



## Filial Therapy to Improve Emotional Regulation in Child with Temper Tantrums

Muhammad Rezki\* and Uun Zulfiana

Faculty of Psychology, Universitas Muhammadiyah Malang, Indonesia

\*Author for correspondence: Email: [mhmdrezki98@gmail.com](mailto:mhmdrezki98@gmail.com)

(Received 31 August 2024; revised 12 December 2024; accepted 23 December 2024; published 21 March 2025)

### Abstract

Tantrums are a common emotional response in children, often occurring when they struggle to regulate their emotions. This study focused on the use of filial therapy in improving emotional regulation and reducing tantrum frequency in a 9-year-old boy. Filial therapy was chosen for its emphasis on parental involvement, strengthening the parent-child bond, and teaching emotional regulation skills. The study was a single subject research design, that began with an initial assessment through interviews, observations, and psychological tests. This was followed by an 11-session filial therapy. The results showed a significant improvement in the participant's emotional regulation, leading to a reduction in tantrum behavior. The ERQ scores during the pretest were 25 (moderate category), increasing to 47 (high category) in the post-test, and further rising to 55 (high category) in the follow-up assessment. These findings highlight the essential role of parents in supporting their child's emotional development and the use of filial therapy to improve parent-child dynamics and reduce tantrums.

**Keywords:** emotion regulation; filial therapy; parent-child relationships; tantrum

Tantrum is an emotional response often exhibited by children that creates intense and sometimes difficult moments for parents and carers. It is the child's inability to cope with their emotions using words or other verbal means. If left untreated, tantrums can lead to more serious behavioral problems, such as disruptive behavior and adjustment problems, particularly in social settings (Yu-Lefler et al., 2021).

Various factors can trigger tantrums in children, among them are frustration, dissatisfaction and feeling out of control in particular situations. In children, who are not yet able to fully express their feelings with words, tantrums may be a way to express discomfort or disagreement (Utami et al., 2020). Children who do not yet possess good emotion regulation skills may have difficulty managing their feelings, making them more likely to express them through tantrums (Black et al., 2023). Therefore, children need a therapeutic approach that will allow them to communicate or express their feelings safely and comfortably.

Filial therapy has shown a better result in improving emotional regulation and managing children's behavior than other therapies. According to Bratton and Landreth (2006), filial therapy has a large effect size ( $d = 0.80$ ), indicating a significant impact on improving emotional regulation. Filial therapy also helps improve meta-emotional perspectives in single mothers during the COVID-19 quarantine, which contributes to the emotional management of children (Esteki Azad et al., 2022). Filial therapy can also improve the emotional regulation of children who are victims of domestic violence and parental divorce, with research showing that a child who received this therapy could face and handle their problems better (Soemarmi

et al., 2024).

Parent-child interaction therapy (PCIT) also shows similar effectiveness to filial therapy, with a large effect size ( $d = 0.70$ ), indicating a substantial effect on improving emotional regulation in children (Lieneman et al., 2019). Play therapy, specifically the child-centered play therapy (CCPT, has also been proven effective. A meta-analysis by Lin and Bratton (2015) found that CCPT has a moderate effect size ( $d = 0.47$ ) in reducing externalizing behaviors in children. Parker et al. (2021) also found that children who received intensive CCPT sessions experienced a significant decrease in externalizing behaviors.

Cognitive-Behavioral Therapy (CBT) also shows a moderate effect size ( $d = 0.67$ ), indicating that CBT is quite effective in reducing emotional problems and anger in children and adolescents (Sukhodolsky et al., 2004). Additionally, a meta-analysis by Weisz et al. (2017) reported that CBT is effective in reducing symptoms of depression and anxiety in children, although the specific effect size for externalizing behaviors was not reported.

Parental involvement in filial therapy increases the success rate of the intervention process, making it a potential intervention for addressing tantrums and behavioral issues. Parental involvement in filial therapy has also been found to improve family relationships, enhancing parent-child dynamics through play.

Play is a medium for children to express their feelings; through play, children can indirectly communicate their emotions, fears, and desires. This activity also allows children to communicate and explore their feelings in an environment they perceive as safe (Tchokhonelidze, 2023). Play therapy is one of the therapies that has been widely proven to improve emotional regulation in children (Benu,



2023; Chauhan et al., 2024; Daniel et al., 2025). Play therapy involves less parental participation in the process, so a new approach that combines play-based methods involving the parent-child relationship is needed.

Filial therapy is a structured and easily understandable play-based therapy approach that focuses on the parent-child relationship and can be learned in a short time to address tantrum issues. It is aimed at improving the relationship between children and parents (Cochran et al., 2022). The therapy is based on the idea that the parent-child relationship is the most significant and curative aspect of a child's life (Bratton & Landreth, 2006).

B. Guerney (1964), who pioneered filial therapy, developed this technique with a focus on enhancing parental skills through training that involves therapy sessions with their children. B. Guerney (1964) early research showed that the therapy could improve positive interactions between parents and children and reduce problematic behaviors in children. Filial therapy has been found to help children with behavioral disorders. Research by Cooper et al. (2023) showed that filial therapy helps reduce aggressive behavior and improve children's social skills. A study by Abbasi et al. (2023) evaluated the effectiveness of filial therapy in schools and found that parental training through filial therapy could improve student behavior and student-teacher relationships.

Previous research often focused on general behavioral disorders. Additional research is needed to evaluate the benefits of filial therapy for more specific clinical conditions, e.g., autism spectrum disorders, anxiety disorders, and temper tantrums in children, as well as in determining the underlying therapeutic mechanisms. Further research is also needed to assess the long-term impact of filial therapy, including how the benefits of this therapy persist over time and its influence on child development and family relationships in the long term (VanFleet, 2023).

Filial therapy involves parent-child pairs and educates and encourages parents to become therapeutic agents for their own children through play. Parents are taught the necessary skills to conduct child-centered play sessions with their children to address behavioral issues, including emotional regulation. The therapy encompasses four basic skills: (a) active listening skills; (b) reflective responding skills; (c) empathy skills; and (d) limit setting skills (Cochran et al., 2022; L. F. Guerney, 2003; Landreth, 2012).

Filial therapy has a positive impact when applied to parents with children ranging from preschool to school age, for cases of internalizing and externalizing behavior, maltreatment, and physical illness, as well as serving as preventive, remedial, and promotive interventions (Rohayani, 2020). Tantrum in this case is related to the child's ability to regulate their emotions, with tantrum behavior falling into the externalizing behavior category. The application of filial therapy in addressing externalizing behavior issues, particularly tantrums, has benefits and the potential to bring significant and sustainable positive changes in children (Sutiyowati et al., 2022).

Filial therapy involves parents in therapy sessions with their children to improve relationships and address behavioral problems. Tantrums in children, which often involve extreme anger or emotional outbursts, can be

significantly influenced by the techniques taught in filial therapy. Positive parenting theory argues that parents trained in positive parenting skills can be more effective in managing children's behavior, including tantrums (Sanders et al., 2020). This training includes techniques like positive reinforcement, consistency, and conflict management. Parent training in filial therapy can reduce the frequency and intensity of tantrums. Trained parents use more effective techniques in responding to tantrums, such as staying calm and providing consistent responses, which help children better manage their emotions.

Temper tantrums are also related to emotion regulation theory, which focuses on the importance of a child's ability to manage their own emotions. Filial therapy teaches parents how to support their children in developing key skills, such as recognizing and dealing with their emotions in a more adaptive way (Wadley et al., 2020). Yazdanipour et al. (2020) showed that children involved in filial therapy demonstrated improvements in emotion regulation skills. This helps reduce the occurrence of tantrums because children learn better ways to manage their anger.

This study aimed to examine effectiveness of filial therapy in improving emotional regulation in children with frequent temper tantrums. Through this research, it is expected to observe changes in the frequency and intensity of children's temper tantrums after the intervention. Additionally, this study aimed to assess children's ability to recognize, express, and manage their emotions after undergoing filial therapy. The role of parents as co-therapists was also evaluated to see their contribution in supporting the child's emotion regulation process.

This research offers several benefits. Theoretically, it is expected to add insight to the scientific literature regarding the effectiveness of filial therapy in addressing emotional regulation issues in children, especially in those having frequent temper tantrums. Practically, this research can serve as a guide for therapists, psychologists, and parents in applying filial therapy to help children who have difficulty regulating their emotions. Socially, this research is expected to improve the quality of the parent-child relationship by actively involving parents in therapy, thereby contributing to the child's emotional well-being and a more harmonious family dynamic.

## 1. Methods

### 1.1 Case Description

The participant came with his mother with complaints about emotional outbursts and tantrum behavior. Situations that triggered the participant to exhibit tantrums were not having his wishes catered to, being disturbed or teased excessively, or receiving unpleasant treatment from others. When these situations occurred, the participant usually threw items around, hit and scratched others, and so on. Such behaviors disrupted his relationships with peers and academic life (as the participant refused to go to school after his tantrum episodes). According to his mother, the participant started to show tantrum behaviour when he was 8 years old or in the second grade of elementary school.

### 1.2 Assessment

The assessment was carried out to understand the problem and determine the appropriate intervention according to the participant's needs. Data collection was done using interviews, observations, and psychological tests. The psychological instruments used in this study were the Wechsler Intelligence Scale for Children (WISC-III) and the Emotions Regulation Questionnaire (ERQ) (Gross & John, 2003). The WISC-III was used to identify limitations in cognitive functioning that may exacerbate temper tantrums and assess the child's intellectual abilities, including verbal, non-verbal, and problem-solving aspects. Meanwhile, ERQ was used to determine how the participant's emotion regulation was before and after the intervention. Table 1 summarizes the results of the assessments conducted.

The assessment results show that the participant frequently showed tantrums at school and home. The triggering factors included teasing by friends, problems at home, and jealousy towards younger siblings. The participant was accustomed to keeping problems or discomfort to themselves as he was constantly asked to yield to others. Tantrums made him feel heard, especially when his parents give him extra attention after the incident.

He found it difficult to control his anger. At school, if the participant was disturbed or teased by peers, he would retaliate. When he could not retaliate or inflict the same harm to peers, he would throw tantrum. He showed a lack of interpersonal skills, particularly in expressing feelings. The participant's ERQ scale score was 25 (pre-test), which falls into the moderate category.

### 1.3 Intervention

The treatment given in this study was filial therapy. The objective of this intervention was to improve the participant's ability in emotion regulation. It was expected that the participant could find alternative ways to express emotions, other than tantrums. The filial therapy consists of four stages, namely the assessment stage, the training stage, the supervised play stage, playing at home and generalization (Topham & VanFleet, 2011). The intervention process comprised of 11 sessions (Table 2).

### 1.4 Formulation

The dynamics of the problems experienced by the participant can be explained by Skinner's behavior theory. This approach emphasizes that a behavior can emerge due to repeated reinforcement (Corey, 2013). This continuous reinforcement can cause errors in the learning process, which eventually become habits. The participant's tendency to suppress feelings was a result of maladaptive learning. The participant suppressed his feelings or emotions because he was used to being asked to yield when fighting over toys or being asked not to go out, and he was accustomed to harsh action by his father when expressing emotions at home. The treatment the participant received when expressing emotions, such as being scolded and physical punishment, reinforced feeling suppression, as it made the participant feel safe.

The participant, who was used to suppressing feelings at home, felt free to express his anger in social situations outside the home because there was no father figure that

made him feel unsafe. The tantrum behavior occurred because it was an expression of their pent-up emotions. The participant also felt relieved and more heard by his mother after a tantrum. This became a reinforcement for the child because he felt more relieved and received more affection from his mother after a tantrum, which increased the re-occurrence of the tantrum behavior.

The occurrence of maladaptive behavior can be explained by the ABC (Antecedent, Behavior, and Consequence) model (Nevid et al., 2018). The antecedent in the participant's problem was situations that made him angry and disappointed. The antecedent (A) triggered the behavior (B) of tantrum in the participant, such as throwing objects, biting, scratching, crying loudly, screaming, and hitting. The impact of the behavior resulted in a consequence (C), which was feeling relieved and receiving attention and affection from the mother because the participant felt that he was heard. Additionally, peers avoided the participant and his academic performance suffered because after a tantrum the participant usually took a few days off. This was a positive consequence that caused the participant to repeat the behavior.

### 1.5 Research Procedure

This study began by conducting an initial assessment of a 9-year-old boy who was a grade 3 student at one of the public elementary schools in Malang City. The research was a single subject research (SSR) design, with pre- and post-intervention measurements to assess changes in the participant's emotion regulation. Prior to the intervention, a pretest was conducted using the ERQ questionnaire and direct observation to obtain baseline data. The baseline phase was observed for two to four days before the intervention to assess the frequency of tantrums and how the participant's daily life was specifically related to his emotion regulation. The results of the WISC were used to adjust the therapy strategy and determine the appropriate game according to the child's cognitive needs.

After the baseline phase, filial therapy was implemented through 11 therapy sessions involving both parents and children. In these sessions, the therapist used structured games to build emotional bonds and teach emotion regulation skills. During the intervention phase, periodic evaluations were conducted every two sessions to monitor progress. After the intervention, a post-test was conducted to assess changes in emotion regulation, which was then compared to the pretest results. Visual data analysis is used to evaluate changes in behavior.

## 2. Result

Based on the results of the intervention in the form of filial therapy is useful in improving emotional regulation in the participant, reducing the risk of temper tantrums. Before the intervention, the child often expressed his emotions by throwing tantrums. Parents were given information about emotion regulation, so that they could achieve the desired intervention targets. The differences in participant's behavior before and after being given the intervention (Table 3).

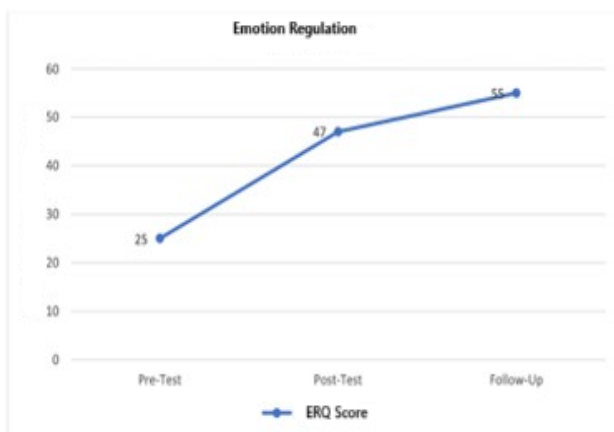
Filial therapy had a positive impact on emotion regulation ability and temper tantrum occurrence in the participant. The ERQ score at pretest was 25 (medium

**Table 1**  
Summary of Assessment Results Related to Emotion Regulation

No	Aspect	Assessment Method	Data Source	Results
1	Symptoms	Interview and ERQ administration	Participant	Inability to manage frustrating situations, e.g., disappointment and discomfort, leading to uncontrolled emotional responses; Difficulty in calming emotional states adaptively; impulsive behavior without careful consideration of future consequences.
2	Duration	Interview	Participant and Mother	The pattern of tantrum behavior in the participant had been ongoing for 1 year, from age 8 to the current age of 9.
3	Triggers/Causes	Interview	Mother and Participant	Accustomed to suppressing emotional states due to fear of punishment from the father if emotions like sadness and anger are expressed.
4	Cognitive	WISC, Observation	Participant	Intellectual capacity was in the superior category (IQ = 137).
5	Emotions	Observation, Interview	Participant	Had strong ambition and emotional drive; tendency to suppress feelings.
6	Behavior	Observation, Interview	Participant	Impulsive; had a strong drive for aggression.
7	Social	Observation, WISC	Participant	Indications of low interpersonal skills.

category), which rose to 47 (high category) in posttest, and then rose further to 55 (high category) in follow-up session. The increase in scale scores at follow-up might occur due to the consistency of the mother in applying the skills learned during the intervention period at home. This shows an increase in emotional regulation (Figure 1).

**Figure 1**  
Change in Emotion Regulation Questionnaire (ERQ) Results



This study showed that filial therapy could improve the emotion regulation ability in children with temper tantrums. The results showed that the participant was better at managing emotions and expressing them in a more adaptive way after attending therapy. This change was accompanied by a reduction in the frequency of tantrums, both at home and at school.

### 3. Discussion

Based on the results of interventions, it can be concluded that the intervention targets were achieved. Filial therapy is useful for improving emotional regulation and reducing temper tantrums in participants. It is also useful

in making parents, especially mothers, more aware of their children's emotional needs. Based on the mother's statement during the follow-up session, after several times playing with the child outside the intervention period, she felt more able to understand his son deeply and aware of the his needs, especially related to his emotional needs.

Filial therapy is a therapeutic approach that involves parents or other family members in an active role in the child's therapy sessions. This therapy can help strengthen the relationship between children and parents, improve communications, and help families overcome certain challenges. Filial therapy helps strengthen the emotional bond between parents and children. By involving parents in therapeutic activities, there is an opportunity to understand each other and form a deeper emotional connection (Laaser et al., 2017).

This therapy can improve communication skills between parents and children. Through various activities and interactions guided by a therapist, parents learn to communicate more effectively with their children. Filial therapy provides an opportunity for children to freely express their emotions. This can help children understand and manage their emotions, as well as open communication channels for parents. This therapy can help address children's behavioral challenges, as parents can better understand what might trigger certain behaviors and work with their children to resolve these issues. Parents are directly involved in the therapeutic process, which can increase their engagement in their child's life, creating a more supportive family environment. Filial therapy provides parents with additional tools and skills in parenting. They can learn more about their child's needs and how to support their development. Filial therapy involves the family in problem-solving. Parents and children work together with the therapist to find solutions to specific problems, strengthening family collaboration (Laaser et al., 2017).

Filial therapy provides various benefits in improving children's emotional regulation (Fitrah, 2020). The participant demonstrated an increased ability to manage and regulate their emotions better than before the interven-

**Table 2**  
*Intervention Process*

Session	Duration	Objective	Session Description
I	60 Minutes	Discuss the participant's issues and mother's concerns	Discussed the issues and concerns faced by the participant and mother, and informed the mother with an understanding of the goals and benefits of filial therapy. Parents gained an understanding that the therapy aimed to improve the participant's adaptive emotional regulation skills. Parents could set behavioral targets in the intervention, commitment to accompanying the child, and providing the child the opportunity to develop independence.
II	60 Minutes	Observation of child's play	Parents learned about games that match the child's interests and types of non-directive play. Additionally, parents were expected to understand the basic principles of filial therapy. Parents learned the basic principles of filial therapy, which emphasize strengthening the parent-child relationship through play.
III	90 Minutes	Training with the child and parent observation	Parents could apply the four skills needed in filial therapy: structuring skills, child-focused imaginative play, empathetic listening, and limit setting. Parents also understood how to practice filial therapy and realize that these behaviors can be applied in their daily care of their three children.
IV	90 Minutes	Parents practice playing with the child	Parents practiced playing with the child and applied the four skills of filial therapy: structuring skills, child-focused imaginative play, empathetic listening, and limit setting. They also better understood how to act during play sessions to make the child feel comfortable playing with them.
V	60 Minutes	Supervised play	Parents were tasked with reapplying what they learned from previous sessions. The child reported feeling happy to have special time and play with the mother. Parents rely on the benefits and, seeing the child's response of feeling supported by the parents, as shown by the child's enthusiasm in inviting the mother to play together, parents were motivated to repeat the practice until they could apply each filial therapy skill as demonstrated in previous sessions.
VI	60 Minutes	Supervised play	Parents were asked to reapply the skills of playing with the child while incorporating the four aspects of filial therapy. Parents were asked to reflect on the play session at the end to understand the child's feelings, and this reflection was shared with the therapist in the next week's meeting.
VII	60 Minutes	Play at home	Parents applied "play at home" for 30-45 minutes daily and honed their skills in applying the four aspects of filial therapy. Parents could accompany the child by applying the aspects of Filial Therapy in real-life behaviors.
VIII	60 Minutes	Play at home	The child showed significant behavioral changes, especially in expressing discomfort. The child explained being treated more fairly and that the mother listened more, even if not all wants were met. The child felt happy to be heard and loved without having to throw a tantrum.
IX	30 Minutes	Generalization	Parents reported feeling less tension at home, especially during events that could trigger tantrums in the child. The therapist gathered convincing data that the four aspects of filial therapy could be applied by parents in daily family life, reinforcing positive behavioral changes in the child.
X	30 Minutes	Evaluation	Parents showed improved behaviors indicating that the child was starting to form good emotional regulation, such as understanding his own feelings. For example, when the child felt uncomfortable sharing with a sibling, he then communicated this with the mother. The child was also more willing to talk to the homeroom teacher at school, as the teacher had been informed that the child was being trained to express discomfort rather than suppress it, and the teacher was willing to help. Parents also showed increased interaction with the child.
XI	30 Minutes	Termination	Parents were committed to continuing to apply the four aspects of filial therapy in daily life. The child stated feeling more relieved and lighter, and tried to always express discomfort rather than suppress it. However, the child mentioned that he still had some issues that could not be expressed outrightly due to fear of negative responses.

**Table 3**  
Changes Before and After the Filial Therapy

No	Before Intervention	After Intervention
1	The participant frequently had tantrums both at home and at school.	After the intervention, the participant was able to control emotions better, and tantrum behavior no longer occurred.
2	When the participant had a tantrum, he could usually only be calmed by a hug from the mother, both at home and at school.	The participant's emotional regulation skills improved after the intervention. This was shown by an increase in ERQ scores, and the participant realized that tantrums would not make him feel better emotionally.
3	The participant struggled to regulate his emotions both at home and at school (tend to suppress feelings).	The participant became better at managing and regulating emotions. He realized that if he had unpleasant thoughts or feelings, he could communicate them calmly with his parents.
4	The participant could not control emotions and chose to have outbursts to express feelings.	The participant's emotional regulation improved after the intervention. Parents also better understood how to help the participant manage his emotions.
5	The participant felt jealous of his siblings who received more attention.	The participant understood that his parents' love was equal, with no difference between the affection for him and his sibling.

tion. This approach empowers parents as agents of change through active participation in the therapeutic process with their children. Through this intervention, children learn to recognize, manage, and express their emotions more healthily. Filial therapy creates an environment that supports the development of emotional regulation skills in children with tantrums (Cochran et al., 2022).

The active participation of parents, especially mothers, in filial therapy sessions has a significant positive impact on children. This therapy not only helps strengthen the emotional bond between parents and children, but also improves the child's ability to manage their emotions. Through the communication skills built during therapy, children become more optimal in coping with frustration and emotional distress, ultimately reducing the incidence of temper tantrums. Filial therapy, apart from focusing on behavioral change, also deeply addresses the emotional aspects of the child, which makes it a comprehensive therapy option to help the child recognize, understand and respond to his emotions in a healthier way.

However, the minimal involvement of the father in the therapy process was a significant limitation of this study. A strict and uninvolved father made the child feel unsafe to express emotions, especially at home. The lack of father participation can hinder the success of the therapy because only one parent is applying the strategies taught in therapy, which can lead to inconsistent parenting strategies. Children need consistency from both parents to experience optimal behavioral changes (Escudero & Friedlander, 2017). This can potentially worsen the child's emotional stability, as the child may mimic the negative behaviors observed from the father. Children exposed to domestic violence often develop emotional insecurity, which is linked to psychosocial issues, e.g., anxiety and depression (van Loon-Dikkers et al., 2024). Additionally, exposure to violence can lead to externalizing behaviors, such as aggression and tantrums, as a response to their traumatic experiences (Doroudchi et al., 2023). Emotional insecurity can also hinder children's adjustment in various contexts, including school, where they may struggle with social and academic connections (van Loon-Dikkers et al., 2024).

The child's inability to express feelings in an unsupportive environment, along with the lack of support from the father, can be a significant barrier in the therapy process, as it hinders the child's ability to regulate their

emotions, thus affecting the overall research outcomes. The minimal involvement of the father reduces the overall effectiveness of the therapy process, even though the mother reported an increased understanding of her child's emotional needs and ability to apply the skills learned during therapy at home. This study showed that the involvement of both parents, especially the father, is crucial in supporting more optimal therapy outcomes.

Research has shown that parents' active involvement in intervention processes, such as PCIT, can significantly improve children's emotional regulation after the intervention (Rothenberg et al., 2018). Filial therapy helps parents learn skills such as attentive listening and perspective-taking, which are essential for empathizing with their children (Halim et al., 2022).

This study also had limitations in its design. The single-subject design makes it difficult to generalize the results to a broader population. Although filial therapy is beneficial in improving emotional regulation and reducing temper tantrums in this case, the validity of these findings needs to be strengthened through further research with larger samples and various social conditions of children. Additionally, since the intervention was conducted in the short term, the long-term impact of filial therapy was not thoroughly evaluated. Further research is needed to assess whether the therapy results persist in the long term and to explore the potential interventions in families with different relationship dynamics.

The findings of this study emphasize the importance of active involvement of both parents in the therapy process to achieve optimal results. Although the mother showed improvement in understanding and helping her child after the intervention, the lack of father participation remains a significant barrier. This barrier was due to the underdeveloped father-child relationship, unlike the emotional closeness between the child and the mother. The lack of father involvement in therapy not only affected the effectiveness of the intervention but also family dynamics and the quality of the emotional relationship between the father and the child. Children tend to feel more comfortable expressing their feelings to their mother than to their father, which might be caused by emotional distance and fear of physical violence from the father. Therefore, training programs involving both parents are highly recommended to create a more supportive and harmonious family environment for the child. Parental involvement

in filial therapy, especially when done collaboratively by both parents, has the potential to produce greater positive changes in children's emotional regulation and behavior.

#### 4. Conclusion

Based on the results and discussion presented above, it can be concluded that filial therapy is useful in improving children's emotional regulation in reducing their temper tantrums. This therapy can help parents understand and solve parenting-related problems in the family. After being given an intervention, parents are well-equipped to overcome the problems that occur in the family.

#### 4.1 Suggestions

Increasing the father's involvement in the intervention process may result in a greater impact the participant's behavioral changes. It can also improve knowledge about emotional development in children, so parents can have a better understanding in the offspring's emotional condition.

#### 4.2 Declaration

#### 4.3 Acknowledgments

The researcher thanks the Master's Program in Professional Psychology at Universitas Muhammadiyah Malang and Beloved Kanti Clinic for the opportunity to carry out the entire research process. The researcher also shows gratitude to all parties involved, who cannot be mentioned individually, for their assistance, cooperation, and support during this research.

#### 4.4 Funding

This research was funded by using the researcher's personal funds.


#### 4.5 Author's Contributions

The first author designed the assessment, conducted the entire research process, and wrote the manuscript. The second author provided guidance and support throughout the research process, from assessment and intervention to the writing of the intervention results.

#### 4.6 Conflict of Interest

In this research, I, as the principal investigator, also acted as the direct executor in the assessment and intervention process. These dual roles have the potential to introduce bias in data collection, result interpretation, or evaluation of the intervention's benefits. A conflict of interest arises due to a personal interest in proving the research hypothesis, which may affect objectivity in the implementation and analysis of results.

#### 4.7 Orcid ID

Muhammad Rezki  <https://orcid.org/0009-0002-0841-2475>

Uun Zulfiana  <https://orcid.org/0009-0007-1573-2692>

## References

- Abbasi, N., Dehghani, A., Ghamrani, A., & Abedi, M. R. (2023). Investigating the effect of Mentalization-based Therapy (MBT) and filial therapy on interactions of student with attention deficit hyperactivity disorder: Parent and teacher-child interactions. *Pajouhan Scientific Journal*, 21(1), 22–31. <https://doi.org/10.61186/psj.21.1.22>
- Benu, J. M. Y. (2023). Emotional regulation pay therapy for maltreated children: A single case study. *Journal of Health and Behavioral Science*, 5(2), 172–181. <https://doi.org/10.35508/jhbs.v5i2.3639>
- Black, K. R., Lai, M.-C., Desrocher, M. E., Lee, V., Sellitto, T., Vashi, N., & Weiss, J. A. (2023). A coping subscale for autistic children: Revisiting the dimensionality of the emotion regulation and social skills questionnaire. *Research in Autism Spectrum Disorders*, 105, 102167. <https://doi.org/10.1016/j.rasd.2023.102167>
- Bratton, S. C., & Landreth, G. L. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents*. Routledge.
- Chauhan, N., Sachdeva, D., Malhotra, S., & Gupta, N. (2024). Play therapy: An analytical mode of therapy in children. *Journal of Indian Association for Child and Adolescent Mental Health*, 20, 136–146. <https://doi.org/10.1177/09731342241238524>
- Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2022). Filial therapy: Involving parents and caregivers in child-centered play sessions with their children. In *Child-centered play therapy* (2nd Edition, pp. 245–260). Routledge.
- Cooper, J., Yu, M.-l., MacKay, L., & Brown, T. (2023). Exploring changes in family functioning when a child participates in a School-Based filial therapy program. *Australian and New Zealand Journal of Family Therapy*, 44(3), 328–351. <https://doi.org/10.1002/anzf.1548>
- Corey, G. (2013). *Theory and Practice of Counseling and Psychotherapy* (9th edition). Cengage Learning.
- Daniel, S., Berkovits, L., Eisenhower, A., & Blacher, J. (2025). Child-centred play therapy and rhythmic relating improves emotion regulation in autism: A single-N pilot intervention study. *Counselling and Psychotherapy Research*, 25, e12671. <https://doi.org/10.1002/capr.12671>
- Doroudchi, A., Zarenezhad, M., Hosseinezhad, H., Malekpour, A., Ehsaei, Z., Kaboodkhani, R., & Valiei, M. (2023). Psychological complications of the children exposed to domestic violence: A systematic review. *Egyptian Journal of Forensic Sciences*, 13(1). <https://doi.org/10.1186/s41935-023-00343-4>
- Escudero, V., & Friedlander, M. L. (2017). Parenting in isolation, without or with a partner. In *Therapeutic alliances with families* (pp. 83–98). Springer International Publishing. [https://doi.org/10.1007/978-3-319-59369-2\\_4](https://doi.org/10.1007/978-3-319-59369-2_4)
- Esteki Azad, N., Golparvar, M., & Sajjadian, I. (2022). The effectiveness of filial therapy and cognitive-behavioral art-play on meta-emotion view of mothers of single-parent children during coronavirus quarantine. *Journal of Research & Health*, 12(2), 121–130. <https://doi.org/10.32598/jrh.12.2.119.3>
- Fitrah, R. (2020). Filial terapi dan token ekonomi untuk meningkatkan kemandirian menulis pada anak dengan problem kemandirian dalam belajar [Filial therapy and token economy to improve writing independence in children with independence problems in learning]. *Procedia: Studi Kasus dan Intervensi Psikologi*, 8, 56. <https://doi.org/10.22219/procedia.v8i2.13423>
- Guernsey, B. (1964). Filial therapy: Description and rationale. *Journal of Consulting Psychology*, 28(4), 304–310. <https://doi.org/10.1037/h0041340>
- Guernsey, L. F. (2003). The history, principles, and empirical basis of filial therapy. In *Casebook of filial therapy* (pp. 1–20). Play Therapy Press.
- Halim, S. M., Milfayetty, S., & Masganti, M. (2022). Efektivitas filial play dalam meningkatkan kemampuan orang tua meregulasi emosi dan empati selama mendampingi anak belajar dari rumah di sekolah Maitreyawira, Deli Serdang [The effectiveness of filial play in improving parents' ability to regulate emotions and empathy while accompanying children learning from home at Maitreyawira School, Deli Serdang]. *Journal of Education, Humaniora and Social*

- Sciences (JEHSS)*, 5(2), 1507–1519. <https://doi.org/10.34007/jehss.v5i2.1358>
- Laaser, D., Putney, H. L., Bundick, M., Delmonico, D. L., & Griffin, E. J. (2017). Posttraumatic growth in relationally betrayed women. *Journal of Marital and Family Therapy*, 43, 435–447. <https://doi.org/10.1111/jmft.12211>
- Landreth, G. L. (2012). *Play therapy*. Routledge. <https://doi.org/10.4324/9780203835159>
- Lin, Y.-W., & Bratton, S. C. (2015). A meta-analytic review of child-centered play therapy approaches. *Journal of Counseling & Development*, 93(1), 45–58. <https://doi.org/10.1002/j.1556-6676.2015.00180.x>
- Nevid, J. S., Rathus, S. A., & Greene, B. (2018). *Abnormal psychology in a changing world* (10th edition). Pearson.
- Parker, M. M., Hunnicutt Hollenbaugh, K. M., & Kelly, C. T. (2021). Exploring the impact of child-centered play therapy for children exhibiting behavioral problems: A meta-analysis. *International Journal of Play Therapy*, 30(4), 259–271. <https://doi.org/10.1037/pla0000128>
- Rohayani, F. (2020). Menjawab problematika yang dihadapi anak usia dini di masa pandemi covid-19: Problematika dan solusi [answering the problems faced by early childhood during the covid-19 pandemic: Problems and solutions]. *QAWWAM : Journal for Gender Mainstreaming*, 14, 29–50. <https://journal.uinmataram.ac.id/index.php/qawwam/article/view/2310>
- Rothenberg, W. A., Weinstein, A., Dandes, E. A., & Jent, J. F. (2018). Improving child emotion regulation: Effects of parent-child interaction-therapy and emotion socialization strategies. *Journal of Child and Family Studies*, 28(3), 720–731. <https://doi.org/10.1007/s10826-018-1302-2>
- Sanders, M. R., Turner, K. M., & McWilliam, J. (2020). *The triple p-positive parenting program: A community-wide approach to parenting and family support*. Routledge.
- Soemarmi, S., Ariyanti, M. P., & Sunarmi, F. R. (2024). Filial therapy untuk meningkatkan regulasi emosi dan empati anak korban KDRT dan perceraian orang tua. *Journal of Education Research*, 5(4), 4746–4752. <https://doi.org/10.37985/jer.v5i4.1648>
- Sukhodolsky, D. G., Kassinove, H., & Gorman, B. S. (2004). Cognitive-behavioral therapy for anger in children and adolescents: A meta-analysis. *Aggression and Violent Behavior*, 9(3), 247–269. <https://doi.org/10.1016/j.avb.2003.08.005>
- Tchokhonelidze, N. (2023). Play as the main form of preschool activity. *Enadakultura*. <https://doi.org/10.52340/lac.2023.30.25>
- Topham, G. L., & VanFleet, R. (2011). Filial therapy: A structured and straightforward approach to including young children in family therapy. *Australian and New Zealand Journal of Family Therapy*, 32(2), 144–158. <https://doi.org/10.1375/anft.32.2.144>
- Utami, R. R., Iswinarti, I., & Djudiah, D. (2020). Membangun body image melalui acceptance and commitment therapy (ACT) pada pasien kanker payudara. *JIP (Jurnal Intervensi Psikologi)*, 12, 13–26. <https://doi.org/10.20885/intervensipsikologi.vol12.iss1.art2>
- VanFleet, R. (2023). A Filial therapy approach to treatment planning. In *Play therapy treatment planning with children and families* (pp. 97–104). Routledge.
- van Loon-Dijkers, L., Luijk, M., de Haan, A., & Steketee, M. (2024). Preprint emotional insecurity and psychosocial problems in children exposed to family violence: Exploring the role of well-being at school. <https://doi.org/10.31219/osf.io/ms4jh>
- Wadley, G., Smith, W., Koval, P., & Gross, J. J. (2020). Digital emotion regulation. *Current Directions in Psychological Science*, 29(4), 412–418. <https://doi.org/10.1177/0963721420920592>
- Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., Krumholz Marchette, L. S., Chu, B. C., Weersing, V. R., & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79–117. <https://doi.org/10.1037/a0040360>
- Yazdanipour, M., Ashori, M., & Abedi, A. a. (2020). Filial therapy: Goals, features and application. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, 9(10). <http://frooyesh.ir/article-1-2167-en.html>
- Yu-Lefler, H. F., Lindauer, S., & Riley, A. W. (2021). Clinician-identified factors in success of parent-directed behavioral therapy for children's tantrums. *Administration and Policy in Mental Health and Mental Health Services Research*, 49(2), 168–181. <https://doi.org/10.1007/s10488-021-01155-1>