

**Filial Therapy with Incarcerated Fathers: Effects on Parental Acceptance of Child,  
Parental Stress, and Child Adjustment**

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**Abstract**

The rationale for filial therapy is explored and the effectiveness of a ten week filial therapy parent training group for incarcerated parents is described. Results of the analysis of covariance revealed that incarcerated fathers in the experimental group significantly increased both their attitude of acceptance and their empathic behavior toward their children, reduced their level of stress related to parenting, and reported fewer problems with their children's behavior. Additionally, the self concepts of the children of the experimental group fathers significantly increased as a result of interactions with their fathers in structured filial play sessions.

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In the last three decades, family life in the United States has changed dramatically. Currently over 8.5 million families with children under 18 years of age are maintained by single parents, 80% of which are single as a result of separation or divorce (Hamner & Turner, 1990). A significant contributing factor to single parent households is the estimated eight percent of the children in the United States who have one parent who is incarcerated (Butterworth, 1987). Although the prison population in the United States has more than doubled in the past ten years (Gabel, 1992), little is known about the effects of parental incarceration on children or the parent-child relationship. We know much more about incarcerated mothers than we know about incarcerated fathers. For example, over 70% of female inmates are mothers of dependent children under the age of 18. Almost 90% of incarcerated females are single parents and heads of households. According to some estimates, a quarter of a million children are separated from their parents each year by jail and prison walls (Glick & Neto, 1977; McGowan & Blumenthal, 1978; McPeck &

Tse, 1988; U.S. Department of Justice, 1992). We do not have this kind of information about incarcerated fathers. The lack of statistics concerning fathers in prison may suggest that they are a forgotten group.

This dearth of information concerning fathers in prison has been attributed to the fact that the father's parenting role traditionally has been played down. The stereotype that mothers are the primary care-givers for children seems to relegate fathers to a secondary position in the family. Fathers are, however, more likely to be visited by their children while incarcerated than are mothers and two reasons are often cited (Adalist-Estrin, 1986; McPeck & Tse, 1988; Stojkovic, 1992). First, fewer correctional institutions for women means that mothers are often located far away from the homes of their children. Second, children of female offenders are more than twice as likely to be placed in foster care than are children of male offenders and children of incarcerated fathers typically remain with the mother.

Incarceration can add a tremendous burden to the already stressful situation of not having contact with the family. Many inmates are not placed in the same vicinity as their families, and many families cannot afford to relocate close to a prison, in order for the incarcerated parent to stay involved with the family. Thus, there is limited interaction between parent and child. According to McPeck and Tse (1988), 63% of male incarcerated parents and 53% of female incarcerated parents had families within 400 miles of the parent's prison. Since this was considered to be approximately a two day round trip, many families chose to make the trip only once a week or less. The average frequency of visits, according to this report, was once a month. The only time inmates get to interact with their children is when someone chooses to bring the children to the institution. Even when children visit once a week, it is all too common for the incarcerated parent to lose a sense of closeness with them. Children's outside activities coupled with parents' limited time to interact with children creates a poor environment in which to build healthy relationships (Adalist-Estrin, 1986).

The effects of separation on the children of incarcerated parents can be significant. McPeck & Tse (1988) have found that children who interact with their incarcerated parents only once a month or less develop substantial emotional needs. Failure to provide nurturing relationships that fulfill these emotional needs may contribute to a continuation of the cycle of incarceration. Children of incarcerated parents are four times more likely to become juvenile delinquents involved in criminal activities than are children from the same socioeconomic background with parents at home. This pattern continues as they enter their adult life, where research clearly indicates that children who had an incarcerated parent are at high risk to be incarcerated as a juvenile or adult. According to Hermann-Keeling (1988), when fathers are incarcerated for long periods of time, children become confused about when and if their fathers will return and often question if being sent to prison can happen to them. In addition to these fears, loss of contact with the incarcerated parent is associated with lower self-concepts and lower achievement scores for these children.

Programs to help the families of incarcerated parents are almost non-existent. The few programs, however, which have been implemented to address family issues and provide

parent training for incarcerated parents and their families have demonstrated the benefits of such interventions. Adalist-Estrin (1986) found the provision of a playroom setting for children during visitation hours combined with parenting classes focused on effective discipline and communication skills resulted in positive changes in children's behaviors and parent-child relationships. The playroom setting was primarily for the benefit of children while their parents visited with each other. A similar program at the Fort Worth Federal Correctional Institution in Texas provided a playroom for parent-child visitation, parenting classes (skill training, but again, no parent-child interaction as a part of the training), and off-site play therapy groups for children of inmates. McPeck and Tse (1988) found that 36 % of female parents, as opposed to 26 % of male parents, used these center offerings. Their findings support Giveans' (1988) observation that male inmates may be the last male sub-group to discover the benefits of healthy parenting. According to staff reports at the Fort Worth Federal Correctional Institution, the parenting programs improved inmate relations with their families and enhanced inmates' self-esteem, thus preparing them to rejoin their families after release (McPeck & Tse, 1988).

Although the number of training programs for incarcerated parents reported in the literature is limited, the long range impact of such programs seems to be substantial. Holt and Miller (1972) reported that family ties and parent training, while the parent is in prison, have a direct and positive correlation with parole success. Mustin (1984) concluded that the maintenance of strong family ties with an incarcerated parent is positively related to healthy family functioning once the inmate is released. Therefore, the introduction of filial therapy training for incarcerated parents would seem to be a natural extension of these preliminary efforts to enhance family relationships.

In the early 1960s Bernard Guerney and Louise Guerney recognized the burgeoning demand for and unavailability of mental health services for children and families and developed an innovative treatment methodology based on training parents in basic child-centered play therapy skills. The objective of this approach is to help the parent become the therapeutic agent in the child's life by utilizing the naturally existing bond between parent and child, thus the term "filial" therapy (Guerney, Guerney, & Andronico, 1966). Typically, filial therapy takes place in a support group format where the parents learn basic child-centered play therapy principles to utilize with their children in special weekly play sessions (Guerney & Guerney, 1989). The combination of didactic instruction, coupled with supervision in a supportive atmosphere, provides a dynamic process that sets filial therapy training apart from most other parent training programs that are exclusively educational in nature. As in child-centered play therapy, filial therapy is structured to enhance and strengthen the relationship; however, in filial therapy, the focus is the relationship between the parent and child. Through viewing play sessions, supportive feedback from the facilitator and other parents, role playing and a variety of didactic experiences, parents learn to convey acceptance, empathy, and encouragement to their children as well as to master the skills of effective limit setting. According to Landreth (1991), "This new creative dynamic of empathic responding by parents becomes the creative process through which change occurs within parent and child and between parent and child" (p. 339).

Filial therapy training fulfills the dual function of intervention and prevention of future problems and, as such, offers significant possibilities for enhancing and strengthening the parent-child relationship in families with an incarcerated parent. By providing these parents with both training and support, they learn to move toward healthier parent-child interactions. The rationale underlying this approach is that if the parent can be taught to execute the essentials of the role usually taken by the play therapist, the parent can conceivably be more effective. This rationale rests on the assumptions that the parent has more emotional significance to the child than does the counselor, and any anxieties learned or influenced by parental attitudes can be more effectively extinguished under similar conditions. In addition, parent-child misperceptions can be corrected by the parent clearly identifying for the child behavior that is appropriate according to place, time, and circumstance (Guerney, Guerney, & Andronico, 1966). Parent-child misperceptions would seem to be a significant issue for the parent-child relationship when the parent has been removed from the child through incarceration. The inherent self-blame for the separation experienced by the naturally ego-centric child would seem to be more appropriately addressed through a parent-child interaction as opposed to a counselor-child interaction.

Further advantages of utilizing filial therapy instead of play therapy with children in families with an incarcerated parent are: (a) avoiding fears and rivalry which can develop in the parent when the child's dependency on the parent decreases and affection for the counselor increases; (b) reducing feelings of guilt and helplessness the parent may develop when dependent upon a professional for problem resolution; and (c) avoiding the problems that otherwise could be aroused when the parent fails to develop appropriate new responses to the child's new behavioral patterns (Stover & Guerney, 1967). Children will naturally develop new behavioral patterns to cope with the absence of an incarcerated parent. These new behaviors may be maladaptive and self-defeating and filial therapy could help both the parent and child address or accommodate these changes.

The purpose of this study was to determine the effectiveness of filial therapy as a method of intervention with incarcerated parents and their children. Specifically, this study was designed to determine: (a) the effectiveness of filial therapy in increasing incarcerated parents' attitude of acceptance toward their children; (b) the effectiveness of filial therapy in reducing the incarcerated parents' stress related to parenting; (c) the effectiveness of filial therapy in reducing the assessed number of problems related to family interaction as perceived by the parent; and (d) the effectiveness of filial therapy on improving the self-concept of the children of incarcerated parents.

## Method

### Participants

Advertisements stating the beginning of "parent training classes" were placed at several locations in a medium security federal correctional prison with an all male population. Volunteers were asked to notify the prison's Parenting Center staff of their interest in the classes. The Parenting Center staff then provided additional verbal and printed information about the parent training.

Fathers were selected to participate in the study based on the following criteria: (a) must be incarcerated with the expectation of remaining in the prison for a minimum of six months; (b) must have a child between the ages of 3 years and 7 years who is not currently in therapy; (c) must be able to speak, read, and write the English language; (d) must not be currently in counseling; (e) must not be taking a parenting class; (f) must be able to attend the ten weeks of filial therapy training at the scheduled times; (g) must be able to attend pre- and post-training sessions to complete the pre- and post-test instruments; (h) must agree to participate in weekly 30-minute play sessions when their child visited the prison; and (i) must be willing to sign the consent to participate form. Eligibility of volunteer fathers on these criteria was determined by the Parenting Center staff. The investigator scheduled an individual meeting with each participant who met the specified criteria to explain the purpose and the requirements of the filial therapy training. Information was provided about how confidentiality would be maintained and participants' questions were answered before they signed the consent forms. The spouses of the incarcerated men, or in some cases, the legal guardians of the children, also signed a consent form for the children's participation in this study.

The fathers were asked to select one of their children who was between the ages of 3-7 years to be the "child of focus" for the ten week training period. The fathers were informed that after they attended the pretraining session, they would be arbitrarily scheduled to participate in either the first series (experimental group) or second series (control group) of filial therapy training classes.

After the initial screening process, 32 men were chosen at random from the remaining volunteers for this study. Sixteen men were assigned to the control group and 16 to the experimental group. Subjects were matched as closely as possible across groups on education level, ethnic origin, and age of their child of focus. Thus, each group was stratified in order to compare results of the measurement instruments.

The experimental and control groups were comprised of 16 fathers in each group. The fathers in the experimental group ranged in age from 22 to 46 years of age, with a mean age of 30.94. The age range for the control group fathers was 24 to 43 years of age, with a mean age of 30.25. The population in both parent groups was approximately 52% Caucasian, 30% Hispanic, and 18% African-American. The educational level in both parent groups was the same: 31% had not completed high school, 37% had completed high school, and 32% had completed college.

The children of focus of the incarcerated fathers consisted of 10 girls and 6 boys in the experimental group and 9 girls and 7 boys in the control group. The children in the experimental group ranged in age from 4 to 9 years, with a mean age of 5.94. The children in the control group ranged in age from 5 to 9 years with a mean age of 6.52.

### Variables

Porter Parental Acceptance Scale (PPAS). The PPAS is a 40 item self-report inventory designed to measure parental acceptance as indicated in the behavior and feelings parents express toward, with, or about their child. The PPAS yields a total scale score and four

subscale scores: (a) respect for the child's feelings and right to express them; (b) appreciation of the child's unique makeup; (c) recognition of the child's need for autonomy and independence; and (d) unconditional love. Porter (1954) reported a split-half reliability correlation of .76 raised by the Spearman Brown formula to .86. Later research reported a split-half reliability coefficient of .66 and a Spearman Brown total test reliability coefficient of .80. Both reported coefficients are significant beyond the .01 level (Burchinal, Hawkes, & Gardner, 1957). Validity of the instrument was established by agreement of a minimum of three of five expert judges on all of the items. Internal consistency was determined by an item analysis which found that 39 of 40 items discriminated between high and low scoring mothers and fathers. The instrument was deemed to be internally consistent (Burchinal, Hawkes & Garner, 1957).

Parenting Stress Index (PSI). The PSI, developed by Abidin (1983), is a 101 item self-report index designed to measure the level of stress in the parent-child relationship. The items are separated into two domains, parent and child. The parent domain measures stress related to parents' perceptions of their parenting skills and parenting style. The child domain measures parental stress related to children's behavior, moods and personalities. Zakreski (1983) used the test-retest method to determine a coefficient of reliability, which produced coefficients of .69 for the parent domain, .77 for the child domain, and .88 for the total index. Coefficients alphas that were reported were .93 for the parent domain, .89 for the child domain, and .95 for the total instrument. These findings indicate a high degree of internal consistency for the PSI (Hauenstein, Scarr, & Abidin, 1987).

Filial Problem Checklist (FPC). The FPC, developed by Horner (1974), is a self-report instrument consisting of 108 potentially problematic situations related to parenting. Parents are instructed to consider each situation and to rate ones that are a problem on a scale of: (1) the situation exists but is not considered a problem; (2) the situation is considered to be a moderate problem; or (3) the situation is a severe problem. Normative data concerning validity and reliability are not available on this instrument. The FPC has been used extensively in filial therapy research and was used as a means to compare results obtained in this study with other studies of filial therapy.

Joseph Pre-school and Primary Self Concept Scale (JSCS). The JSCS, developed by Joseph (1979), is designed to measure the self concept of a child by using pictures to stimulate responses from the child. There are two sets of gender specific pictures. First, the child identifies the pictures as pictures of himself or herself. By using the child's descriptions of the activities and feelings surrounding the pictures of self, the examiner is able to rate the child's self-esteem on a global index scale of zero to 30. An item analysis can be completed to provide diagnostic information related to the child's personal assessment in the areas of significance, competence, virtue, and power. The JSCS can be used with children ranging in age from three years, six months to nine years, eleven months. The reported reliability coefficient for the JSCS is .87. Internal consistency reliability has been found to range from .59 to .81 with a median correlation of .73. Item-discrimination coefficients ranged from .30 to .70. An item analysis determined that all items on the scale significantly contribute to the overall test score performance. Construct validity was addressed by correlating Global Self-Concept Scores with scores derived

from two other self-concept rating scales. The resulting correlation coefficient was significant at the .01 level (Joseph, 1979).

### Procedure

Parents and their children in both the experimental and control groups were scheduled to meet in pretraining sessions the week prior to the beginning of filial therapy training for the purpose of collecting data. Parents completed the: (a) Porter Parental Acceptance Scale; (b) Parenting Stress Index; and (c) Filial Problems Checklist. The children completed the Joseph Pre-School and Primary Self-Concept Inventory.

One week following the completion of the ten weekly filial therapy training sessions, the posttest battery of instruments was administered to both the experimental and control groups. The posttesting procedures followed the same procedures utilized in the pretesting. The control group parents were scheduled to begin filial therapy training as soon as the posttesting requirements were completed for both groups.

The 16 parents in the experimental group were divided equally into two smaller filial therapy training groups to facilitate small group work as prescribed by Landreth (1991). Each group met weekly in the evening for one and a half hour training sessions for ten consecutive weeks. The authors served as co-leaders for each group. The training sessions followed the methodology outlined by Landreth (1991) for a 10-Week Filial Therapy Training Model. This filial therapy training model, utilizing both didactic and dynamic components to teach basic child-centered play therapy skills, is designed to enhance the parent-child relationship by helping parents learn how to create an accepting environment in which their children will feel safe enough to express and explore thoughts and feelings. The parents learned these new skills through demonstration and role play. When the fathers began to role play situations as a parent and as a child in the simulated play therapy training sessions, some of the fathers were obviously anxious. However, as they practiced their new skills of focusing on the child, the fathers playing the role of the child also began to free themselves of inhibitions. As the fathers experienced the child within themselves, they became more open to and accepting of their children, thus allowing their children freedom to express their feelings. The fathers were required to practice their skills with their child of focus in weekly 30-minute special play sessions and report their experiences to the group.

The play sessions with the child of focus occurred in a small almost closet size room adjoining the main playroom at the parenting center in the prison. Prison rules governing inmate supervision prohibited closing the door to this room. Other family members were not allowed to attend these sessions. A special collection of toys was provided exclusively for these sessions. The box included: puppets, airplanes, ping pong ball shooters (more traditional dart guns were deemed too threatening to facility security, as were handcuffs and plastic knives), cars, army men, a shoe box doll house and a doll family, an alligator, nerf ball, bat, basketball hoop, cards and checkers. The toys were chosen to allow some expression of aggression, confusion about the family situation, and desire for interaction.

These play sessions were not supervised as in a typical filial training model. Because of protection of civil rights, video and/or audio recording of the play sessions was not permitted by the administration of the prison facility. The supervision the parents received during the training consisted of the parents giving verbal reports describing their special play time in the group sessions each week. Parents received encouragement and support from the other group members as well as the facilitators throughout this process.

The control group was instructed to see their children weekly as they normally would during the course of the ten weeks. These visits were held at the parenting center in the prison in a large play area. The visits included other family members, and the control group fathers were instructed to interact with their children as well as other family members and carry on their usual visits. This pattern was designed to control for the variance of pretest and posttest scores based solely on visits with the family. If any change occurred in the scores, it was inferred to result from the filial therapy training.

## Results

For purposes of statistical analysis, data from the two filial therapy training groups was pooled to form the treatment group. Following collection of the pretest and posttest data, an analysis of covariance (ANCOVA) was computed to test the significance of the difference between the experimental group and the control group on the adjusted posttest means for each hypotheses. In each case the posttest specified in each hypotheses was used as the dependent variable and the pretest as the covariant. ANCOVA was used to adjust the group means on the posttest on the basis of the pretest, thus, statistically equating the control and experimental groups. Significance of difference between means was tested at the .05 level. Following Stevens (1992) the appropriateness of the use of covariance was determined by ensuring there were no significant correlations among the dependent measures and no significant differences were found. The assumption of homogeneity of regression for the ANCOVAs was met as there were no significant interaction effects: Porter Parental Acceptance Scale total score  $F(1, 28) = 1.99, p = .169$ ; Parenting Stress Index total score  $F(1, 28) = .50, p = .487$ ; Filial Problems Checklist  $F(9, 53.69) = 2.29, p = .029$ . Tabachnick and Fidel (1996) suggest the use of a more stringent cutoff of  $p > .01$  because robustness is expected.

Pretest and posttest means, adjusted means, and standard deviations for each of the parent measures are shown in Table 1. Fathers in the filial therapy experimental group scored significantly higher than fathers in the control group on all measured areas of acceptance of their children: Porter Parental Acceptance Scale total score  $F(1, 29) = 20.47, p < .001$ ; Respect for the child's Feelings subscale  $F(1, 29) = 9.90, p = .004$ ; Appreciation of the Child's Uniqueness subscale  $F(1, 29) = 5.51, p = .026$ ; Recognition of the Child's Needs for Autonomy and Independence subscale  $F(1, 29) = 8.19, p = .008$ ; and Unconditional Love subscale  $F(1, 29) = 8.85, p = .006$ .

Fathers in the filial therapy experimental group scored significantly lower than fathers in the control group on the Parenting Stress Index total score  $F(1, 29) = 10.08, p = .004$  and

Parent Domain subscale  $F(1, 29) = 15.6, p < .001$ . Their score, however, on the Child Domain of the PSI was not significantly lower than the control group score  $F(1, 29) = 2.99, p = .094$ . Fathers in the filial therapy experimental group scored significantly lower than fathers in the control group on the Filial Problems Checklist  $F(1, 29) = 9.53, p = .004$ .

[Insert Table 1]

Several children in the control group did not continue regular visits to the prison or could not be contacted to complete the posttest instrument. Therefore, there were not enough children in the control group who completed the posttest Joseph Pre-School and Primary Self-Concept Scale (JSCS) to allow for a comparison between groups using analysis of covariance. Consequently, a  $t$ -test was performed on the JSCS pretest data ( $M = 21.31, SD = 3.61$ ) and the posttest data ( $M = 24.44, SD = 3.05$ ) for the 16 children of the parents in the experimental group. The two-tailed correlation (0.89) produced a probability value significant at the  $< .001$  level, indicating a significant increase in self-concept by the children of the experimental group parents as a result of the training.

### Discussion

The results of this study strongly point to the effectiveness of filial therapy training with incarcerated fathers. Significant results were found on each of the measuring instruments. The meaning of these results is discussed below.

After completion of the filial therapy training, the experimental group fathers' perceived acceptance of their children as measured by the Porter Parental Acceptance Scale (PPAS) was significantly higher than the control group. On the dimensions measured by the PPAS subscales, the fathers in the experimental group reported significant growth in acceptance of their children's feelings and their children's rights to express those feelings and in unconditional love for their children. Other results indicated that the experimental group fathers' acceptance of their children's unique make-up and recognition of their children's needs for autonomy and independence were significantly higher than the control group after completion of training. The more dramatic increases in these last two subscales, child's need for autonomy and independence, may be attributed to the fact that the behaviors they measure are closely related to specific play therapy skills that the parents are required to practice during training. One factor contributing to the significant differences in these scores appeared to be the quality of time which the experimental group fathers spent with their children during the structured play times. One father reported "I didn't have any idea of how to be a father. My father didn't teach me. He was never there, but this class has given me some tools to help my child grow." Another father described the significant change in his relationship with his daughter: "This was the first time I ever took the time to actually sit down with my daughter and follow her play behavior. It has really made a difference in our relationship, and I feel different." The control group fathers also spent time with their children without training but did not significantly increase their scores, thus underscoring the fact that the major factor in the improvement was the involvement in filial therapy training sessions.

The results on the PPAS support other studies in filial therapy (Bratton, 1993; Chau, 1996;

Dematatis, 1981; Glass, 1986; Glazer-Waldman, 1991; Guerney & Gavigan, 1981; Harris, 1995; Lebovitz, 1982; Sensue, 1981; Sywulak, 1977) in that parental acceptance, as measured by the Porter Parental Acceptance Scale, increased after treatment. These findings suggest that a ten week filial therapy training group is an effective treatment for increasing parental acceptance in various parent populations, including incarcerated fathers. It should be additionally noted that the study by Guerney and Gavigan (1981) found that mothers usually outscored fathers on increases on the PPAS, but that the results of this study show increases for the fathers far above the averages of the Guerney and Gavigan study.

After completion of the filial therapy training, the experimental group fathers' level of stress related to parenting as measured by the Parenting Stress Index (PSI) was significantly lower than the control group. The control group fathers' mean level of parental stress remained essentially unchanged over the period of ten weeks.

The fathers in the experimental group reported a significant decrease in their level of stress related to their perceptions of themselves as parents on the parent domain subscale of the PSI and a slight decrease in their level of stress related to their children's behavior on the child domain subscale of the PSI. They also demonstrated dramatic improvement in the categories of parent attachment and parent's sense of competence dimensions measured within the PSI parent domain subscale. Such findings suggest these fathers felt an emotional closeness to their children that they lacked prior to the filial therapy training. Therefore, these changes can be inferred to have been a result of the filial therapy training. Learning skills to enhance the parent-child relationship and participating in a 30-minute per week special play time with their children, along with the support and encouragement from group members, significantly reduced the parental stress these incarcerated fathers were experiencing at the beginning of the study and enabled them to focus more on building a relationship with their children. Several fathers commented on how significant their undivided attention was to the children: "My son knew that in the time we were together, that no one else was more important."

Incarcerated parents have increased levels of stress inherent to their unique circumstances (McPeck & Tse, 1988). The supportive group atmosphere of the filial therapy training groups may be an important factor in explaining the significance of these findings. The group facilitators observed a high level of cohesiveness between group members during the training sessions. One parent commented that it helped knowing that other incarcerated parents were dealing with similar struggles and problems.

The dynamics of the parental issues expressed by the incarcerated fathers in these filial therapy training groups are typical of parental acceptance and parental stress issues encountered by most counselors who work with families. Therefore, in light of the positive findings of this study, counselors are encouraged to consider incorporating the filial therapy training model in their family counseling approach. Parents need assistance in learning skills which encourage the development of positive parent-child relationships. In addition to the specific skills needed, a major factor in this relationship is the parent's attitude and perception of self. How parents feel about themselves, their sense of adequacy as a person and a parent, significantly affects their interaction with their

children and thus their children's development. The results of this study demonstrate the positive impact of parents learning child-centered play therapy skills within the context of a group training format. Counselors who have a background in play therapy are in a unique position to provide parents with the training needed to positively impact the lives of their children.

The number of child problem behaviors identified on the Filial Problems Checklist by the fathers in the experimental group was significantly lower than the control group after training, dropping an average of 18 points. Previous investigators found similar reductions in the number of child problem behaviors reported by parents who had completed filial therapy training (Guernsey, 1976; Guernsey & Stover, 1971; Harris, 1995; Sywulak, 1977). The new parenting skills, along with an increased sense of competency as a parent and a more accepting view of their children, may be important factors in explaining the significance of the experimental group fathers' scores on the posttest. This increased sense of competency was expressed by one father as: "I'm kind of sorry that we're finished. This has really helped me know what I'm doing right and what I need help with. I know I'll never be the same as a parent again. I may make mistakes, but now I know how to recover."

The children of the parents in the experimental parent group demonstrated highly significant increases in their self-concept as measured by the Joseph Pre-School and Primary Self-Concept Scale (JSCS). On the JSCS pretest, 11 of the 16 experimental group parents' children scored in the high risk or poor category of self concept. On the posttest, only 2 of these 11 children scored in that category. On the diagnostic portion of the JSCS, all of the children showed improvement in the four measured areas of significance, competence, virtue, and power. The children began to see themselves as someone whom others value (significance), as someone who is capable of accomplishing tasks (competence), as someone who has a system of beliefs that are valid (virtue), and as someone who is in control of life (power). Since these areas are not subscales, they were not subjected to statistical analysis. This information may, however, be the most dramatic of the entire study because it indicates the children felt empowered. The children's self-concepts improved not only as measured by the assessment instrument, but also in the eyes of the fathers. One father commented, "When I was first in jail, my kids were scared of me, but now they are more relaxed and look forward to seeing me . . . and I think it's because I'm willing to hold them and play with them instead of ignoring them."

The results of several studies have linked self-concept with achievement and behavior (Rogers, 1964), social adjustment (Guernsey, 1976), and even aggression (Stover & Guernsey, 1967). The results of this study, suggest that filial therapy can have a positive effect on the self-concept of children whose parents receive filial therapy training. The children of these incarcerated fathers showed significant improvement in their self-concept as a result of their parents receiving training and spending only 30 minutes a week of individual structured play time with their parents. It may be suggested that parents who have the opportunity to spend larger amounts of time in filial therapy based special play times with their children would be able to further impact the self-concept of their children. These findings related to self-concept have important implications for counseling with children. The dimensions and process of play within an accepting,

caring, and empathic relationship enable children to express themselves in ways that are natural and growth promoting. Parents can learn basic child-centered play therapy skills that can equip them to become effective therapeutic agents in their children's lives. The potential for counselors to utilize the filial therapy model in working with families would seem to be far reaching, assuming of course the counselor has training and expertise in play therapy. In view of what is already known about the relationship between a positive self-concept and learning in the classroom, it would seem to be especially appropriate for elementary school counselors to consider filial therapy training groups for parents.

Although the results of this study related to self-concept seem dramatic, their significance is weakened by the lack of data from a comparison control group. Another area of consideration in interpreting the results of this study is the educational level of the participants in this study which may seem inordinately high for an incarcerated population and may raise questions about the feasibility of a less educated population understanding and incorporating the skills and principles taught in filial therapy. L. Guerney (personal communication, October 8, 1996) reports educational level does not seem to be a factor in the effectiveness of filial therapy. Her conclusion is supported by the findings of Harris (1995) who studied the effectiveness of filial therapy with incarcerated mothers in a county jail, where 68 % of these mothers had not completed high school. Harris reported these incarcerated mothers achieved a significant increase in their level of empathic interactions with their children, a significant increase in their attitude of acceptance toward their children, and a significant reduction in the number of reported concerns with their children's behavior. These findings demonstrate that these incarcerated mothers not only learned the filial therapy skills and principles but were able to apply them in videotaped play session interactions with their children.

A generalized result of the filial therapy training was that the fathers made additional contacts with their children through letter writing and phone calls. The fathers reported that in these contacts they focused more on their children and letting them know how they cared about them: "I quit asking my son all the time about his mother and started spending time with him. After the very first visit, the play time became so important to him that I thought I need to continue this. It has become important to me to continue to spend time with him."

Although the results of this study indicate filial therapy is effective with incarcerated fathers, there are some limitations. The absence of a long term follow-up study to determine the lasting effects of the filial therapy training is a limitation to be considered. Although highly desirable, the possibility of a long term follow-up study of filial therapy with this incarcerated population would be difficult because of the high turnover resulting from inmates being moved to other prisons. Three of the fathers in the experimental group of this study were moved to another state one week after the posttesting and were not able to continue weekly contact with their children. There is some evidence in the literature to suggest the permanency of positive changes resulting from filial therapy. Lasting effects of filial therapy were demonstrated by Guerney (1975) in a follow-up study of participants one to three years after completion of training. Questionnaire responses revealed only one of the 42 children who participated in the play sessions required further treatment. Thirty-two of the 42 mothers indicated their children were

continuing to show improvement, while four reported that their children had regressed and one reported her child's condition had deteriorated. Sixty-four percent of the respondents attributed their children's continued improvement to their own improved abilities in understanding and communicating with their children. A study by Sensue (1981) found no significant losses in initial reported gains two to three years after the filial therapy training.

A primary objective of filial therapy is to enhance the parent-child relationship by equipping parents with the necessary skills to become a therapeutic agent in their children's lives. The dynamics of the relationship between parent and child most assuredly affects children's development. Significant factors in this relationship are the parent's understanding and acceptance of the child and the impact of parental stress. The results of this study demonstrate that these fathers were able to incorporate new relationship skills in their interactions with their children during special play sessions. The experimental group fathers reported significantly more accepting attitudes toward their children, a decrease in stress related to parenting, and a smaller number of children's behavior problems than the control group.

The increased level of acceptance that the fathers demonstrated is a basic skill associated with learning a therapeutic role. Clearly the children of these fathers received benefit from the more facilitative role of their fathers. That these fathers were able to significantly impact the self concepts of their children under such adverse conditions and with only minimal contact each week is remarkable. These results attest to the power of filial therapy as an intervention model.

The significant results of this study substantiate filial therapy training as an effective intervention for incarcerated parents that has preventive, educational, and clinical implications. Incarcerated parents have pressing needs for both training and support in meeting the unique demands of parenthood while incarcerated. Their children experience the additional burden of adjusting to the sometimes long-term separation of their incarcerated parent. Filial therapy can provide incarcerated parents with the skills necessary for healthy parent-child relationships. Loss of consistent daily contact with a parent does not necessarily prevent parents from continuing to influence their children's development in positive ways. Filial therapy offers significant possibilities for promoting the well-being of incarcerated parents and their families.

#### References

Adalist-Estrin, A. (1986). Parenting from behind bars. Family Resource Coalition - FRC Report, 1, 12-13.

Abidin, R. (1983). Parenting stress index. Charlottesville, VA: Pediatric Psychology Press.

Bratton, S. (1993). Filial therapy with single parents. Unpublished doctoral dissertation, University of North Texas, Denton, TX.

Burchinal, L., Hawkes, G., & Gardner, B. (1957). The relationship between parental

acceptance and adjustment of children. Child Development, 28, 67-77.

Butterworth, A. (1987). A visit to the big house. Hartford, CT: Families in Crisis.

Chau, I. (1996). Filial therapy with Chinese parents. Unpublished doctoral dissertation, University of North Texas, Denton, TX.

Dematatis, C. (1981). A comparison of the traditional filial therapy program to an integrated filial - IPR program (Doctoral dissertation, Michigan State University). Dissertation Abstracts International, 42, 4187B.

Giveans, D. (1988). The positive effects of child development classes on incarcerated fathers. Nurturing Today, 10, (1), 16-17.

Glass, N. (1986). Parents as therapeutic agents: A study of the effects of filial therapy. Unpublished doctoral dissertation, North Texas State University, Denton, TX.

Glazer-Waldman, H. (1991). Filial therapy: CPR training for families with chronically ill children. Unpublished masters thesis, University of North Texas, Denton, TX.

Glick, R., & Neto, V. (1977). National Study of Women's Correctional Programs. Washington, D.C.: United States Law Enforcement Assistant Administration.

Guerney, B. (1976). Filial therapy as a treatment method for disturbed children. Evaluation, 3, 34-35.

Guerney, B., & Stover, L. (1971). Filial therapy: Final report on MH 18254-01. Unpublished manuscript: Pennsylvania State University.

Guerney, B., Guerney, L., & Andronico, M. (1966). Filial therapy. Yale Scientific Magazine, 40, 6-14.

Guerney, L. (1975). Brief follow-up ;study on filial therapy. Paper presented at the Eastern Psychological Association, New York City.

Guerney, L., & Gavigan, M. (1981). Parental acceptance and foster parents. Journal of Clinical Child Psychology, 112, 49-55.

Guerney, L., & Guerney, B. (1989). Child relationship enhancement: Family therapy and parent education. Special issue: Person-centered approaches with families. Person Centered Review, 4, 344-357.

Hamner, T., & Turner, P. (1990). Parenting in contemporary society (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.

Harris, Z. (1995). Filial therapy with incarcerated mothers. Unpublished doctoral dissertation, University of North Texas, Denton, TX.

Hauenstein, E., Scarr, S. & Abidin, R. (1987). Detecting children at-risk for developmental delay: Efficacy of the Parenting Stress Index in a non-American culture.

Unpublished manuscript, University of Virginia at Charlottesville.

Hermann-Keeling, E. (1988). When dad goes to prison. Nurturing Today, 11, 14-16.

Holt, N., & Miller, D. (1972). Explorations in inmate/family relationships. Research Division, Department of Corrections, State of California.

Horner, P. (1974). Dimensions of child behavior as described by parents: A monotonicity analysis. Unpublished doctoral dissertation, Pennsylvania State University, College Park, PA.

Joseph, J. (1979). Joseph pre-school and primary self concept screening test: Instruction manual. Chicago, IL: Stoelting.

Landreth, G. (1991). Play therapy: The art of the relationship. Muncie, IN: Accelerated Development, Inc.

Lebovitz, C. (1982). Filial therapy: Outcome and process. Unpublished doctoral dissertation, Texas Tech University, Lubbock, TX.

McGowan, B., & Blumenthal, K. (1978). Why Punish the Children: A Study of Children of Women Prisoners. San Francisco: National Council on Crime and Crime and Delinquency.

McPeck, S., & Tse, S. (1988). Bureau of Prisons Parenting Programs: Use, Costs, and Benefits. Federal Office of Research and Evaluation.

Mustin, J. (1984). The family: A critical factor for corrections. Proceedings of the 29th Annual Southern Conference on Corrections.

Porter, B. (1954). Measurement of parental acceptance of children. Journal of Home Economics, 46 (3) 176-182.

Rogers, C. (1964). Toward a science of the person (Cassette recording). Houston, TX: Sound Seminars.

Sensue, M. (1981). Filial therapy follow-up study: Effects on parental acceptance and child adjustment (Doctoral dissertation, Pennsylvania State University). Dissertation Abstracts International, 42, 0148B.

Stevens, J. (1992). Applied multivariate statistics for the social sciences. Hillsdale, NJ: Erlbaum.

Stojkovic, S., & Lovell, R. (1992). Corrections: An introduction. Cincinnati, OH: Anderson Publishing Co.

Stover, L., & Guerney, B. (1967). The efficacy of training procedures for mothers in filial therapy. Psychotherapy: Theory, Research, and Practice, 4, (3), 110-115.

Sywulak, A. (1977). The effect of filial therapy on parental acceptance and child adjustment (Doctoral dissertation, Pennsylvania State University). Dissertation Abstracts

International, 38, 6180B.

Tabachnick, B. & Fidell, L. (1996). Using multivariate statistics. Northridge, CA: Harper Collins.

U.S. Department of Justice, Bureau of Justice Statistics. (1992). Source book of criminal statistics - 1992, Special Report (NCJ-143496). Washington, DC: Department of Justice.

Zakreski, J. (1983). Prematurity and the single parent: Effects of cumulative stress on child development. Unpublished doctoral dissertation, University of Virginia, Institute of Clinical Psychology.

TABLE 1  
Pretest and Posttest Means, Standard Deviations, and Adjusted Means for the  
Dependent Variables by Each Condition

Pretest Posttest

| Measure                      | M                        | SD                     | M                        | SD                     | Adjusted M               |
|------------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|
| PPAS Total Score             | E: 133.187<br>C: 131.812 | E: 19.546<br>C: 16.416 | E: 152.437<br>C: 133.750 | E: 15.020<br>C: 14.808 | E: 152.054<br>C: 134.133 |
| Respects Child's Feelings    | E: 33.250<br>C: 31.250   | E: 6.638<br>C: 8.722   | E: 38.750<br>C: 33.000   | E: 5.298<br>C: 6.782   | E: 38.158<br>C: 33.592   |
| Appreciates Child Uniqueness | E: 31.875<br>C: 33.125   | E: 6.021<br>C: 5.201   | E: 35.187<br>C: 33.000   | E: 6.002<br>C: 5.138   | E: 35.655<br>C: 32.532   |
| Recognizes Autonomy Needs    | E: 33.937<br>C: 37.125   | E: 7.767<br>C: 5.608   | E: 39.937<br>C: 36.875   | E: 6.115<br>C: 4.897   | E: 40.732<br>C: 36.081   |
| Unconditional Love           | E: 34.125<br>C: 30.312   | E: 6.975<br>C: 5.522   | E: 38.562<br>C: 36.875   | E: 7.061<br>C: 5.852   | E: 37.059<br>C: 32.379   |
| PSI Total Score              | E: 234.875<br>C: 218.937 | E: 32.845<br>C: 32.659 | E: 217.500<br>C: 224.312 | E: 32.999<br>C: 31.767 | E: 210.815<br>C: 230.998 |
| Parent Domain                | E: 125.125<br>C: 113.250 | E: 17.036<br>C: 17.748 | E: 113.500<br>C: 117.312 | E: 16.577<br>C: 18.653 | E: 108.389<br>C: 122.423 |
| Child Domain                 | E: 109.750<br>C: 105.687 | E: 19.536<br>C: 18.774 | E: 104.000<br>C: 107.000 | E: 18.942<br>C: 17.130 | E: 102.400<br>C: 108.600 |
| Filial Checklist             | E: 45.312<br>C: 23.625   | E: 30.609<br>C: 24.451 | E: 27.500<br>C: 25.812   | E: 23.192<br>C: 25.378 | E: 19.293<br>C: 34.020   |

Note. E = Experimental Group; C = Control Group.