic responses. A videotape of the therapist conducting play therapy is shown for additional instruction about play sessions.

The parents are given a list of toys to use for the play times, and the therapist demonstrates each toy and discusses its usefulness in the play session. The toys on this list will differ for ethnic or cultural reasons. The therapist assigns the homework of putting together a toy kit and selecting a place for the play session. Both of these assignments should be done together with the child.

Session 3

The parents should report on the toys they have collected and the play session location they have selected. The parents watch another videotape of the therapist conducting play therapy and participate in additional role-playing. The homework assignment is to make a “Do Not Disturb” sign with the child for use during the play session and to conduct the first play session. One or two parents are scheduled to videotape their play sessions for supervision and review at the next training session.

The therapist encourages the parents to stick to the following rules during the play time, adapted from Landreth (2002) and L. Guerney, Stover, and B. Guerney (1972):

1. Don't
 - *Don't criticize any behavior.* Children have much of their emotional and behavioral expressions criticized, and need an experience that is fully characterized by acceptance.
 - *Don't praise the child.* Praise in fact has a tendency to lead children (because they inherently want to please and therefore follow after

praise), and it reinforces an external locus of evaluation. Children, frequently accustomed to negative external evaluations, need to learn an internal locus of evaluation based upon encouragement as opposed to praise.

- *Don't ask questions.* Questions tend to take the focus off the play behavior and thus take children out of the lead. Questions also result in a shift from emotions, play and fantasy to the cognitive process of thinking.
- *Don't allow interruptions during the session.* Children are frequently accustomed to everyone's issues taking precedence over theirs. By prohibiting interruptions, parents not only ensure that the session's flow will not be disturbed, but also send the message to children that they are the priority, and thus are valued.
- *Don't offer information or teach.* Children have multiple "teachers" in their lives, including parents. While teaching is a parental role, the play sessions should not involve this dynamic.
- *Don't preach.* Children are often preached at, primarily because of their "inappropriate" behavior. The play sessions are not times to moralize or correct behavior.
- *Don't initiate new activities.* It is the child's prerogative and privilege to be initiating the activity during the special play times.
- *Don't be passive or quiet.* Passivity and silence communicate a lack of interest and lack of investment.

2. Do

- *Do set the stage.* This expresses the importance of the process to the child (and the importance of the child), and creates an environment in which the process can occur.
- *Do let the child lead.* The child needs to have the control and take the lead. This is empowering and creates the opportunity for children to manage, within the play, what has often been unmanageable in their lives.

- *Do track behavior.* Tracking behavior simply involves verbally reflecting the play behaviors of the child during the play times while expressing interest and investment in the child.
- *Do reflect the child's feelings.* Through reflection of feelings, the parent acknowledges and affirms the child's emotions. This creates a safe and caring atmosphere for the child to play out internalized and externalized behaviors tied to emotional turmoil.
- *Do set limits.* Children are frequently desperate for an environment marked by consistent boundaries. Parents need to learn limit-setting skills. Landreth's (2002) ACT limit-setting model is recommended.
- *Do affirm the child's power and effort.* Encouragement involves acknowledging the child's power and effort. Children, critically needing to know whether they can succeed in life, need encouragement.
- *Do join in the play as a follower.* Although the play sessions are "child-centered," parents need to be encouraged to actively join their children in the play, at the request and lead of the children.
- *Do be verbally active.* Just as silence communicates a lack of interest, being verbally active lets the child know that the parent is not only interested but also dedicated to building the parent-child relationship.

Session 4

All parents give reports of their first play sessions, with the play therapist supervising and the group giving feedback. The focus is on the parents' feelings about the experience. When responding to the parents, the therapist models the reflection of feelings that the parents must focus on during the play times. The group views the videotape(s) of the parent-child play time(s) and gives feedback. It is important that the therapist gives considerable positive feedback during this time, as all of the parents will be somewhat reluctant to be viewed on videotape. One or two additional parents are scheduled to videotape their next session for review the following week. Every parent will schedule at least one play session to be videotaped and

reviewed by the group. The homework assignment is to have the next play session.

Sessions 5–9

These sessions follow approximately the same format as Session 4, with the parents reporting on their play sessions, the therapist providing supervision, and the group giving feedback. Discussion of limit setting in detail usually occurs in Session 5 or 6. The first author has found it helpful to have a file filled with material on various parenting issues on hand to be used as handout material as needed. It is important to remember, however, that the focus of the filial training is upon relationship building and not behavioral control. As the parents move through the training process, they begin to generalize their experiences and skills beyond the play time.

Session 10

Parents again report on their play sessions, view the last videotapes, and review and evaluate the training process. The play therapist should bring out the notes taken in the first session and share the parents' initial descriptions of the focus child and the child's problematic behavior, so that evaluation of changes can occur. This is frequently a beneficial time for parents, as they realize their initial descriptions were often significantly negative. Most parents realize that not only have the children changed, but perhaps more important, that their attitudes toward their children and the parenting process have positively changed as well.

It may be appropriate for follow-up interventions to be arranged. This can involve referrals for individual therapy for either parents or children, or referral to a parent support group. Often, scheduling filial training follow-up sessions helps parents in continuing the sessions.

Parent-Child Play Sessions

It is beneficial to provide summary comments about the parent-child

play sessions themselves. Since the focus of filial therapy is to train parents in the use of child-centered play therapy skills as a means to establish and strengthen the parent-child relationship, the parent-child play sessions represent the core of the training process. Parents must be convinced that play therapy is a legitimate intervention, and that these skills can be taught and used by parents. Some parents report that they already play with their children and therefore question the validity of training which revolves around play. It becomes imperative to educate parents about the meaning of children's play, to explore the value and efficacy of play therapy, and to stress the difference between "regular" parent-child play and the special play times that are a part of the filial therapy training process.

During the 30-minute parent-child play sessions the focus is on the connection between parent and child. This is more important than the content of the play time. The parent's goal is to understand the child's perception of the world, enter into that world, and provide the child with the experience of being understood by the parent.

While it is often tempting to interpret the play, parents should connect with their children and simply enjoy the interaction and the play. Some children will use the parent-child play times to express their view of what is happening at home or school. At these times the parent should not become judgmental or interpret the play to the child. Rather, the parent should view the play as a means for the child communicating his or her concerns to the parent in a way that is safe for the child to do so. This results in enhanced communication and provides the opportunity for the parent to more clearly understand the child. Parents can use that information at a later time, outside the play session, as appropriate, to intervene on behalf of the child.

Applications

It is proposed that filial therapy has both practical and research applications for the Asian mental health community. Many readers may

find this article their first introduction to filial therapy, or even play therapy. Practitioners are encouraged to obtain training and supervision in play therapy and filial therapy. Filial therapy is a powerful adjunctive therapy to add to the selection of options in their work with families.

Graduate programs which offer coursework in play therapy and filial therapy continue to grow in the United States as well as other countries. According to the Center for Play Therapy at the University of North Texas [<http://www.coe.unt.edu/cpt>], there are two universities in South Korea which offer play therapy training: Namseoul University and Taegu University. Seminars and trainings are offered frequently throughout the world. The first author has conducted training in Malaysia and Hong Kong.

The professional organization for play therapists, the Association for Play Therapy (APT) [<http://www.a4pt.org>], provides the only play therapy journal as well as a process to become a Registered Play Therapist and Supervisor. The latest membership directory of the APT lists members in China, Japan, Singapore, South Korea, and Taiwan. Professional identification in this specialty area is encouraged.

Filial therapy provides counselors and therapists with an intervention for a wide variety of their clients. Families experiencing a broad spectrum of issues can benefit from filial therapy, including life-cycle transitions and adjustment responses for parents and children to trauma and other mental health challenges. Filial therapy is based upon the development and enhancement of relationships, which are central to both Western and Eastern philosophies.

As the research section of this article indicates, filial therapy has received an increasing amount of empirical attention. The results demonstrate that filial therapy is an effective intervention. Researchers still have many areas and many populations for evaluation. A specific recommended area of

research would be to do further multicultural studies of filial therapy. Comparison of filial therapy with other parent training methods is also suggested. Additionally, further research is recommended in terms of longitudinal studies, including evaluations of children and families several months and years following the filial intervention.

Conclusion

In a recent review of filial therapy by one of its founders, Louise Guerney (2000), the following summary was offered:

Based on the variations in application of filial therapy that have proven workable across a range of populations, we think that filial therapy is a remarkably robust approach that can be shorter or longer, used with groups or individual families (with only a single parent as well), applied in inadequate sized offices or lovely treatment rooms, and still be depended upon for bringing about desired change. It started out too far ahead of the times. The times and proficient advocates have come together to make it possible for interested practitioners to offer parents a solid, robust, empirically valid, “pleasant to take,” rewarding therapeutic experience. (p. 13)

It is asserted that these benefits apply cross-culturally.

There are many experiences, stressors and traumatic events which negatively influence relationships between parents and children. Filial therapy has been shown to be an effective parent training program in the enrichment of parent-child relationships. It offers the opportunity to strengthen parent-child relationships for a variety of family constellations and family issues. Filial therapy training provides an opportunity for the entire family system to be affected, providing support and training for the parent, security and consistency for the child, and the enhancement of family relationships. As opposed to prescriptive applications of therapy, by focusing on strengths and positive family characteristics, filial therapy works with and within the family structure.

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子女治療作為一種跨文化的家庭介入方法

子女治療是一種應用遊戲治療技巧的家長訓練，目的是建立並鞏固親子關係。由於遊戲及家庭關係跨越文化界限，子女治療是可適用於不同種族的家庭治療介入方法。本文討論子女治療的歷史、應用理據和基本結構。不少研究均指出，子女治療對各種親子關係類別都是有效的介入方法。本文也會討論子女治療的跨文化應用，並總結有關的研究結果。