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Research Paper: The Effectiveness of Filial Therapy on the Early Maladaptive Schema of Children with Cancer (Single-Subject Design)

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Abstract

This research purposed to determine the effectiveness of filial therapy on the early maladaptive schemas of children with cancer. The research method is a quasi-experimental single-subject A-B-A type. The sample individuals were three children with cancer in the 8-13 age range along with their mothers, who were referred to Dr. Sheikh Hospital in Mashhad and were selected by purposive sampling method. The subjects were in the therapeutic process of filial therapy for 8 sessions individually. The Schema Inventory for Children (SIC), was administered to the sample individuals before and after the treatment. The clinical outcomes were compared before and after the intervention, and the obtained information was analyzed based on eye diagrams, effect size, and recovery rate. The results indicated that the treatment is effective in improving the early maladaptive schemas of children with cancer. The obtained effect size for the domains of abandonment, abuse, defectiveness, vulnerability, and unrelenting standards was 3.57, 6.81, 6.06, 5.34, and 3.30, respectively. According to the results of the research, it can be said that filial therapy is effective in the early maladaptive schemas of children with cancer and can be used clinically.

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1. Introduction

Schema is a concept in cognitive psychology that refers to how people think, perceive, process, and ultimately remember information (Pozza et al., 2020). Early maladaptive schemas consist of memories, emotions, cognitions, and bodily sensations that act pervasively and negatively affect an individual's relationship with herself/himself and others (Sakulsriprasert et al., 2016). The development of early maladaptive schemas goes back to childhood, which is the result of early negative experiences, parenting styles, and parent–child relationships (Monirpoor et al., 2012).

Play therapy is one of the therapeutic approaches focused on the parent-child relationship that can affect children's schema patterns. In play therapy, children are allowed to express their desires, thoughts, experiences, and feelings that are threatening to them (Cooper et al., 2020; Ramdaniati et al., 2016). One of these groups of therapies is play therapy based on parent-child relationships or play therapy with the filial therapy model (Edwards et al., 2007).

Filial therapy was first developed (1964) using the concepts and principles of Axline's Child-Centered Play Therapy (CCPT), by Gorni (as cited in Pearson, 2008). In this type of therapy, parents are asked to take a greater role in the playroom and play with the child in the presence of the therapist (Pearson; 2008). The type of plays and sessions for children and parents are adjusted based on children's interests (Lindo et al, 2016). Indeed, filial therapy is a type of family therapy that uses parents' play with children as the main mechanism for change. Parents' play sessions with children are child-centered or indirect (O'Connor et al., 2016). Filial therapy uses a psychoeducational framework to help parents first play with their children under direct supervision and then parents apply play therapy skills and other parenting skills in general to their children's lives at home. One of the crucial strengths of this therapeutic approach is that it provides both therapy for children and parenting skills for parents using an evidence-based method. Besides preparing practical skills to guide parents, filial therapy provides the ground for promoting and deepening parent-child attachment relationships in the whole family, which reduces patterns of trauma in children (Ramdaniati et al., 2016).

Various researches have been conducted on the effectiveness of filial therapy on psychological structures inside and outside of Iran. Some of them include the effect of filial therapy on reducing anxiety and signs of attention-deficit hyperactivity disorder (ADHD) in children (Abedi et al., 2018), improving family functioning, increasing resilience and intimacy of parents, and reducing children's behavioral problems (Cornett & Bratton, 2014), decreasing aggression, depression, anxiety and fear in children (Edwards et al.; 2007), behavioral problems of hearing children and resilience of deaf mothers (Ashori & Karimnejad, 2021) and reducing parental stress and modifying parenting style (Lee, 2017). According to the scholar's search, no research has been done on the group of children with cancer and early maladaptive schemas. The researcher seeks to fill this research gap does filial therapy affect the

early maladaptive schema of children with cancer?

2. Method

The research method is a quasi-experimental single-subject A-B-A type. The statistical population in the study was all children with cancer and their mothers who were referred to Dr. Sheikh Hospital in Mashhad between May and July 2019-2020. Three children aged 8-13 years were selected by purposive sampling method and they were in the therapeutic approach individually (each child along with her/his mother) for 8 sessions.

2.1. Instruments

Schema Inventory for Children (SIC): This inventory for children aged 8-13 years was made by Rijkeboer and deBoo (2010), It includes 40 items and measures 11 schemas in the child, which was obtained as a result of the factor analysis of the 75-question Young schema questionnaire. Each item is scored by a 4-point Likert scale (1 = strongly false, 2 = somewhat false, 3 = somewhat true, 4 = strongly true). In Rijkeboer and deBoo's (2010) research, the reliability of the questionnaire was calculated by the test-retest method and the average correlation was 0.67 for all sub-scales. The validity in the mentioned research was calculated through the concurrent validity method with the Early Adolescent Temperament Questionnaire-Revised (EATQ-R) (Cooper et al, 2020) and a significant relationship between the internal variables of the two questionnaires (excluding the self-sacrifice and insufficient self-control sub-scales) was obtained. However, factor reliability estimates were mediocre, but in most cases still acceptable. Furthermore, results suggest adequate stability for all SIC scales. (Rijkeboer and deBoo, 2010). The reliability of the questionnaire in the present study was also evaluated favorably, according to the experimental sample, the Cronbach's alpha in the test sample was 0.75 in the whole test.

the play therapy protocol based on parent-child relationships (Landreth, 2006) is held in eight 90-minute sessions. For parents and children to be able to establish a healthy relationship with each other and learn the essential skills, recognizing emotions and setting boundaries is carried out in the initial stages.

Table 1

Filial therapy protocol (Landreth, 2006)

Number of sessions	Goal of session
First session	Introducing yourself, and your family and describing your child's characteristics, explaining the goals by the researcher, encouraging and strengthening parents and normalizing communication problems with children, emphasizing children's sensitivity and giving empathic responses, introducing the emotions of happiness, sadness, anger, and fear in children and reflexive responses. Assignment: Completing the emotions and reflexive response worksheet
Second session	Teaching the principles of filial therapy (the child as the guide of the play; paying attention to the child's feelings through her/his facial expression, body, tone, voice, and words, reflecting *her/his* perception of the child, assertiveness and purposefulness), taking mothers to the playroom and introducing toys and preparing the mother for the first play session at home. Assignment: Completing the real-life toys, anger expression, social skills, and creativity worksheet
Third session	Teaching the dos and don'ts of play (dos: playing in a specific place and time, the same arrangement of toys, leaving the guidance and the responsibility of the play to the child, describing the play, assertiveness, setting limits, strengthening the child's effort; don'ts: not blaming, criticizing, guiding and admiring, not interrupting the play, not providing information and training). Assignment: Completing the worksheet describing play sessions with an emphasis on dos and don'ts
Fourth session	Parents' reports from play sessions, indicating parents' films and reviewing them, teaching the three-step limits, including empathetic and intimate emotional reflection of the child, stating limits in the form of short and clear sentences, presenting accepted alternatives, and stating the reasons for limitations. Assignment: Completing the worksheet describing the play sessions with emphasis on the three steps limits
Fifth session	Report of play and movie sessions, teaching how to talk to the child, the importance of recognizing your feelings, a list of play skills such as maintaining structure, empathy, adherence, avoidance of giving questions and directions, participating in the play, truly accepting the imaginary role, matching the tone of voice and facial expression with the child's expression. Assignment: Completing the worksheet describing play sessions with an emphasis on skills
Sixth session	Reviewing the plays, teaching the skills of the right to choose (the right to choose in a simple and empowering way for the child, the right to choose as a positive consequence, and the right to choose to determine the house rules), and exclusion, training to create and increase self-confidence in the child. Assignment: Completing the worksheet describing the play sessions with an emphasis on the right to choose, exclusion and giving assurance
Seventh session	Teaching the method of persuasion instead of admiration, restriction in an advanced way with the technique of the right to choose, playing the role of mothers in different situations with a focus on teaching new skills, responding to mothers' concerns and their critical and long-term problems. Assignment: Completing the worksheet describing the play sessions with an emphasis on persuasion and teaching new skills
Eighth session	Reviewing the principles of filial therapy, restating the experience and how to change in yourself and the child for other mothers, encouraging mothers to accept their role, and generalizing the principles to real life. Assignment: Completing the worksheet describing the overall report of the play sessions

3. Results

The demographic information of the research participants is presented in Table 2

Table 2

Complete demographic information of the participants

Subject's number	Age	Child	Education	Duration of disorder	History of comorbid physical or mental disease in past	Previous therapeutic actions	Mother's age	Mother's education
1	12	First	Elementary	2 years	No case history	Chemotherapy Pharmacotherapy	35	M.A/M.S
2	9	Second	Elementary	1 year	No case history	Chemotherapy Pharmacotherapy	32	B.A/B.S
3	8	First	Preschool	1 year	No case history	Chemotherapy Pharmacotherapy	30	M.A/M.S

In this section, we will examine the results of filial therapy on the early maladaptive schemas for each of the subjects individually.

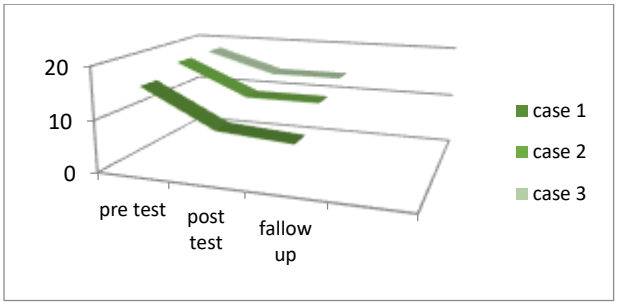

Chart 1 Abandonment domain scores in subjects

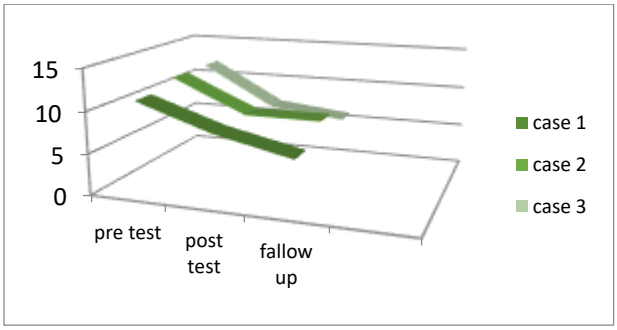

Chart 2 Abuse domain scores in subjects

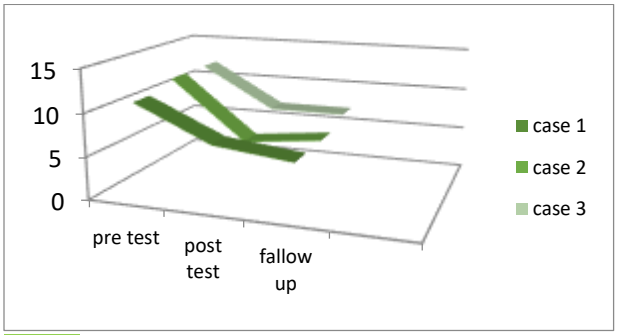

Chart 3 Defectiveness domain scores in subjects

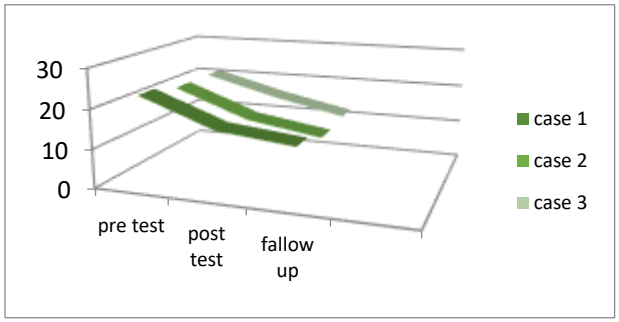

Chart 4 Vulnerability domain scores in subjects

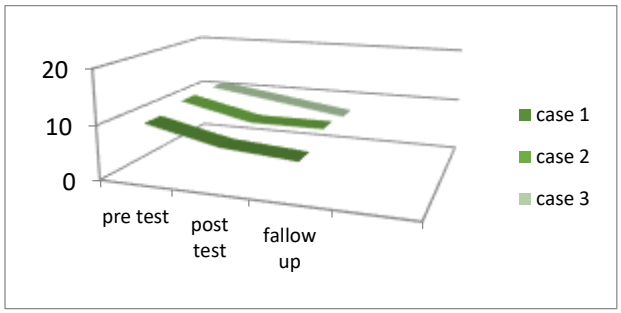

Chart 5 Unrelenting standards domain scores in subjects

As can be seen, each of the charts demonstrates the changes in the subjects from the first session to the eighth session. Moreover, the charts indicate the downtrend of the early maladaptive schema scores in the 8-session process of the therapy model presented in this research after the therapy.

Table 3.

Mean and standard deviation of the research variables in subjects separately

Scale	First subject		Second subject		Third subject	
	Mean	Std.deviation	Mean	Std.deviation	Mean	Std.deviation
Abandonment	11	3.59	14	2.82	15.33	1.88
Abuse	8.33	2.05	9.33	1.88	8.33	2.62
Defectiveness	8	2.16	7.66	3.09	8.66	2.35
Vulnerability	17.66	3.85	15.33	4.18	16.33	3.68
Unrelenting standards	7.66	1.69	9	1.41	9	1.63

Table 4.
Mean and standard deviation, effect size of the research variables in subjects

Scale	Pretest		Posttest		Follow up		Effect size
	Mean	Std.deviation	Mean	Std.deviation	Mean	Std.deviation	
Abandonment	17.33	1.15	11.67	2.51	11.79	1.48	3.57
Abuse	11.67	0.57	7.67	0.57	7.95	0.39	6.81
Defectiveness	11.67	0.57	6.33	1.15	7.03	1.18	6.06
Vulnerability	21.67	1.15	15.33	1.15	15.46	0.89	5.34
Unrelenting standards	10.67	0.57	8	1	7.77	0.76	3.30

According to the above table, it can be concluded that in all schematic areas, the average scores of the subjects in the post-test compared to the pre-test have decreased and in the follow-up stage, the changes of the previous stage have remained relatively constant. Furthermore, the effect size for all research variables is higher than 2.70 (clinical impact criterion), which indicates the very good effectiveness of the filial therapy therapeutic model on the early maladaptive schemas of the sample subjects.

Table 5
Subjects' recovery rate in research variables

Scale	First subject	Second subject	Third subject
Abandonment	43.75	33.33	55.55
Abuse	27.27	33.33	41.66
Defectiveness	36.36	58.33	41.66
Vulnerability	30.43	33.33	23.80
Unrelenting standards	30.00	27.27	18.18

As can be seen in the table 5, the recovery rate in each subject is given separately for the research variables. Considering that if the recovery rate is less than 50, it is not clinically significant (Belanchard & Sqoarz, 1988; cited by Ogels et al., 2001). The clinical effectiveness is observed only in the third subject's abandonment domain and in the second subject's defectiveness domain. Despite this, the overall recovery rate in each variable indicates a partial recovery in these variables.

4. Discussion

The present research purposed to investigate the effectiveness of filial therapy on the early maladaptive schemas of children with cancer. The early maladaptive schemas demonstrated significant clinical recovery in the two

domains of abandonment and defectiveness, and partial recovery was observed in other domains. These findings indicate that filial therapy has been successful in improving early maladaptive schemas. Although the topic of this research is new, no research has been done on this topic so far. However, reviewing the research related to the topic of this research indicated that these research findings are in line with the research findings of Adili et al. (2022), and Ashori and Karimnejad (2021), Karimzadeh (2021), Ray et al. (2007), Garza & Watts (2010), and Lee (2017), and no research with conflicting results were found.

In explaining these research findings, it can be said that play therapy based on the parent-child relationship (filial therapy) is one of the approaches that focus on the role of parents in decreasing child injuries. This therapeutic approach, by including the parents in the therapeutic process, makes them aware of the nature of the child's problem and reduces many of their biased judgments towards the child. This issue warms the relationship between the child and the parent, and they can better understand each other and the children feel the need for security with the parent by their side. On the other hand, other needs such as freedom in expressing needs and trustworthiness should be met, as a result, the schemas formed in these areas should be broken and reduced. In this context, Lee's research (2017) also indicated that filial therapy affects family functioning and reduces parents' stress, which ultimately leads to a change in behavior with children and prevents their schemas from continuing and emphasizing. Adili et al. (2022) also realized in their research that play therapy with a filial therapy approach was effective on parent-child interaction, parental stress, and children's social skills and reduced the problems of children with diabetes.

On the other hand, filial therapy enables parents to model the role of a "good parent" with their children. Such parents are known as affectionate and kind people, but at the same time, they apply the necessary controls (while providing a sense of security that destroys the schema of abandonment and defectiveness, they also create appropriate limits and give her/him a sense of trust) means authoritative parenting as a result of which children see their parents as reliable and warm people who can get help from them to meet their needs. Parents model this role first when using child-centered play therapy skills in play sessions and then generalize the skills to everyday life and are corrected if necessary. In this context, O'Sullivan and Ryan (2009) stated that parents who use an authoritative parenting style have a closer relationship with their children. As a result of this relationship, a secure attachment style is formed in them, in which the formation of trust and security prevents the creation and continuation of maladaptive schemas.

In the third part of the explanations, it should be said that in this therapeutic approach, the three steps to setting limits (Acknowledging the child’s feelings, Communicating the setting limit, and

targeting acceptable alternatives)[1] to parents, as well as giving children the right to choose and empathic response techniques, increasing self-esteem (by paying attention to children, their self-esteem is strengthened and a sense of self-belief and responsibility is created in them, and it causes the vulnerability schema to destroy), and persuasion instead of admiration is taught. These trainings teach them to express their feelings and emotions acceptably and develop self-control. Therefore, it can be expected that they will break the rigid rules that they have created to do their work and be able to see and express their emotions more easily. This method allows children to fully express their feelings through symbolic speech, and parents' reflexive responses help them to ensure that they are understood by their parents and that their feelings, wants, and needs are supported. As a result, children overcome the fear of rejection by their parents. Research indicates that continuous use of intolerable responses can lead to various problems in children (such as psychosomatic problems, anger, and aggression intensification) (Wenar & Kerig, 2006).

Despite the treatment significance and effectiveness presented in this research, this research, like all research, comes with limitations, the most important of which are the time limitations of the pre-test, post-test, and follow-up evaluation period, the difficulty in generalizing the results for other people due to the small number of samples and the difficult access and communication to this group of children in the era of Corona. Eventually, longer-term follow-up periods are suggested to check the results of filial therapy on other groups of children with special diseases (physical and psychological) to be planned.

5. Conclusion

From the obtained findings of this research, it can be concluded that filial therapy can be used as an effective treatment in clinical settings to improve the schemas of children who suffer from physical diseases such as cancer.

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Conflict of interest

The Authors declare that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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