

Filial Therapy and Hispanic Values: Common Ground for Culturally Sensitive Helping

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Hispanics are the largest and fastest growing minority group in the United States, and numerous and varied interested constituencies stress that preventive intervention with Hispanic families is imperative. Filial therapy as an intervention and prevention counseling approach shows promise as an effective way to help these families. This article explores some of the constructs of filial therapy, specifically regarding ways they interface with important social and cultural values of Hispanic families.

Hispanics are the largest and fastest growing minority group in the United States. For example, by 2030, Hispanics will account for 46% of the population in Texas (Llagas & Snyder, 2003; Murdock, 2001). In the United States, numerous indicators among Hispanics, such as overrepresentation in areas of poverty, school dropout, and teen pregnancy, suggest that the demographic trends could drastically alter socioeconomic and academic achievement levels of many states, with a large part of this growing population being poor, undereducated, and underskilled. These trends warrant attention and preparation, but where should counselors start? A growing focus in the area of mental health services is on early intervention with Hispanic children. Currently, Hispanic children represent 35% of the population in U.S. public schools, and this number is expected to grow (U.S. Census Bureau, 2000).

In the United States, there are indications that society is preparing for the rapidly changing demographics. Academically, the No Child Left Behind Act of 2001 (2002) is designed to target the achievement gap between disadvantaged minority students and their peers (U.S. Department of Education, 2001a). On a broader level, the U.S. Department of Education (2001b) and the Surgeon General (U.S. Public Health Service, 2000) have urged schools to identify ways to expand services to at-risk children, particularly minorities, to include the mental health, social, and personal needs of students in addition to addressing academic development. Nevertheless, there remains a dearth of information in the area of treatment of culturally diverse populations, particularly related to children. This dilemma is further complicated by a critical lack of appropriate mental health services for children. The 2000 Surgeon General's report, "Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda," described this deficiency as a "national health crisis" (U.S. Public Health Service, 2000, p. 3), noting a particular shortage in culturally appropriate services. Thus, there should

be a sense of urgency for identifying culturally responsive prevention and intervention strategies to address psychosocial and behavioral issues of a growing population identified as at-risk, such as Hispanic children (Cochran, 1996; Santiago-Rivera, 1995).

The disparity between the growing need for services versus the severe lack of the same can seem overwhelming to counselors already overburdened with the task of assisting families from a culture that traditionally does not seek services and often discontinues services prematurely. The Surgeon General's report on mental health noted the importance of addressing the needs of children at an early age and working with children in a context of familial, social, and cultural expectations and suggested the use of families as essential partners in mental health delivery for children (U.S. Public Health Service, 2000). One evidence-based approach, filial therapy, addresses the issues described in the Surgeon General's report. We discuss this theoretical approach and note how, when matched with Hispanic cultural values, it is a useful and culturally sensitive approach with Hispanic parents and children.

A Brief Introduction to Filial Therapy

The goal of many family interventions is to improve parent-child relationships; however, young children are often excluded from the process. Typically, the primary focus of many family interventions results in therapy that is problem focused with an emphasis on changing the child (Schatz, 1998). **In filial therapy, positive behavioral or symptomatic changes result from a changed parent-child relationship rather than specific problem-focused strategies. Filial therapy is both a therapeutic intervention and a preventive approach.** A unique contribution of filial therapy is the recognition that parents typically have more emotional significance to children than does the therapist. Consequently, the objective of filial therapy is to place the parent in the therapeutic role by using the naturally

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existing bond between the parent and child (B. Guerny, 1964; Landreth, 2002; Landreth & Bratton, 2006; Watts & Broaddus, 2002).

In filial training, parents are taught to respond to their children on an emotional level. Parents are taught basic child-centered play therapy principles and skills that are then used in weekly, structured play sessions with their children using a special kit of selected toys (B. Guerny, 1964; Kraft & Landreth, 1998; Landreth, 2002; Landreth & Bratton, 2006; Van-Fleet, 2005; Watts & Broaddus, 2002). Sweeney and Skurja (2001) asserted that “since both play and family relationships cross cultural boundaries, it is proposed that filial therapy is an effective intervention across ethnic groups” (p. 175). More specifically, filial therapy can serve children already at-risk because its preventive focus allows counselors to do early intervention as urged by the Surgeon General. Furthermore, counselors can target both parents and children as clients. In addition, the group format of filial therapy allows helping professionals to provide services to more people. In this approach, both the parent and a child of focus receive direct services; however, the entire family is indirectly affected by the changed relationship (Landreth, 2002; Landreth & Bratton, 2006; Watts & Broaddus, 2002).

The filial process uses a support group format that facilitates a high level of interaction between parents within the group. The group facilitator uses a culturally supportive educational framework that is both didactic and dynamic, teaching and modeling new relationship skills that maximize the effectiveness of treatment (Yuen, Landreth, & Baggerly, 2002). More specifically, parents learn fundamental relationship-building skills, such as empathetically reflecting appropriate content, feelings, and behaviors, as they describe what the child is doing through play. Parents practice these skills during a specific 30-minute, weekly play session with the child of focus. Thus, the parent learns to become the therapeutic agent for the child, facilitating the child’s play and development during the scheduled therapeutic playtime. In addition, parents frequently generalize these therapeutic skills to situations outside of the special playtime, resulting in improved parent–child relationships and a greater sense of parenting self-efficacy. Parents may continue using the relational skills throughout the developmental growth stages of the child, thereby continuing to strengthen the relationship with their child (Johnson, Franklin, Hall, & Prieto, 2000; Landreth, 2002; Landreth & Bratton, 2006; Watts & Broaddus, 2002).

History and Development of Filial Therapy

Filial therapy was first developed and researched by Bernard and Louise Guerny in the early 1960s and was originally intended to be a long-term parent training program. The model’s limited focus was working with parents whose children—10

years old and younger—had serious emotional and behavioral difficulties. The creation of filial therapy was a response to the demand for, and unavailability of, mental health services for children and their families. Filial therapy was initially influenced by Virginia Axline’s work with children in child-centered play therapy and was further refined in the 1980s by Garry Landreth. Landreth developed his 10-session, time-limited approach because many families could not afford to attend long-term therapy (L. Guerny & Guerny, 1989; Landreth, 2002; Landreth & Bratton, 2006).

Research studies using Landreth’s 10-session training model have demonstrated that filial therapy is beneficial in a variety of settings and with a variety of emotional and behavioral difficulties. A recent meta-analysis demonstrated that filial therapy (provided by parents) resulted in a very large effect size (1.15). These results were significantly greater ($p < .01$) than when play therapy was provided by a mental health professional (Bratton, Ray, Rhine, & Jones, 2005). Studies have repeatedly shown that filial therapy strengthens parent–child relationships as evidenced by increased parental acceptance, decreased parental stress, and decreased problematic behaviors from children as reported by parents (e.g., Bratton & Landreth, 1995; Costas & Landreth, 1999; Glazer-Waldman, 1991; Kale & Landreth, 1999; Landreth & Bratton, 2006). Additional research has indicated filial therapy’s effectiveness with culturally diverse populations. It has been used effectively with Chinese (Chau & Landreth, 1997; Yuen, 1997), Israeli (Kidron, 2004), Korean (Lee & Landreth, 2003), and Native American parents (Glover & Landreth, 2000). A review of the literature, however, found no publications specifically addressing filial therapy with Hispanic parents.

Hispanics and Counseling

According to Foulks (2004), Hispanic families are not likely to use community mental health services, resulting in significant unmet psychosocial needs. Problems with language, lack of knowledge about services, and low financial resources limit the access of many Hispanics to treatment. Historically, Hispanics have eschewed unwanted attention and the social stigma that often accompany mental health treatment. They prefer addressing problems within the boundaries of the family. Literature suggests that, for children, behavioral problems left untreated may result in more serious problems (U.S. Public Health Service, 2000; Zayas, Evans, Mejia, & Rodriguez, 1997). This is particularly true of Hispanics who are already identified as at-risk (Llagas & Snyder, 2003).

Dumka, Roosa, and Jackson (1997) examined the relationship between adjustment problems in relation to parenting and children’s behavioral problems with Hispanic families. They suggested that increased supportive parenting skills by parents could reduce the likelihood of children having depression or conduct disorders. Conversely, if parents were inconsistent and

nonsupportive in their parenting style, the likelihood of children developing depression or conduct disorders increased. Because filial therapy teaches parents supportive parenting skills, this counseling approach may directly combat the issues identified by Dumka et al.

■ Hispanic Values and Filial Therapy: Identifying Common Ground

Kossak (2005) suggested that Hispanic clients are more willing to consider and adhere to services when they have a sense of being understood and have developed trust in the counselor. Rogler, Malgady, Constantino, and Blumenthal (1987) noted that this relationship can be fostered by providing culturally sensitive mental health services. Providing these services requires counselors to use therapeutic procedures that resonate, or are modified to fit, with the client's or the client's family's culture. In other words, counselors must take cues from clients' culture and then adapt their practices to enhance positive outcomes in mental health treatment with culturally diverse clients.

In cultural groups, there are cultural nuances and unwritten rules that govern social interactions. Historically, these norms serve as protective factors for the people of that specific culture. In counseling, understanding and applying these nuances to interventions can directly affect how culturally diverse clients perceive, seek, and receive services. When knowledge about a culture is applied, the treatment becomes a more culturally responsive approach rather than merely a culturally sensitive one, stressing the importance of an active stance instead of a passive understanding (Durodoye, 2002; Koss-Chioino & Vargas, 1992; Sue & Sue, 2003). We propose four Hispanic values that, when interfaced with filial therapy, help facilitate effective culturally responsive treatment: (a) the importance of *familismo* (family), (b) *respeto* (respect), (c) *personalismo* (personal relationships), and (d) *confianza* (trust). Additionally, whereas each of the Spanish terms connotes a set of inferences and behaviors that are not referents of their English cognates, one of our principal aims is to discuss the belief components of the terms as they interface with filial therapy, particularly regarding how Hispanics define the helping relationship.

Familismo

Families, including both nuclear and extended members, are significant supportive influences regarding health care decisions in Hispanic culture. For example, it is not uncommon for Hispanics to take relatives with them to doctor visits and consultations (Antshel, 2002). The nature of the support group format used in filial therapy fosters a sense of interdependence in family and community and mirrors the cultural value of *familismo*. Because filial therapy is both a prevention and intervention model, a referred Hispanic parent may invite family and friends to join the group without jeopardizing the intent of the treatment. In addition, the filial participants themselves

can be helpful in that they may return to the community with stories of positive experiences that may lessen the stigma of counseling that is common within Hispanic culture.

Familismo as a cultural value can be described as seeing family members as an extension of the self. Hispanic families value interdependence rather than independence. Historically, a sense of obligation to the family has been a cultural survival strategy that helps develop family cohesion and consequently leads to greater life satisfaction and better health (Hill, Bush, & Roosa, 2003). In general, filial therapy and *familismo* share common ground in that filial training strengthens the relationship between child and parent, fostering a more cohesive family climate. **Specifically, filial therapy facilitates the experience of *familismo* in that filial training helps build positive relationships between parents and children by (a) helping increase the parents' ability to be empathetic and emotionally nurturing and (b) helping children feel understood and emotionally supported, thereby experiencing their parents in a more positive light. If parents are more empathetic in responding to children's behaviors, both parents and children may experience a greater sense of *familismo*.**

Respeto

Hispanic communities follow a hierarchical, systemic understanding with differential behaviors toward others based on age, gender, social position, economic status, and authority. In health care, providers are, by virtue of their education, afforded a high level of *respeto* as authority figures. Nevertheless, if providers do not work from an understanding of the hierarchical system, this behavior may be viewed as disrespectful and result in clients terminating therapy early.

Respeto as a cultural value has many inferences to child rearing and the hierarchal system within families. For example, Garza and Bratton (2005) found that Hispanic parents frequently used the phrase "no me haga caso" (p. 64), or "does not mind me," when defining behavioral problems with their children. In a cultural context, this may be directly related to the core value of *respeto*, because cooperative behavior and deference by children to parental authority is expected and any deviation from that norm is not tolerated. Reese, Balzano, Gallimore, and Goldenberg (1995) found that Hispanics value obedience and good behavior over education. Hispanic parents preferred teachers to emphasize teaching obedience and respect for authority over academic subjects such as reading and writing with their children. This knowledge is crucial for working with Hispanic families in helping facilitate treatment compliance. Therefore, in consulting with Hispanic parents, counselors should use the parents' language as it applies to defining emotional and behavioral problems (Gonzales & Castillo-Canez, 1997).

Research on filial therapy indicates that parents and children using this therapy feel closer to each other and parents feel more in control and more competent as a parent (Landreth, 2002). In Hispanic culture, this outcome may be understood in terms of mutual *respeto* between parent and child.

Personalismo

In health care, Hispanics tend to de-emphasize the health care institution while stressing the importance of personal relationships within that institution. For example, because of loyalty to the physician provider, the Hispanic patient will often leave an institution when his or her provider relocates to resume the relationship with the provider in the new location. If the provider moves to an inaccessible location, many Hispanics will discontinue services altogether, attributing any success in treatment to the relationship with that one individual (Grossman, 1994; Trevino, Moyer, Valdez, & Stroup-Benham, 1991).

Personalismo as a cultural value refers to behaviors and actions that demonstrate a direct interest in and concern for others. Addressing cultural competency, Zayas et al. (1997) encouraged counselors to integrate a more personal style of relating to others, specifically behaviors that foster personal relationship.

The group discussed the need in relationships to appear involved, "known" by the family, and authentic when working with Hispanic persons rather than taking a neutral, anonymous, or impersonal stance. Additionally, they explored the importance of becoming part of the family system while maintaining clear, professional boundaries and relying on some self-disclosure to gain trust and leverage as well as to foster change. (Zayas et al., 1997, p. 409)

There are additional behaviors that help bridge the distance between persons. For example, to build a sense of personal closeness with patients, Flores, Abreu, Schwartz, and Hill (2000) used titles of respect such as *señor* and *señora*, facial expressions of attentiveness and concern, and increased proximity such as a hand on the shoulder to demonstrate concern, as well as included content in conversations about family that did not involve health care questions.

Advocates for the use of person-centered principles with Hispanics have suggested that there is a shared value between Hispanics and person-centered counselors; both place importance on building interpersonal relationships that are nurturing, loving, intimate, and respectful (Altarriba & Bauer, 1998; Constantine, 2001). Ramirez (1999) indicated that these characteristics are descriptive of the Hispanic value of *personalismo* and argued that child-centered play therapy, the foundation for filial therapy, was a good fit for this population.

Conclusion: *Confianza*

Confianza can be understood as the sum total experience of the counselor's understanding and expression of the core Hispanic values of *familismo*, *respeto*, and *personalismo* and the concomitant perception of these values by Hispanic clients in the filial therapy process. Clients' perceptions directly affect their level of involvement and commitment to services (Flores

et al., 2000). Thus, for counselors seeking to help Hispanic parents and children via filial therapy, it is of paramount importance that these clients experience *confianza* in the filial trainer and the filial therapy training process.

As this article has demonstrated, there is significant common ground between core Hispanic cultural values and key principles and skills of filial therapy. Thus, filial therapy seems to be a viable approach for both prevention and intervention with Hispanic parents and children. Furthermore, careful attention to *familismo*, *respeto*, and *personalismo*—resulting in *confianza*—may have additional benefits for Hispanic clients. These points of common ground may be useful for marketing filial therapy to Hispanic clients. In addition, the likelihood of Hispanic families entering into the filial training process—and the potential for treatment compliance—may be significantly increased. On a broader scale, positive experiences for Hispanics in filial training may decrease the cultural stigma of counseling—common to Hispanic culture—as filial participants share their stories with relatives, extended family, and their community.

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