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Filial Therapy: Clinicians Experience with Untreated Siblings

Submitted by Amie J. Wagner
May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota, and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

This study examined clinicians' experiences providing filial therapy when working with untreated siblings. Three semi-structured interviews were conducted to gather data for this study. The interviewees were clinicians providing filial therapy services in Minnesota. The results highlight that treatment is focused on one identified child, clinicians have experienced untreated siblings exhibit their own difficulties, the relationship between the parent and untreated sibling often benefits from filial therapy, and the parent's ability to generalize parental skills is an important component of filial therapy. The results showed varying experiences of the clinicians providing filial therapy. Clinicians often experience the untreated sibling as exhibiting their own difficulties, such as jealousy and relationship conflicts with their parents. The study also demonstrated that clinicians have experienced the parent's ability to generalize skills and ultimately benefit the untreated sibling when providing filial therapy. Reliability and validity for this study was moderate to high. Questions were designed to answer the main research questions of how have clinicians providing filial therapy experienced untreated siblings? Further research should examine how at-risk untreated siblings are of developing maladaptive behaviors of their own and potentially needing their own services in the future. Research on parent's perception of untreated siblings would provide more insight into the untreated siblings and how they are affected by filial therapy.

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Introduction

Untreated siblings of children identified with an emotional/behavioral disorder face many difficulties of their own, and clinicians working with the identified child may see untreated siblings expressing difficulties, and may have the tools to help positively impact them. When a child has an emotional/behavioral disorder, the impact is not only on that child but on the entire family, and that impact can be severe. Effects on the family are strong and can cause chronic stress, with siblings that may feel anger and jealousy or resentment of the attention the focal child is receiving. These effects have the potential for siblings to develop negative behaviors of their own. Children with serious emotional disturbance experience risks related to reduced graduation rates, increased involvement with juvenile corrections and potential substance abuse problems (Minnesota Children's Mental Health Division, 2007).

According to the US Department of Health and Human Services (2010), it is estimated that 9-14% of children from birth to 5 years of age have or are experiencing social and emotional problems that negatively affect their functioning and development. While we know a great deal about these children, little is known about the experiences of their siblings. As a profession, social workers believe in viewing the client in terms of their systems, which includes their family. The interpersonal relationship within the family can be considered one of the primary sources of maladjustment for children (Guerney, 1964). Family situations such as: early family factors, socioeconomic status, family histories of psychopathology, parental stress, marital and family conflict, and parent-child relationship can influence maladjustment in children (Essex, Kraemer, Armstrong, Boyce, Goldsmith, Klein, Woodward, & Kupfer, 2006).

Since family dynamics have such a dramatic impact on a child's ability to adequately develop, it stands to reason that when one child is demonstrating maladaptive behaviors, all

children in the family may be at risk of developing maladaptive behaviors. Therefore, interventions involving family members would be the most beneficial treatment modality with these children. Arnold, Levine, and Patterson (1975) studied siblings of children receiving family interventions and the effects interventions had on the sibling. They found that the non-referred siblings also exhibited behaviors; however, the behaviors were not as extreme as the referred child's therefore not as readily addressed.

Few studies have been done to gain insight into the risks that siblings of children in treatment face, and if their behaviors and relationship with their parents are affected by interventions intended for the referred child. Therefore the risk level of untreated siblings is still unclear. Implications of overlooking the untreated sibling are seen in the missed opportunities to positively affect the sibling and family dynamics. In many cases, families often initially seek treatment for the child with the most severe issues and behaviors, because those behaviors are the most dire to alleviate. However, untreated siblings may exhibit behaviors of their own, they are just not as severe as the identified child. One reason siblings don't receive services is that time and money only allows clinicians to focus and work towards the goals of the individual in treatment. Treatment modalities most commonly focus on individual treatment, which in-turn could cause for clinicians to overlook siblings in the family.

Historically family interventions and therapy have been used when implementing interventions with a child. Parent-Child Interaction Therapy (PCIT) is an intervention used to teach the parent and child how to interact together, and develop adaptive interactions with each other. These types of interventions are effective because they meet the needs of the child, teach the parents lasting parenting skills, and enhance the parent-child relationship. So it stands to

reason that untreated siblings in the family could potentially benefit from these treatments that individuals in the family participate in.

This study will examine how clinicians have experienced the untreated siblings through the lens of filial therapy. Filial therapy is a parent-training therapy designed to use parents as the therapeutic change agent, by training the parents in play therapy techniques to utilize with their own children. Filial therapy can be used as a primary prevention for strengthening family ties, as a means to offset potential problems, and as a full form of therapy for families experiencing mild to severe problems (Schaefer, 2011). Parents are often viewed as the preferred therapeutic change agent for their child due to their influence and ability to shape their children's behaviors (Arnold, et al., 1975). Arnold, et. al, 1975, consider it a strong advantage to use parents as the therapist due to the likelihood that they will be able to "generalize the skills taught, and the behavior of both the focal child and untreated sibling would be altered by parent-training program" (p. 683).

Filial therapy has been recognized as a helpful treatment for children and their parents to work on skills and strengthen their relationship. However, siblings can still be overlooked, which is why it is important to examine potential effects on the untreated siblings. Many children only become eligible for therapeutic services once they have entered another system (apart from the family), and this is usually after their problems have begun to escalate (Greenberg, Domitrovich, Bumbarger, 2000).

If parents can generalize and administer therapeutic interventions aimed at the referred child to untreated children in the family the impact cannot only positively impact the family but also society as a whole. Thirty-eight percent of mental health funds spent annually for Minnesota children is for residential and inpatient services (Minnesota Department of Human

Services, 2007). These services are provided for children with moderate and severe mental health issues. Guerney, (1964), believes that attempts should be made to develop new methods that allow professional time to be used to its full extent and benefit as many individuals as possible. This would be beneficial for therapeutic reasons and for cost-effective reasons for the clinician. If therapeutic services provided for one individual or a dyad can positively impact another individual (such as a sibling) it can potentially deter them from needing to receive future therapeutic interventions, and save society both time and resources.

This research aims to answer the question, how have clinicians who provide filial therapy experienced untreated siblings? A qualitative study will be used to answer this research question. This will be done through semi-structured recorded interviews with clinicians who provide filial therapy. The findings of this research will be presented by the themes found through the data analysis.

It is the hope that the results of this research can assist in gaining an understanding of how clinicians have experience untreated siblings. Without attention to how siblings are understood by clinician's and affected by mental illness in the family, we might miss out on opportunities to positively affect untreated siblings behaviors and enhance relationships in the family. And, potentially help deter any siblings from needing services of their own in the future.

Literature Review

It is estimated that one in five children in the U.S. has an emotional/behavioral-disorder (Brauner & Stephens, 2006). It is important to note that the term emotional/behavioral disorder (EBD) is not a diagnosis, but a way to describe children with mental health disorders that have shown an emotional disturbance and/or behavioral difficulty. This category of EBD comprises a vast amount of the mental health disorders diagnosed in children. Early intervention and

preventative measures are vital interventions that can greatly increase school success, or decrease system involvement for children who have an emotional/behavioral disorder. The Department of Health and Human Services (DHHS, 1999) estimates that two-thirds of the youth eligible for mental health services are not receiving any services. This statistic is troubling considering the potential effects mental health interventions could have on these children. A multidisciplinary team from the U.S. DHHS advised that it is necessary for the nation to determine ways to support emotional health of our youngest children and families, through comprehensive, individualized services that promote prevention and intervention (Brauner & Stephens, 2006). Brauner and Stephens (2006) emphasize, comprehensive services need to be available to address emotional health of children and their families. However, due to the lack of available and affordable services, many families find this a difficult goal to achieve.

Recognizing the prevalence of mental health disorders among children and families in the U.S. provides insight as to why mental health services that focus on the family need to be available. Family and parental stress is a common occurrence when children have mental health issues. It is unknown if parental stress is one of the causes of the mental health issue or if the child's issues result in parental stress. Stress impacts individuals in different ways; it can be evident through depression, anxiety or even aggression. If a parent is exhibiting these types of behaviors it can be assumed that their parenting skills and strategies will also be influenced by the stress. A study by Boer, Cameron, and Frensch (2007) found that all participants in the study stated they lived with high prolonged and unrelenting stress prior to the treatment of the child, often the distress was seen through depression or anxiety. The respondents also noted it was not only their own stress that was evident but stress for the entire family. This supports the idea that all family members are impacted and may be affected by stress, including the siblings.

What we know about siblings

Why siblings are at risk.

It has been noted that siblings of children with mental health issues may be at risk. Literature on this topic has alluded to various different factors including genetics, family dynamics, stress, and environmental circumstances. Kilmer, Cook, Taylor, Kane, & Clark (2008) found that siblings of children with Severe Emotional Disturbances have been exposed to many of the same genetic, family, and individual risks as the children receiving mental health services. Due to the complexity of children's mental health, it is difficult to pinpoint one factor and name it as the sole contributor to the formation of an emotional/behavioral disorder. The study of social work focuses on the biopsychosocial approach which examines numerous factors including biological, psychological, and social factors that are contributing to the difficulties individuals and families are facing. This approach can be used to provide assessment and interventions with a child which allows the clinician to view all factors that contribute to the presenting problem.

Genetic composition and organic influences on children's mental health are common influences to the formation of emotional/behavioral disorders. These factors have been marginally researched due to the complexity of determining whether genetics is the sole contributor to the development of the disorder. Greenberg, Domitrovich, and Bumbarger (2000) reviewed children's mental health prevention programs. In their research they discussed various risk factors of children's mental health. At the top of their list is a constitutional handicap, which consists of perinatal complications, neurochemical imbalance, organic handicaps, and sensory disabilities. McGuire (2003) studied 156 twin siblings between the ages of 8-14 years old, to examine the impacts of genetics in children's socializing behaviors. He found a significant

genetic contribution to the way children socialize in situations with peers and adults. A major issue that children in treatment face is their maladaptive social skills that they integrate into their daily lives. Maladaptive behavior is commonly used when referring to individuals whose behavior is inadequate, inappropriate, or excessive (Health and Disability Advocates, 2004). Examples of maladaptive behaviors consist of emotional withdrawal, impulsivity, negativity and defiance, physical aggression, or self-injurious behavior (Health and Disability Advocates, 2004). If McGuire's study shows a dramatic effect of genetics on children's social behaviors, it can be expected that when one child shows maladaptive social behaviors, the sibling with similar genes may be at risk of exhibiting maladaptive behaviors of their own.

Another factor that has been indicated as a potential risk factor for children's mental health is the environment and neighborhood they are immersed in. Caspi, Taylor, Moffitt, and Plomen (2000) studied environmental factors associated with children's mental health issues. The study consisted of 68 twin pairs, which measured the neighborhood condition and behavioral problems. The study found that neighborhoods have a significant influence on children's behavioral development. They believed that the environment may have a stronger impact on children's mental health than previously believed. The physical environment may carry similar risks for children's mental health as genetic factors. When looking at the untreated sibling it is important to note that these siblings are experiencing a similar environment and situations as the child referred for treatment, therefore need support similar to the referred child.

The family unit has frequently been viewed as a common source of children's mental health issues. Various family dynamics can play a role in the formation of mental health issues. In Greenberg and colleague's (2000) prevention analysis, family circumstances was listed as one of the top seven risk factors for the development of children's mental health issues. Family

circumstances included, “low social status, mental health issues in the family, large family size, child abuse, stressful life events, family disorganization, communication difficulties, family conflict, and poor bonding with parents” (2000, p. 4). Guerney (1964) implies that a primary source of maladaptive behavior in children can be traced directly or indirectly to interpersonal relationships within the family. Schaeffer (2011) addresses that when a child is referred for treatment it can often be assumed that the problem they are referred for reflects a larger family dynamic issues. These could include family structure, family aggression/violence, parenting practices and skills, and parental stress. Herman-Smith, Pearson, Cordian, and Aguirre-McLaughlin (2011) studied families receiving parent-child interaction therapy and noted that according to the participants, common family issues were history of mental health illness in the family, financial situations, and family stress. With the strong influence of family on mental health issues in children, again it can be suggested that similar experiences are happening for all children in the family.

In some families children may be less at risk due to differential treatment by the parents, genetic components, or cognitive abilities. Some children possess an ability to be resilient while facing extremely difficult situations. However, many children who are facing these risk factors eventually develop maladaptive behaviors, what puts them at risk for future difficulties.

Evidence of maladaptive behaviors in siblings.

Current research regarding siblings of children who are receiving mental health services is fairly scarce. A moderate amount of research regarding children’s mental health focuses on the referred child, with a small portion looking at the family or family system. Most of the research available has found that siblings of children with mental health issues are at varying degrees of risk for developing maladaptive behaviors. Kilmer, Cook, Taylor, Kane, & Clark

(2008) studied siblings of children with severe emotional disorders, to determine if they were at-risk of developing maladaptive behaviors. They found that one in six siblings were associated with a high to extremely high probability of being identified with an emotional or behavioral disorder.

Aggression, one type of maladaptive behavior, was studied by Aguilar, O'Brien, August, Aoun, and Hektner (2000), who found aggression to be prominent in siblings of children with severe aggression. Higher levels of conflictual behaviors were found in siblings of aggressive children when compared to siblings of nonaggressive children. These conflicting behaviors are evidenced by a difficulty with interpersonal relationships, particularly with peers. Abrams (2009) interviewed adults whose siblings had severe chronic mental health disorders. Abrams found significant evidence of a severe impact on the sibling, through numerous aspects of their lives. One common theme was difficulty establishing and maintaining intimate relationships. The research has shown that siblings are both at-risk of similar maladaptive behaviors and severely affected by mental illness in the family.

Other potential effects on siblings.

Not only are siblings at risk of developing similar maladaptive behaviors as their siblings, but they are also at risk of experiencing severe negative effects in their relationships. Minimal research exists with a focus on untreated siblings of children with mental health issues. However, research related to siblings of children with chronic illness is available. In a meta-analysis conducted by Sharpe, and Rossiter (2002), research on siblings of children with a chronic illness was analyzed. They found a major subsequent theme through their analysis, significant, negative overall effect on the sibling of a child with a chronic illness. The negative effects were categorized as psychological functioning, peer activities, and cognitive

development. This analysis found that siblings often felt jealous, left out, or forgotten due to the amount of focus and attention on the child with the illness. This effected their psychological functioning, and relationships in the family. The siblings expressed these difficulties through externalization or internalization of behaviors, and showing a self-concept. It is not only important to understand the maladaptive behaviors siblings are at-risk of developing, but also the overall effect that the mental health issue has on them. Chronic stress, difficulties with future relationships, and strain in relationships with family members, as well as possible cognitive difficulties, are all potential effects the untreated siblings face.

In research done by Fisman, Wolf, Ellison, and Freeman (2000) the sibling of a child with a chronic disability was considered to be severely at-risk for negative effects. When a child has a chronic disability the family can experience the following effects: stress that is generated by the child with a disability, stress that is generated indirectly by the child's impact on parental function, and stress that may lead to chronic emotional and behavioral problems in nondisabled siblings. They found when measured by teachers over a three year period, these siblings had higher levels of internalizing behaviors in school settings, and a high rate of externalizing behaviors with their parents. They hypothesize that this was due to the parental focus on the child with a disability. It can also be stated that in these situations, the sibling relationship may be affected. These relationships are complex and the adjustment of unaffected siblings is closely related to the sibling perception of being treated differently than their sibling. Children whose siblings need consistent support and attention due to their chronic illness have experienced negative effects, untreated sibling of children with mental health issues could be assumed receive similar negative effects. Although this research did not focus on mental illness in children, the

family situations presented are similar and it should be a consideration for researchers to generalize the results to families with mental health issues.

Sibling's perspective.

Limited research has been done to examine the sibling's perspective of children's mental illness. As noted earlier, this could be due to the age of the siblings. Filial therapy is typically done with children eight and younger, therefore the sibling will likely be within that relative age range, and therefore difficult to study their perceptions of treatment. A study done by Lukens, Thorning, and Lohrer (2004) examined adults who siblings had chronic mental illness. They conducted focus groups with the adults whose gave insight as to the effects they had as children, and how the illness has affected their lives into adulthood. This study gave insight into how chronic mental health in one child affects the entire family throughout their lives. They found that the participants were deeply impacted by their siblings. Across focus groups, all siblings addressed varying sets of negative emotions such as: anger, guilt, mourning of loss, fear, and anticipation. Their relationship with their families, and future peer and romantic relationships were also noted as being severely impacted. This study showed the deeply rooted impact of mental health in children. With interventions aimed towards impacting the parent and referred child, with emphasis on ability to generalize skills, the ability to change the course of the disorder, and impact on family can be tremendous assets to the health of a family.

Use of parents in the treatment of children

Interventions for a child with emotional/behavioral issues may be most beneficial if it is focused on the family. The focus on family may help strengthen the bond, alter maladaptive dynamics, and be an overall benefit to the parents and siblings. Due to the benefits of

maintaining family focus in the treatment of children, this research will examine a common treatment modality that utilizes the family as the main change agent for the child.

Filial Therapy.

Filial therapy is a modality that has been designed to meet both the needs of the parent and child. It has been widely studied by various researchers. Results have been predominantly positive, finding benefits of this intervention evidenced by changes in focal child's (the child referred for treatment) behavior, parental attitudes and increase in parental and executive skills. Filial therapy is a form of overarching parent training intervention referred to as Parent-Child Interaction Therapy (PCIT). Similar to PCIT, filial therapy not only aims to change the parent and focal child, but also aims to provide the parents with guidance and skills that will help generalize the skills learned to other relationships in their lives. Arnold, Levine, and Patterson (1975), believe the advantage of using parents as the therapeutic change agent is that the effects should generalize and persist at home with other family members. If parent's skills are enhanced through filial therapy, it is unknown whether the untreated siblings will be positively affected by filial therapy.

Filial therapy was first introduced by Bernard and Louise Guerney in the late 1960s (Schaeffer, 2011). It was designed as a unique approach using the opportunity for parents as the therapeutic change agent with their own children. Various researchers have lent their support due to the many positive outcomes in the studies conducted. Arnold, Levine, Patterson (1975), view parents as the preferred therapist for a child due to the influence they have over their children's behavior. Watts and Broaddus (2002) describe filial therapy as a unique approach used in play therapy to train parents to be the therapeutic agents with their own children through instruction, demonstration play sessions, regular at-home play sessions and supervision.

Essentially filial therapy is a combination of both play therapy and family therapy. Through the use of play therapy techniques parents learn effective parenting strategies, begin to have a new perspective on the child's presenting problems and behaviors, and strengthen the parent-child relationship (Schaeffer, 2001). Filial therapy is a modality that can be effectively used with a variety of parents, children, and families. It can help families with mild issues, be used as a preventative measure, or be used for families with severe issues (Schaefer, 2011). Filial therapy has been used to treat children with anxiety, fears, conduct disorder, depression, trauma, attachment problems, attention deficit problems, anger/aggression, oppositional behavior, grief/loss, chronic mental illness, children on the autism spectrum, family problems with domestic and substance abuse (Schaeffer, 2011). In case examples provided by Herman-Smith, Pearson, Cordian, and Aguirre-McLaughlin (2011), filial therapy was being utilized to treat children with internalizing and externalizing behaviors, emotionally reactive tendencies, and aggression.

Children will exhibit their behaviors in unique ways. The filial therapist's job is to work with the parent to help them understand the source of their behaviors and develop skills to work with the child and their behavior, which has the potential outcome of benefiting the parent-child relationship. Learning what is behind their child's behavior and how to interact with their child are skills generalized to their relationship with their children.

A typical filial therapy structure consists of two concurrent sections. Parent training is the basis for the first section. The second part of the therapy process consists of the parent working one-on-one with their child. This is done through play therapy sessions where the therapist observes the parent's interactions with their children. Following the practice sessions the parent is intended to go home and practice the skills they learned for thirty minutes once a

week during a special structured playtime. A key part of filial therapy is the importance of having the parents practice the skills learned at home for only thirty minutes a week. This enables the parents to enjoy small successes and breakthroughs with their children, and not feel burnout by the pressure of having to continually initiate skills they are learning (Watts & Broaddus, 2002). Considering the structure of filial therapy, and the process of having the parents implement the skills learned through in-home sessions, it can be theorized that the parents will find it easier to generalize these same skills during and after treatment to the untreated siblings.

Filial therapy emphasizes using the parent-child relationship as a means of change, which consequently helps address the presenting issues and the parent-child interactions (Johnson, Bruhn, Winek, Krepps, & Wiley, 1999). Clinicians are free to establish their own therapeutic goals when working with their clients in filial therapy. Many clinicians take advantage of the parent training to help produce change in the family system through practiced and generalized skills. One specific goal that Shaeffer (2001) discusses involves the entire family. This goal aims at finding more enjoyment with each other, resolving problems, improving communication, empowering, and having greater satisfaction of family life. Altering the family system to develop positive relationships and adaptive parental skills is a goal that is supported through the use of the in-home sessions and by the support and feedback that the therapists provide.

Parent ability to use parental skills to benefit their child.

Filial therapy provides important opportunities for therapeutic experiences between a parent and child. Parents are able to learn, practice, and master skills the therapists have used in play therapy sessions with children. Schaeffer (2011) depicts filial therapy as stemming from psycho-educational interventions. Parents learn a wide range of skills to utilize with their

children. A common learned skill is the ability to successfully set limits with their children. Parents learn to do this in a calm manner that gets a positive response from children (Watts & Broaddus, 2002). In an interview with Garry Landreth, a leading psychologist in filial therapy, he states that at the completion of filial therapy many parents state they feel like they are leaving with a set of tools to use. Some of the primary tools are the ability to give choices, respond consistently, and allow their children to experience the consequences of their choices (Watts, & Broaddus, 2002). Parents then have the ability to use these same parental tools they learned for one child with other untreated siblings.

As mentioned previously, an important part of filial therapy is practicing the skills parents have been taught through in-home sessions. The parent in training is meant to go home and implement skills learned in session (Watts & Broaddus, 2002). This is an extremely important aspect of filial therapy; however, the ability to use the skills at home does not stop there. When parents meet with the therapist, the therapist works with them encourage and support generalization of these skills to everyday life at home (Schaeffer, 2011). Arnold, Levine, and Patterson (1975) state that effective treatment requires changes in the family system. If parents are able to take the skills they learn in training, and use them in-home, they can greatly impact their family dynamics. Watts and Broaddus (2001), claim that parents become more effective in utilizing the skills when they feel satisfaction of doing something with the child in session and at home. Parents then find themselves generalizing and utilizing these skills outside the play relationship. Implementation and generalization of skills appears to be prominent in filial therapy.

Generalization of skills.

Untreated siblings will potentially experience positive effects from filial therapy when the skills are being generalized in the home setting. Adaptive parental skills can lead to a closer parent-child relationship, increase in adaptive behaviors of the child, and increase efficient communication in the family. This assumes the skills learned for the referred child are also being used with other children in the family. Naik-Polan and Budd (2008) designed a study that examined four mother-child dyads that were involved in a parent-child interaction therapy similar to filial therapy. They wanted to examine if skills would be generalized to siblings and if so, would it be spontaneous generalization, or need to be prompted by additional training. They found that three out of four mothers generalized target skills spontaneously, three showed significant increase in levels of positive attention at home, and there was significant increase in use of praise and reflection by parents. Similar to Watts and Broaddus' study, the parents in this study not only learned and were able to generalize their skills, but the parent rated both the child problem, and parenting stress as below significant levels post intervention. Another study found that parents who went through parent-child interaction therapy were able to generalize the skills they learned in training to both the focal child and the untreated siblings. The study focused on children with severe behavioral issues in the home setting. Parents also reported general maternal adjustment, less anxiety, and increased involvement with all members of the family (Eyberg & Robinson, 1982). Not all these studies utilized the exact format of a filial therapy intervention. However, they all involved parent training that was intended to be generalized in home, which are key factors of filial therapy. The evidence shows overall decreased stress, improved behavior by children, more family involvement and cohesiveness, and improvement in relationships, and adaptive skills.

The study done by Arnold, et al. (1975) focused on changes of sibling behavior following a family intervention, they found that the family intervention that focused on the referred child was generalized to the sibling, and consequently benefited the entire family. A study done by Christensen (2010) examined parents receiving an intervention on use of specific communication skills. The results showed that the parent was able to generalize the communication and social skills with the untreated sibling. Both children increased use of functional language and spontaneous interactions with their caregiver, and the parent learned new adaptive parenting skills to use with their children. Although this study was specific to autism and specialized autism interventions, the parent was receiving training on skills to use with their children, which is the main idea behind filial therapy. If this program was able to be generalized to affecting the untreated sibling it can be suggested that other parent training programs may have the same affect.

Parent's perception of mental illness and treatment

In regards to mental health, the richest information can be found when the perspectives of the lives it affects are taken into account and studied. It is difficult to understand the impact of both mental illness and the effects of treatment without questioning those who experience it on a daily basis. The parents and siblings themselves add great insight as to how their lives are being impacted by these disorders and the interventions used. Due to limitations in studying the siblings because of age, or accessibility, parents have typically been the family member studied. A moderate number of studies focus on parents' perception of children's mental illness or disorders. It is through the parent and family perspectives that researchers can gain an understanding of what is important to the family, their observations, as well as insight in to the family experience.

In the case of filial therapy, it is important understand how the parents felt about the process of filial therapy, and how they viewed its impact. Brestan, Eyberg, Boggs, & Algina (1997) conducted a study that examined parent's perception of the untreated siblings after the parent's participated in a parent training program for the referred child. They found that the parents believed the behavior of the untreated siblings got better since the intervention. A study conducted by Foley, Higdon, and White (2006) examined parents perception of their experience with filial therapy. They interviewed six parents who completed a 10-week course of a filial therapy training model. The results of the interview showed that all six participants reported decreased stress level and increased intimacy with child. Numerous themes were found in this study including an appreciation for the structure, meaning the process of demonstration and observation, group and home play therapy practice, and feedback. Two other important themes emerged. First, the decrease in parental stress, noticed through the feeling of being more aware, confident, resourceful, supported and patient. Second was the changes in the referred child. Parents stated they noticed skills being generalized by their child into interactions with peers and siblings. The parents believed that their children were emulating the parents' new skills and attitudes. If the parents perceived the focal child benefiting from the parents' new skills and attitudes it can be assumed other siblings in the family would also begin to imitate the parents and focal child's behaviors.

A study done by Bavin-Hoffman, Jennings, and Landreth (1996) looked at 20 families that participated in a 10-week filial therapy treatment, and how they perceived the process and effects after treatment. It was found that nearly two thirds of both mothers and fathers saw better communication within the parent-child relationships. Parents in the study stated, "We were able to have more two way conversation", "I think for me, it tuned me into having better

communication skills with everyone and learning how to recognize people's feelings" (1996, p. 51). Other findings included improved communication between partners, improved child behavior, and increased couple unity.

All these findings suggest a strong outcome of positive family dynamics and interactions. Studies have shown that a significant amount of parents completing filial therapy believe they have increased parental skills, and relationships in the family. Therefore filial therapy not only provides a safe and effective environment to implement change between a parent and child, but also is effective in implementing family change as a whole. The parents' thoughts and views of the process of training programs is key to understanding what is working, and what needs to be changed. These insights into parent's perspectives offer a wealth of knowledge of how clinicians can more effectively use filial therapy to ensure that the parent's and child's needs are being met, and also working with the parents to ensure the generalization of skills.

Conceptual Framework

Family systems theory is the theory chosen to guide this research. Family systems theory has been an influential framework for various interventions used with individuals and families. Family systems theory is based on the idea that families act as social systems (Collins, Jordan, & Coleman, 2007). Families are interrelated, and individual behavior within families is both influenced by and affects the entire family (Allen, 2007). It provides an understanding of how problems originate from family relationships and interactions and not independently. Not only can families be a barrier, but families are also greatly affected by individuals' problems within the family (Collins, Jordan, & Coleman, 2007). Collins and colleagues state, "Problems that arise in families cannot usually be attributed to individual dysfunction, and more often are a product of family dynamic issues" (2007, p. 45). As a piece of the systems framework in the field of social

work, family systems theory provides clinicians with a lens to view problems as system dysfunction, and to work with the family to produce change. Family systems theory contains crucial concepts that guide various therapeutic modalities. These concepts are: the family as a whole is more than the sum of its parts, families try to balance change, a change in one family member affects all of the family members, family members' behaviors are best explained by circular causality, and family operates according to established rules (Collins, et al., 2007).

Filial therapy has been significantly influenced by family systems theory. It uses the family system to understand interpersonal interactions, behaviors, and problems within the family, and incorporates this understanding to use the family members as the means of change. It is crucial for parents to understand their role in their child's presenting problem and how this problem affects the entire family. Looking at the goals of filial therapy through the family systems lens, a change in parenting skills, combined with greater understanding for the focal child's behaviors, a shift in focal child behaviors, and more positive parent-child interactions, will lead to an empowered and healthier family system. It is the hope through filial therapy that altering family skills and relationship patterns can impact the entire family system.

Previous research done has supported the family systems framework as the lens to understanding filial therapy and its effects on the family. A study done by Johnson, Bruhn, et. al., (1999) used this framework to support their study on filial therapy with Head Start families. A benefit of filial therapy is that improvements are measured in the individuals as well as systemic interactions. Results of the change they saw in the families were attributed to six systemic factors, these were listed as, filial therapy requires family involvement, it takes the focus off of the child being the source of the initial problem, it aims at the parent identifying their role in the

behavior, it enhances parental leadership, strengthens boundaries, and highlights unhelpful systemic sequences.

Landreth and Lobaugh (1998) studied filial therapy when working with incarcerated fathers. Family systems theory references the fact that families will inevitably change and shift, which can potentially alter family dynamics, behaviors, and attitudes. When a father is incarcerated, the family system is changed, and may potentially initiate problematic behaviors from the children. Anxieties learned through interactions and dynamics in the family are more easily extinguished under similar circumstances. According to family systems theory, children's behaviors and interactions are influenced by the family system, and using the family as the means of change can potentially provide the most optimal results.

Bratton and Landreth (1995), used filial therapy to understand single parent's perception of the intervention process. They used filial therapy with single parents due to the systemic effect divorce or separation has on a child, and the potential for maladaptive behaviors to develop. Bratton and Landreth rationalize this by validating systemic change families face with divorce and separation. Single parenting makes it difficult to maintain a healthy parent-child relationship, and have positive contributions to their child's development, due to the system change. Through a family systems lens they choose filial therapy due to the dual function in intervention and prevention methods. It provides the parents both training and support, which ultimately strengthens the parent role in the family system, leading to family cohesion.

A vast amount of research has been done using family systems theory as the framework when using filial therapy with children and families. Studies on untreated siblings of families with children with chronic illnesses or autism have also used this framework to support their studies. However, little research has been done on untreated siblings of parents and children in

filial therapy. This is a great deficit in the literature. Family systems theory fits well as the framework used to study these children. In filial therapy, if the parent and the focal child are learning new skills, behaviors, and an understanding, using the family systems theory, it can be assumed that the other members of the family will be somehow affected. The effect on the untreated siblings is what this study aims to understand.

The literature review provides an understanding of filial therapy and untreated siblings, and evidence that untreated siblings are typically effected by family parent-training interventions (such as filial therapy), that parents perceive an overall change in their parenting skills, and that there is an likelihood that parents will generalize skills learned to the other relationships within the family (untreated siblings). This research uses both the literature review findings and the family systems framework to develop an understanding of untreated siblings in filial therapy through its interview questions and data analysis. The concepts supporting the development of the interview question are: a change in one family member often leads to change in the family system, family members' behaviors are best explained by circular causality, and a family operates according to established rules. Interview questions aim to uncover how clinicians view and have experienced untreated siblings through the filial therapy process; feedback they have on how the process of filial therapy affected the untreated sibling, if the parent was able to generalize skills to the untreated sibling, and if clinicians were provided feedback on shifts of behavior, attitude, or relationship of the untreated sibling.

Obtaining the clinician's perception was conducted through interviews with clinicians who have provided filial therapy. Collins, and others (2007), fosters the idea that it is crucial to understand the family dynamics, which will help uncover the family processes that are leading to the presenting problem. Meaning, problems such as parent-child difficulties, behavioral

problems, and mental health issues are developed and changed within the family context (2007). This idea guides this research's focus of qualitative research on the clinicians experience with untreated siblings.

Methodology

The purpose of this study is to gain an understanding of how clinicians have experienced untreated siblings through the process of filial therapy.

Design

This research aimed at identifying how clinicians have experienced untreated siblings when providing filial therapy. The overarching research question for this study was "How have clinicians experienced the untreated siblings in the families they provide filial therapy too?" Two sub-questions were: 1. "Does filial therapy benefit the untreated sibling?", and 2. "Have clinician's experienced untreated siblings as having difficulties of their own?" The literature review and family systems framework were the basis of information that helped to form the hypothesis for this study. Based on this information, the researcher hypothesized that clinicians have experienced untreated siblings as exhibiting struggles of their own, and clinicians have experienced untreated siblings as benefiting from filial therapy services.

This research was retrospective in nature, meaning it asked clinicians post-intervention to examine their experience with untreated siblings. A qualitative study was utilized to answer this research question. A qualitative study was chosen due to its focus on letting concepts and abstract ideas form from the data, instead of formulating theories first and verifying them through the data collected (Monette, Sullivan, & DeJong, 2008). This was the most appropriate form of research to use in order to ensure themes develop from the interview data and not solely from preconceived concepts of the interviewer. By nature this study was exploratory. The literature provided adequate amount of information regarding untreated siblings of children with

chronic illness and autism. Based on those studies it can be assumed that untreated siblings of children with emotional/behavioral difficulties may face similar difficulties, and may be affected by the intervention of the child referred for treatment. Therefore, the data collection method was semi-exploratory, in hopes of finding new themes.

Sampling

This study worked with three agencies in Minnesota that provide filial therapy to children and families. The participants in this study were selected to participate in the study based on the following criteria: (a) must provide filial therapy to families; (b) the filial therapy process does not incorporate the entire family in sessions. Three clinicians who provide filial therapy services were interviewed for this study. Two clinicians were Licensed Clinical Social Workers (LCSW) in Minnesota, while the other clinician was a Licensed Marriage and Family Therapist (LMFT) in Minnesota.

Protection of Human Rights

Research chair, research committee, and University of St. Thomas IRB approved of this research prior to contacting participants. The informed consent form and interview questions were given to participants prior to the interview date. Informed consent was signed and given to the researcher before starting the interview. The informed consent form provided the participants with a complete understanding of how the data will be collected, analyzed, and used. The interviewer used an audio recording to collect data. The interview recordings were only heard by the interviewer, and were destroyed following collection and data analysis. The notes taken by the interviewer were given a coded number and did not contain any identifying information on them. Following data analysis, the interviewer shredded the notes. Once data analysis was complete the information was used in the final research paper, and presented at the University of

St. Thomas. Neither the paper nor the presentation contained any identifying information of the participants.

Measurement

Semi-structured interviews were conducted with each participant to gather data. One interview per participant took place, lasting approximately 30-45 minutes, in a location of their choosing. The interview was comprised of both open-ended and closed-ended questions. Open-ended questions were used to gain insight into the participant's experience in their own words, while closed-ended questions were utilized to introduce and clarify questions. The nature of the questions were of the clinician's experience. Questions were aimed at gaining an understanding of how clinicians experienced untreated siblings. Data was collected by the interviewer while the interview was taking place.

Analysis

The interviews were audio-recorded and transcribed for data analysis, which were then analyzed for reliability. Entire interviews were transcribed from the audio recording. The transcriptions were read through multiple times to become familiar with the data and find themes. To analyze the data, content analysis was done, which consists of first identifying major themes and patterns, and second, breaking them into subthemes and categories. While reading through the transcriptions common categories were identified and documented. The field notes that were taken during the interview were taken into consideration while listing common categories. They were then made into a list of categories that were sorted through, and condensed into specific themes. Next common themes were identified, a table was made with the themes in one column and examples and subcategories of the themes in another. Categories that are found to be outliers were removed from the list of categories.

Findings

Analysis of the data produced four themes from the interviews: untreated siblings exhibit their own difficulties, how filial therapy treatment is focused, relationship between the parent and untreated sibling benefits from filial therapy, and generalization of parental skills to other relationships.

Untreated siblings exhibit their own difficulties.

All three participants reported that they frequently perceived untreated siblings as having their own difficulties. The clinicians noted that they often observe untreated siblings as showing jealous behaviors due to the attention and focus on the targeted child, and also observing relationship conflicts between the untreated sibling and the parent. Two subthemes emerged under this over-arching theme: jealous behaviors and conflict in the parent-untreated sibling relationship.

Jealous behaviors.

Two of the three participants reported seeing untreated siblings demonstrating jealousy of the child identified for filial therapy. Participants reported that the filial experience can be an extremely positive and fun experience for the targeted child. This can evoke jealousy from the untreated sibling, who may view their sibling as having this special play time with their parent, which they may not be included in. Clinicians noted encouraging special play time or one-on-one time as a way to help the untreated siblings cope with the feeling of jealousy. The following statement demonstrates how one clinician has seen jealousy being evident in the untreated siblings.

Usually there is some kickback from the kid because it is a pretty good experience of the kid that is getting the service.

Another clinician has had similar experiences of seeing jealous behaviors from the untreated sibling.

I know at times there has been some jealousy, the one child that I work primarily with gets some one-on-one time with mom or dad, gets to play in the really cool play room and things like that.

At the root of the jealous before was often the feelings of being deprived from special attention and closeness in the parent-child relationship. This often led to other conflicts between the parent and untreated sibling to be observed.

Conflict in the parent-untreated sibling relationship.

Two of the three participants reported that they have experienced untreated siblings who have exhibited some type of relationship difficulty with their parents. The following statements are in reference to the relationship difficulties clinicians have identified. One participant reported that they may not qualify for an emotional or behavioral disorder; however, they often see parents having relationship challenges with all members of the family.

The majority of siblings and the parents do have conflict.

I don't know about do they qualify for an emotional disorder, I think the parent-child relationship disorder often is present with siblings as well.

One of the clinicians reported that many of the parents they work with have attachment issues of their own, so their ability to relate to any child in the family may be hindered, which includes the untreated sibling, the following quotation explains how one clinician sees attachment issues potentially producing conflict in the parent-child relationship.

A lot of parents I work with have adverse childhood experiences. They have their own adult attachment issues, and so when they have trouble relating or regulating their child, I think they are having trouble doing it with almost every child in the home.

One clinician reported experiencing many parents as having tunnel vision on the identified child due to their difficult behaviors. From an outside perspective and because of the training a clinician has they are able to see difficulties untreated siblings are having that the parents might not necessarily see.

I think that is kind of hard for the parents to understand that, cause I think they come in with this identified child in mind and maybe they don't see the other children as needing that support or those services as much, as maybe if I was to look at that and look at how kids were acting or the value in that.

Jealous behaviors and relationship conflicts were often related to the amount of attention on the identified child. This theme led to another significant finding demonstrating some reasons why attention is focused on the identified child.

How filial therapy treatment is focused.

Through analysis of the data one theme that emerged was the focus on the identified child. Two participants spoke of their perspective of focusing their treatment on the targeted child. When working with families who have untreated sibling these clinicians reported that they take on a supportive role by encouraging parents to practice skills with untreated siblings. Two participants alluded to including and working with untreated siblings based on the parent's perception of how treatment should be focused. Within this theme emerged two subthemes- specific child is identified as the client and parents determine level of involvement of the untreated sibling.

Specific child is identified as the client.

Two out of the three participants made reference to their main focus and role being aimed at working with the child that has been identified as the client. Clinicians noted that they typically start treatment focused on the targeted child, however, as session's progress; they alluded to being flexible and informally engaging the untreated sibling in treatment. With a main

goal of theirs, to have the untreated siblings benefit in varying degrees. Treatment typically started with the focus on the identified child mainly because they are the billable client, they have participated and received a diagnostic assessment, and have been identified as needing filial therapy services. Clinicians are able to provide billable services while working with them, as opposed to the untreated sibling. The following statement from one clinician demonstrates the focus of filial therapy being on the identified client, but being flexible to accommodate the untreated sibling.

I am focusing on the identified child; I am taking out some of the stressors of the family. And once I feel like they are mastering those skills then I think we do tend to bring in the siblings more and talk about those dynamics but I would say this usually happens later in treatment.

Another clinician described their flexibility in changing the structure treatment.

I have a family that I have been working with right now...they have one identified child that is struggling a little bit more and they came in to get support. It has kind of become less structured and now the other child is at times part of the session too.

We have gone less structured and just had a play session together... so we've tried to include them in that way, so the child who is not receiving services is still receiving some benefit of that.

The clinicians noted if they noticed the untreated sibling struggling, or the parents requested that they be more involved, clinicians reported being flexible in order to accommodate the untreated sibling.

Parents determine level of involvement of the untreated sibling.

Two of the three clinicians spoke of the parents being the ultimate decider of how involved the untreated siblings are through direct feedback to the clinician. When parents make reference to the sibling needing attention, two out of the three clinicians reported including the untreated sibling in some manner. Participant's made reference to parents typically coming to

treatment with the desire to work on the behaviors of the identified child. This may be due to the severity of the identified child's behaviors, and the parents feeling as though they need eradicate those behaviors. The following statement from one clinician makes reference to parent's decision on how to focus treatment.

Some choose not to bring their siblings, they feel like this is a special time between them and the identified child.

Another clinician reported their experience of working with families, where towards the end of treatment the parents bring up concerns and the discussion of transferring skills to other children in the family begins.

Once that child and that relationship starts to heal you maybe notice other things in the family dynamics that, oh my gosh I should be doing that with little Johnny the sibling, I notice that we don't do these things with him either.

One clinician reported how they have seen parents focus their attention on working with the identified child's behavior, and needing support to understand and transfer their parenting skills to the untreated siblings.

I think parents come in wanting to deal with the behaviors and hears the big behaviors and they really want to change this. But maybe they don't always see that they could transfer some of that to other children that maybe don't have those big behaviors but have other issues to.

The research analysis found one exception to the having one identified child in filial therapy. The data showed that one clinician took the perspective of working with the family system as a whole, in order to change the family system all members of the family need to be involved in treatment, which includes the untreated sibling. The untreated sibling does not receive a diagnostic assessment, and the identified child is still the focus of treatment, however, the untreated siblings are invited to sessions and this clinician encourages parents to practice

“special play time” with that sibling along with the targeted child. The following quotations show how one clinician used family systems theory to inform their work using filial therapy.

The sibling is part of the family unit, and we are trying to change the whole structure of the family unit, the sibling would be part of that, but I don't specifically treat the sibling.

This clinician reported involving the untreated sibling in the group sessions, and providing more formal services to the untreated sibling in order to work with the family system as a whole.

In the group we invite the whole family. So a good majority of the families I have treated have had siblings involved, kind of on a personal level.

Once the parents have learned new skills and the identified child has begun to make strides, the family will then bring up difficulties with the untreated sibling, and look to transfer those skills. These skills were often essential in positively impacting the relationship between the parent and untreated sibling.

The relationship between the parent and untreated sibling can benefit from filial therapy.

The relationship between parent and untreated siblings was a strong theme evident in this study. The two following quotations highlight how clinicians viewed the general improvement of relationship between parent and untreated sibling.

I think once you've changed that relationship or the parent's way of looking at a child, I've got to believe it goes to the whole family and whole system.

I really think that the siblings benefit from the way a parent learns to relate to them in a more calm and regulated attentive manner.

Responses fell into three separate subthemes relating to the relationship between the parent and untreated sibling: improved communication, increased understanding of child, and the benefits of play.

Improved communication.

A subtheme of how the relationship benefits from filial therapy was evident by two of the three participants noting how filial therapy can benefit the relationship and the ability to enhance parent's communication skills. Parents are taught communication skills in treatment with the identified child. These skills focused on the parent's ability to change maladaptive communication patterns they have with their children. When parent's communication skills were improving, clinicians encouraged the parents to practice these skills of reflective and active listening with all children in the family. The following quotation demonstrates how learned communication skills can benefit the parent-untreated sibling relationship.

I know they were able to look at their son and some of his behaviors in a different way, be more accepting of him and understanding what those behaviors were communicating as opposed to just seeing his behaviors.

Another clinician identified the communication skills that are learned in filial therapy and how they benefit the parent-untreated sibling relationship.

I think really the active listening, being able to listen, being more observant with the children, looking for the feeling behind what's being played out or said, or how its beings said. I think parents gain a lot of those skills and I think those skills definitely transfer to the other children.

With encouragement, coaching, and support, participants theorized that their communication would be improved with all children in the family. These communication skills were often the basis for enhancing the parents understanding of their children.

Increased understanding of the child. All three participants noted that a benefit of filial therapy is its ability to help parents have a better understanding of their child, whether by

interpreting behaviors, or viewing them in a different light, a shift in the parent's understanding of children's behavior can often lead to having a better relationship between the parent and child. Participants all theorized that when a parent changed how they understood the target child, they would have a similar understanding with other children in the family as well. The following statement shows how one of the clinicians observed an increase in understanding of a child's behavior benefit the untreated sibling.

The parents learn the skills; they better understand their children and they are better able to make more solid parenting choices. That goes for all the kids in the family.

Another clinician provided insight to how they have seen understanding of the identified child be transferred to understanding the untreated sibling as well.

I have to believe that opens the parent's eyes of that of the other children and their behaviors, they may be able to see them and communicate more clearly and just have a better relationship as well.

The enhanced relationship between the parent and untreated sibling allowed for the enhancement of other parenting skills, including the parents ability to utilize play in the relationship with their children.

Benefits of play.

Two of the three participants reported seeing an increase in parental play skills and a new understanding of play as a parental role they can use with their children. These skills proved to be beneficial with enhancing the relationship between the parent and all children in the family, participants saw parents understand the use of play in new way, and for some, using play for the first time as a way to connect with their children. Again, participants noted the use of play as major factor in benefiting the relationship between the parent and untreated sibling. And this new interaction can be a really positive aspect for the relationship between the untreated sibling

and parent. One clinician reported experiencing parents that have never used play as a way to interact with their children. When they were able to use their new play skills, they were able to have a new interpersonal experience with the untreated sibling, one that benefited their relationship. The following quotation demonstrates play as a way to benefit the parent-untreated sibling relationship.

Imaginary play skills can really be effective at benefiting the siblings, because a lot of parents I work with did not come from a childhood framework where they did play.

Another clinician had a similar experience with seeing play skills as a new way for parents to engage with their children, and ultimately enhance their relationship with the untreated sibling.

I have seen parents get more playful and have more fun and really interact more with their children.

All participants emphasized that due to the parental skills and shift in perception that the parents are learning, they have a high potential to be able to generalize those skills and perceptions of their children to other children in the family.

Generalization of parental skills to other relationships.

The theme of generalization of parenting skills was relevant with all three participants interviewed. Clinicians spoke to the importance of generalization of skills, the informal goal of encouraging parents to practice skills with untreated siblings, and the feedback they heard from parents of their ability to use the skills with other children in the home. The following quotation from one clinician demonstrates their perception of how generalization can occur from filial therapy.

I think it would be really hard to shut off that skill and not use it at home with others so I think it benefits them (siblings) greatly.

Another clinician explained how filial therapy can transfer to the untreated sibling who may not be directly or formally involved in treatment.

They haven't participated first hand but they have the effect of their parent gaining this new knowledge and practicing that new knowledge in the home when they do the play sessions.

Two subthemes emerged under the category of generalized parenting skills: generalization of parental skills as a goal in treatment and the parent's ability to generalize parental skills to untreated siblings.

Generalization of parental skills as a goal of treatment.

All three participants alluded to viewing generalization of parenting skills to untreated siblings as an underlying goal when working with families with untreated siblings. Clinicians noted that they formally and informally encourage parents to generalize the parenting skills they were being taught. This is done not only with other children in the family but in all relationships in their lives. The following quotation from one clinician reflects how they encourage generalization of parental skills.

We have told them they can definitely do special play time with every child in your home.

Another clinician explained how they encourage generalization of skills they are learning to use in all relationships in their lives.

I encourage that reflective listening skills, and other skills should become a habit and you use those with all children and all relationships in your life.

The communication skills they are being taught can be beneficial in enhancing relationships with untreated siblings, along with partners, colleagues, or friends. Through feedback and observations, clinicians were able to notice the parents ability to generalize parental skills to the untreated siblings.

Parents ability to generalize parental skills to untreated siblings.

Two of the three participants alluded to the parent's ability to practice and generalize skills to untreated siblings in filial therapy. Clinicians reported feedback that is primarily positive, with parent's often having success in generalizing their skills to the untreated siblings. One clinician reported that they provide parents with outcome surveys to understand their experience in filial therapy. The following quotation from this clinician explains the feedback they have received from those surveys.

Most parents have told me, either verbally or survey that the skills work with a variety of people in their lives, and that they can use it in all of their relationships. And so the parents have shared that absolutely these things have worked for the sibling.

I would say probably 80% of the time after you know eight years of collecting this data, have said yes I can generalize these skills. When a sibling is involved I am assuming they mean siblings are included in other people in the family.

Another clinician reported frequently receiving verbal feedback of how parents have generalized the skills they have learned to the untreated sibling. The following quotation demonstrates this.

I think the biggest thing is they will say that they tried that on a sibling. And usually they will report positively that it doesn't just work for this child and works for any type of child.

Once parents feel comfortable using the skills with the identified child, they may be more aware of how they can integrate it in the relationship with the untreated sibling as well, ultimately addressing the untreated siblings difficulties feeling jealous of the identified child's attention, and addressing the conflict in the parent-child relationship as well.

Discussion

This study aimed to gain an understanding of the experience that clinicians have with untreated siblings. The results appear to support many of the conclusions and findings of the literature reviewed. Clinicians will have a range of experience with untreated siblings; some will be aware of struggles they have, while others may not identify any struggles of the untreated sibling. Clinicians will only be able to be aware of sibling's difficulties if the untreated siblings accompany their parents to sessions, or they are provided with feedback from the parents. The data collected in this study illustrated that clinicians have experienced untreated siblings as often displaying difficulties of their own. These difficulties ranged from interpersonal issues in the relationship with their parent, to feelings of jealousy. The identified child often has more severe behaviors, therefore, is identified as the client. It is unclear if these untreated siblings had difficulties that would require them to receive services of their own at some point; however, the clinicians who were studied all appeared to recognize the different struggles untreated siblings may face, and the need for those struggles to be addressed. These findings support the literature by Aguillar, O'Brien, et. al. (2009), who found that children with high levels of aggression often had siblings who also had higher levels of conflictual behaviors.

The results of this study also support the study done by Sharpe and Rossiter (2002), who found that untreated siblings often experience their own set of issues, often revolving around the attention the identified child was receiving. Clinician's reported often perceiving the untreated siblings as struggling with issues of jealousy, based on the treatment focus being on the identified child, and the positive attention the identified child was receiving, as was noted in the Sharpe and Rossiter study. Jealousy issues can be addressed by allowing the untreated sibling to come into sessions (if the parent permits), or encouraging the parent to include the untreated

sibling in one-on-one time, or “special play time” with only the untreated sibling. This individual attention could create great opportunities to benefit the relationship between the parent and untreated sibling. The issues of jealousy and conflict between the parent and untreated siblings relationship may appear small when compared to behaviors the identified child is having. This may lead to siblings going untreated, however, the results of this study showed that clinicians view generalization of parental skills as a main goal of treatment, meaning filial therapy has the potential to help parents work through feelings of jealousy and conflict issues between the them and untreated sibling.

Results in this study showed that clinicians view the untreated siblings as being able to benefit from parental skills learned in filial therapy. Filial therapy is an intervention that has the ability to use parents as the means of change, when the parent is learning and practicing new parental skills, they have the opportunity and support from clinicians to help generalize these skills to untreated siblings, in order to benefit the parent-child relationship. Skills of reflective listening, play, and limit- setting can all benefit behaviors, and relationship dynamics within the family. They saw the parental skills that were being taught, as skills that can be transferred to the untreated sibling as well, ultimately benefiting the relationship and dynamics in the family systems. This affirms the results of Arnold and others (1975) study, that family interventions focused on the identified child have the potential to be generalized to the sibling as well, and benefit the entire family. When parents learn these skills and practice them with the identified child, they are encouraged in the filial therapy sessions to practice them with the untreated sibling, if the sibling is present they may also be able to include them in sessions and practice while being observed by the therapist, who may then provide feedback.

The relationship between the parent and untreated sibling has a strong potential to benefit from filial therapy service. Clinicians have seen conflict prevalent between the parent and untreated sibling in this study. They attributed this to experiencing parents that have come in for filial therapy as having their own attachment issues. Meaning that one child coming in for treatment who is having behavioral or interactional issues with their parents is probably not the only child in the family who is having those struggles. The study done by Guerney, (1964) reflects the findings in this study, that maladaptive dynamics are often an effect of interpersonal issues in the family. The identified child may come in for those maladaptive behaviors, where at the root may be interpersonal issues between the identified child and parent. If that is the case, and there are similar relationship issues between the untreated sibling and the parent, then they may be at risk of developing maladaptive behaviors or other negative effects.

These clinicians have seen parents who are unaware of the struggles of the untreated sibling, because of the amount of focus on the identified child's issues. The focus of filial therapy is often based on how the parents perceive the issues of the family. Clinician's may be better able to identify difficulties the untreated sibling is having compared to the parents. The untreated sibling may have similar difficulties as the targeted child is having, however, it may be difficult for the parents to recognize the untreated siblings struggles due to the focus being on the targeted child. This corresponds to the study conducted by Arnold and others (1975), who found that untreated siblings had their own struggles however, they were often less severe when compared to the identified child, which may prevent them from receiving interventions that may benefit them. Clinicians' work with the family to help resolve their presenting issues, which are primarily focused on the identified child. When this is the case the parents may choose to include the untreated siblings in sessions, or with special play time depending on how they

perceive the issue. Parents are then mostly in control of whether or not the untreated sibling will benefit from the filial therapy being provided. The participants in this study also made reference to their primary focus being on the identified child. However, all three participants noted that they attempt to involve the sibling in order to have them benefit from the treatment they are doing. This data supports the literature done by Shaeffer (2001) who makes reference to filial therapy's goal to include the entire family, and provide varying degrees of benefit within the family system. Once the parents learn the parenting skills and have positive results with the identified child, they often start to bring up issues they have with the untreated sibling, which provides an opportunity for clinicians to help parents generalize their parenting skills.

Advantages and limitations

Both advantages and limitations exist in this study. The primary advantage of this research was that the end results provided accounts of detailed, in-depth personal experiences. Personal accounts and opinions can provide crucial insight for clinicians and researchers. Descriptive words and phrases can help shape future intervention strategies and responses when working with individuals and families, which is what this research achieved.

Another advantage was the strong correlation between the literature review and the findings. Many of the findings of this study supported the literature on untreated siblings and filial therapy. This enhances the reliability of the findings from this study. And supports the theory that untreated siblings are experiencing their own difficulties, and can benefit from filial therapy services.

The use of a qualitative study also provided possible limitations to this research. When using interviews to collect the data, the size of the sample is often smaller than of a quantitative study. Qualitative studies often face time constraints, limited resources, and other factors such as

scheduling interviews, and difficulties finding interview locations. All these factors influenced the ability to interview a large sample. Due to this, the findings of this study cannot be generalized. This study was conducted using three participants to provide the data. With only three participants the ability to receive a general perception of clinician's and their experience with untreated sibling is limited. Each participant works at a different agency, providing different forms of filial therapy, too different client populations. The themes that arose from this study suggest a very general look at the experience of these three participants, not at filial therapy clinicians as a whole.

Another limitation to this research was that it was analyzed by one researcher, which led to the potential for subjective interpretation. Data was analyzed by one individual which means there is a higher likelihood that individual biases will influence themes found. If more researchers were able to analyze and put forth input into the interviews a broader view of the data could have been formulated.

This study was also limited because it attempted to understand untreated siblings through the clinician's experience. Because the clinician is only aware of the untreated sibling through feedback and observations when they are present, the true experience of the untreated sibling is difficult to uncover. Often the untreated sibling is not present, or there is little or no feedback from the parents, this led the data to be based on the available experience the clinicians have had with untreated siblings.

Implications

The results of this study are an important addition to literature on filial therapy and untreated siblings. The data can be used to help inform social workers of the importance of viewing and working with families in terms of their systems. NASW Code of Ethics emphasizes

Importance of Human Relationships (1996), it is the duty of the social worker to value and consider the importance of human relationships as a means of change. With this ethical standard in mind, social workers should value the ability of filial therapy in using the parent-child relationship to facilitate change in the family system. Clinicians and social workers need to be aware of the benefits of filial therapy when working with families who have untreated siblings, and how they can work with the family system to benefit untreated siblings and the relationship they have with their parents. The implication of deliberately having conversations with parents about the untreated siblings, and the benefits of practicing these skills with all children in the family, could potentially benefit the families that are at-risk of developing ongoing maladaptive family patterns.

The results show that clinicians have perceived untreated siblings as displaying varying degrees of their own difficulties. These difficulties may not be attributed to an emotional or behavioral disorder, however, the relationship between the parent and child may be at risk, and the focus and attention on the identified child may lead to more difficulties in the future. These difficulties are important to be aware of, so that clinicians can respond appropriately when they observe or hear feedback from parents regarding untreated siblings. It is still unclear just how at-risk untreated siblings are. This study demonstrated that clinicians often perceive the untreated sibling has having difficulties of their own, but they were unable to attribute and judge how at-risk they are for developing maladaptive behaviors or EBD in the future. Future studies should take into account the risk factors untreated siblings face, and their ability to benefit from interventions aimed at the entire family unit.

Social workers should also be aware of the probability of parent's ability to generalize the skills to untreated siblings in the family. This needs to be highlighted and demonstrated as an

important goal of treatment when working with families with untreated siblings. From the family systems perspective, altering one family member's behaviors can impact the entire family system. Parents may attribute the family dynamic issues to be evident in the child exhibiting the most difficult behaviors; however, the untreated sibling is most likely experiencing their own negative effects. Parents may not view untreated siblings as having their own issues, due to the focus on the negative behaviors and the relationship patterns with the identified child. However, clinicians are trained and educated on signs and symptoms of maladaptive coping. It is their job to recognize those signs and help address them with them family. Social workers need to take a supportive role in assisting parents in recognizing how they can use skills they are taught in all relationships in their family, particularly with the untreated siblings.

Continued research needs to be done regarding untreated siblings and the difficulties they face. This study provided a good basis for the experience that clinician's providing filial therapy have gone through with untreated siblings. It was able to identify that the three participants studied have experienced untreated siblings as having varying degree of difficulties, and that untreated siblings benefit from parents being able to generalize the skills they are learning through filial therapy. However, it needs to be noted that since the study was conducted with three participants, the range of experience is minimal and gaps are left in understanding of how at-risk untreated siblings are, and how affected they are by filial therapy. It also leaves gaps in understanding how the parent's see the untreated sibling as having difficulties of their own, and if they are able to benefit from filial therapy. Clinicians are able to account their own experience; however, most of what they reported is based on verbal feedback or observations when untreated siblings are around. This may lead to a skewed understanding of the true

experience of untreated siblings. Future research on filial therapy should focus on the experience of the untreated sibling.

Children and family mental health agencies should examine their policies regarding family interventions when treating children's mental health issues. Whether agencies need to mandate parent or sibling participation is up to specific agencies, however, the results of this study demonstrate that it is important to look at the untreated sibling, and use services available to treat the family unit as a whole. Previous literature has acknowledged the benefits of treating the entire family system, and have demonstrated that the best way to support family issues is by including the entire family. Agency policies should be addressed in a way that provides optimal support of all family members.

Untreated siblings, who are at-risk of experiencing negative effects, face the risk of slipping through the cracks and not receiving attention that could benefit them in the future. Genetic composition or organic resiliency may prevent some children from developing maladaptive behaviors, but if the skills parents learn through treatment of a referred child can be generalized to other children in the family, it can not only aid as a preventative measure for the sibling, but also strengthen another parent-child relationship and bring the family closer as whole. This study provides insight in the experience clinicians have had with untreated siblings, and how filial therapy can be used to benefit the untreated sibling.

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Appendices A

CONSENT FORM

Please read this form and ask any questions you may have before agreeing to participate in the study.

Please keep a copy of this form for your records.

Project Name: Filial Therapy: Clinicians Perception of the Untreated Sibling

IRB Tracking Number: 284870-1

General Information Statement about the study: I am doing research on Filial Therapy focusing on clinician's perception of the untreated sibling. Research has shown that Filial Therapy has been useful in treating children and their families. However, there is still limited research on Filial Therapy and how untreated siblings are affected. My research is looking to gain an understanding of how the clinicians view untreated children of the families they provide services to.

You are invited to participate in this research.

You were selected as a possible participant for this study because: Your voice can provide essential insight into the experiences of clinicians providing services. Siblings of children receiving services are often affected. This study may identify information that will help enhance the work clinicians do with children and families.

Study is being conducted by: Amie Wagner

Research Advisor (if applicable): Andrea Nesmith

Department Affiliation's. Thomas University

Background Information

The purpose of the study is: To gain an understanding of how the clinicians view untreated siblings of the families they provide filial therapy services to, in hopes of gaining an understanding of how they view effects on the untreated siblings.

Procedures

If you agree to be in the study, you will be asked to do the following:

State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.

Participants will be involved in a 30-45 minute interview about your views on the effect of the therapy on untreated children. The interview will be audio recorded, and will be at a location of the participants choosing.

Risks and Benefits of being in the study. The risks involved for participating in the study are:

There is unlikely to be any direct or significant risk to you from being in this study. The interview questions will ask for your perspective regarding untreated siblings, these questions are minimally invasive, however, you may feel they are sensitive questions to answer.

The direct benefits you will receive from participating in the study are: The primary benefit is to gain new knowledge. If you take part in this study, you may help others in the future.

Confidentiality

The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include: The records that will exist after the interview will be the consent form, audio recorded interview, transcription of the interview, and handwritten notes taken during the interview. I will be the only individual that will have access to the records. All records will be destroyed on May 1, 2013.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date/time specified in the study.

You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s). None

Should you decide to withdraw, data collected about you

Contacts and Questions

You may contact any of the resources listed below with questions or concerns about the study.

Researcher name Amie Wagner

Researcher email Wagn0832@stthomas.edu

Researcher phone 218-428-2036

Research Advisor name Andrea Nesmith

Research Advisor email nesm3326@stthomas.edu

Research Advisor phone 651-962-5805

UST IRB Office 651.962.5341

Statement of Consent: I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Parent or Guardian
(if applicable)

Date

Print Name of Parent or Guardian

(if applicable)Signature of Researcher

Date

Print Name of Researcher

*Electronic signatures certify that:

The signatory agrees that he or she is aware of the policies on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

* The information provided in this form is true and accurate.

* The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.

* Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.

* The research will not be initiated and subjects cannot be recruited until final approval is granted.

Appendices B**Interview Questions**

(These questions are referring to the kids who are not involved in Filial Therap. The word services will refer to the filial therapy they participated in.)

How do clinicians, who provide Filial Therapy, view the untreated children in the families they serve?

1. How do you view your role with untreated siblings when providing filial therapy?
2. Tell me about the untreated siblings of the families you have provided filial therapy too?
3. What do you see as the benefits of filial therapy in serving untreated siblings?
4. What type of skills do you see as being able to generalize to the non-focal child in the family?
5. How often do you see a need for untreated siblings to potentially need services. From observations or feedback?
6. How can filial therapy be used to benefit the relationship between the caregiver and the untreated siblings?
7. Describe the feedback you have received from caregivers regarding the behavior of the untreated
8. Is there anything else you want to tell me?

