

## Examination of the Effect of Child-Parent Relationship Therapy on Parents' Communication with Their Children, Emotion Regulation and Empathic Tendencies\*\*

*Çocuk Ebeveyn İlişkisi Terapisinin Ebeveynlerin Çocuklarıyla İletişimlerine, Duygu Düzenlemelerine ve Empatik Eğilimlerine Etkisinin İncelenmesi*

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### Öz

Ebeveynlerin çocuklarıyla kurduğu iletişim çocukların gelişiminde oldukça önemli bir rol oynamaktadır. Anne baba ve çocuk arasında kurulan sağlıklı iletişim, çocuklarla daha kolay işbirliği kurulmasına, onların sorumluluk ve disiplin sahibi olmalarına, daha pozitif yetişkin bireylere dönüşmelerine katkı sağlamaktadır. Bu iletişimin etkili olabilmesinin en önemli etmenlerinden birisinin empati olduğu söylenebilir. Bireylerin empati yapabilme becerileri yani empatik eğilimleri, iletişimlerinde çatışmaları daha rahat çözmelerini ve diğer bireylerle sağlıklı ilişkiler geliştirmelerini sağlamaktadır. Ebeveynlerin çocukları ile kurdukları iletişim şekli ve empatik eğilim düzeyleri çocukların iletişim şekilleri ile empati becerilerine etki etmektedir. Ebeveynlerin empatik becerilerinin duygu düzenleme becerilerinden etkilendiği de bilinmektedir. Öyle ki duygu düzenleme becerileri iyi olan ebeveynler iyi düzeyde empatik beceriler de sergileyebilmektedir. Ebeveynlerin hem empatik eğilimleri hem de duygu düzenleme becerileri ebeveynlik kalitesini etkilediği gibi ebeveyn-çocuk ilişkisini de etkilemektedir. Bu kapsamda bu çalışmada, ebeveynlerin çocukları ile aralarındaki ilişkiye doğrudan etki eden bir program olan Filial Terapinin 10 haftalık Çocuk Ebeveyn İlişkisi Terapisi programının annelerin çocuklarıyla iletişim düzeylerine, duygu düzenleme ve empatik eğilim düzeylerine etkisini incelemek hedeflenmiştir. Bu araştırma kapsamında da 3-8 yaş aralığında çocuk sahibi olan anneler programa dahil olmuştur. Gönüllü olarak katılım sağlayan 7 anne ile araştırma hem nicel hem de nitel verilerden oluşan karma yöntem bir araştırma olarak yürütülmüştür. Annelerden verilerin toplanması adına Sosyodemografik Bilgi Formu, Ebeveynin Çocuğuyla İletişimi Ölçeği, Anne Baba Duygu Düzenleme Ölçeği ve Empatik Eğilim Ölçeği kullanılmıştır. Nicel verilerin analizinde Wilcoxon işaretli sıralar testi kullanılmıştır. Yapılan analizler sonucunda annelerin çocukları ile iletişim ve empatik eğilim becerilerini geliştirdikleri tespit edilirken, duygu düzenleme becerileri açısından anlamlı farklılıklar olmadığı görülmüştür. Nitel verilerin analizi ise içerik analizi ile değerlendirilmiştir. İçerik analizi sonucunda annelerin kendileri ve çocukları ile ilgili iletişimsel, duygu düzenleme ve empati becerileri konusunda olumlu kazanımları olduğu görülmüştür. Bu bulgular doğrultusunda araştırmanın sonuç bölümünde ebeveynlere çocukları ile sağlıklı ilişkiler sürdürebilmeleri adına önerilerde bulunulmuştur.

**Anahtar Kelimeler:** Filial Terapi, İletişim, Empati, Duygu Düzenleme

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This study does not require ethical committee approval, and the data used were obtained from literature reviews/published sources. It is hereby declared that scientific and ethical principles were adhered to during the preparation of this study and that all studies used are cited in the references. Nihal Aslan Topçu-Fatih Bayram

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No artificial intelligence-based tools or applications were used in the preparation of this study. All content of the study was produced by the author(s) in accordance with scientific research methods and academic ethical principles. Nihal Aslan Topçu-Fatih Bayram

### Complaints

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## Abstract

The communication that parents establish with their children plays a crucial role in their development. Healthy communication between parents and children contributes to easier cooperation with them, the development of responsibility and discipline, and helps them transform into more positive adult individuals. One of the most important factors for this communication to be effective can be said to be empathy. Individuals' ability to empathize, or their empathic tendencies, allows them to resolve conflicts more easily and develop healthy relationships with others. The way parents communicate with their children and their level of empathic tendencies influence the children's communication styles and empathy skills. It is also known that parents' empathic skills are affected by their emotion regulation skills. Indeed, parents with good emotion regulation skills can also demonstrate high levels of empathic abilities. Both empathic tendencies and emotion regulation skills of parents affect parenting quality as well as the parent-child relationship. In this context, this study aimed to examine the effect of the 10-week Child-Parent Relationship Therapy (CPRT) program of Filial Therapy, a program that directly affects the relationship between parents and their children, on mothers' communication levels with their children, emotion regulation and empathic tendency levels. Within the scope of this study, mothers with children between the ages of 3-8 were included in the program. The research was conducted as a mixed-method research consisting of both quantitative and qualitative data with 7 mothers who participated voluntarily. To collect data from the mothers, the Sociodemographic Information Form, Parent-Child Communication Scale, Parental Emotion Regulation Scale, and Empathic Tendency Scale were used. The Wilcoxon signed-rank test was used in the analysis of quantitative data. The results showed that mothers developed their communication and empathic tendencies with their children, while no significant differences were observed in terms of their emotional regulation skills. Qualitative data were analyzed through content analysis. The content analysis revealed that mothers had made positive gains in terms of their communication, emotional regulation, and empathy skills with regard to themselves and their children. Based on these findings, suggestions were presented to parents to maintain healthy relationships with their children.

**Keywords:** Filial Therapy, Communication, Empathy, Emotion Regulation

## Introduction

Communication is one of the fundamental building blocks of life, which started before human beings were born and remains as a crucial part of their lives. This basic concept has been defined by various experts and scientists in different ways up to the present day. Although communication has been defined by many experts, it does not seem possible to make a clear and single definition (Berko, Wolwin & Wolwin, 2001; Cüceloğlu, 2016; Dökmen, 2005; Oskay, 2011 and Peterson & Green, 2009). Individuals become a member of society by communicating with others. Considering that it takes place in a family, the ability of individuals to express themselves correctly makes communication within the family important (Şahin & Aral, 2012).

Although communication within the family defines all family members, a review of the literature shows that the concept is more often defined and addressed through the communication between children and parents, as well as between parents and their children. Effective communication between parents and their children plays a crucial role in fostering the development of responsible, disciplined, cooperative, constructive, and creative young individuals and adults. When children's efforts are recognized and appreciated, they are supported to develop hope and confidence. On the other hand, approaching the child with an appraising attitude may lead to the emergence of resistance and anxiety (Ginot, 2011 & Yavuzer, 1995). The inability to establish healthy dialogue within the family, the failure to share emotions, and the lack of empathy can lead to unresolved issues. However deep respect and understanding for the child is one of the most important elements of effective communication between parents and children (Ginott, 2011; Görgün Baran, 2004; Yavuzer, 1995). Successful communication established with children at every stage of development supports their sense of self-confidence. This contributes to the child finding healthy ways of communication and maintaining strong relationships (Öztürk & Fidan, 2020). Supporting children in discovering effective ways of communication enables them to express their thoughts freely, both in family interactions and in their communication with others (Karabekiroğlu, 2015).

Empathy is an important element for effective communication. It is known that over the years, researchers and experts have provided different definitions of the concept of empathy (Dökmen, 1988). In a brief and general definition, empathy can be described as the ability to accurately perceive another person's internal state, to coexist with that person, and to be sensitive to the emotions they are experiencing by entering their unique perceptual world (Ford, 1979; Rogers, 1957; Rogers, 1959). However, each individual's ability to empathize varies, which is referred to as empathic tendency (Dökmen, 1988). In communication with a high level of empathic tendency, conflicts are more readily resolved, and positive relationships are more likely to develop (Alisinanoğlu & Köksal, 2000). Furthermore, parents' empathy skills and the level of their empathic abilities play a significant role in the development of children's empathy. It has been observed that when parents exhibit low levels of empathy, the development of empathy in children tends to be similarly impaired (Feshbach, 1990; Sap, Özkan, & Uğurlu, 2022).

In a study conducted by Lipsitt (1993), the relationship between mothers' empathy skills, their communication styles, and the development of their children's empathy skills was examined. The study included 76 mothers and their 8-9-year-old children. The findings indicated that mothers' empathy skills did not have a significant effect on children's empathy skills; however, the mothers' communication style was found to have a notable influence on the child's empathy development. Specifically, a supportive communication style was positively associated with the empathy skills of female children, whereas a directive communication style negatively impacted the empathy skills of male children (Rehber, 2007). Another study, which examined the impact of mothers with different levels of empathetic tendencies on their children's success and adjustment, was

conducted with 401 high school students and their mothers. The results revealed that children of mothers with higher empathetic tendencies exhibited better overall adjustment compared to children of mothers with lower empathetic tendencies (Eroğlu, 1995). In another study (Ata, 2023), it was found that there was a significant difference in parents' levels of empathy before and after participating in an empathy skills training program. The same study also revealed that parents' emotional expression skills showed a significant improvement after the program compared to before.

An empathetic individual must first possess a heightened awareness of their own emotions in order to effectively comprehend and relate to the emotional experiences of others. Self-awareness of one's emotions is the primary indicator that a person is capable of using emotion regulation skills (Edwards & Wupperman, 2016). Emotion regulation encompasses the internal and external processes that an individual uses to monitor, evaluate, and modify intense and transient emotional responses (Thompson, 1994). In other words, emotion regulation can be defined as the ability to provide flexible and tolerable responses to experienced emotions (Cole, Michel, & Teti, 1994). Gross (1998) developed a five-step, process-oriented model to explain emotion regulation, which includes "situation selection, situation modification, attentional deployment, cognitive change, and response modulation." Gross (2013) later revised this definition, describing emotion regulation as encompassing the entire process of understanding, recognizing, responding to, and expressing emotions. As can be inferred from these explanations, empathy and emotion regulation skills are closely related. It can be said that individuals with strong emotion regulation skills tend to have more positive social relationships and show greater understanding and empathy when faced with the problems of others (Bernhardt & Singer, 2012).

Parental emotion regulation is defined as one of the key ways in which parents act as important agents of emotional socialization for their children (Bariola, Gullone, & Hughes, 2011). In the parenting process, emotions, as well as individual differences in the nature and intensity of parents' emotions, are factors that influence parenting quality and the parent-child relationship (Dix, 1991). Morelen, Shaffer, and Suveg (2016) found a positive relationship between mothers' emotional dysregulation and their children's emotional dysregulation, and a negative relationship between mothers' emotional dysregulation and their children's adaptive emotion regulation. Bilge and Sezgin (2020) identified a relationship between mothers' emotion regulation difficulties and the emotion regulation difficulties of children aged 3-6. Akman (2019), in a study with children aged 11-14 and their parents, found a low-level relationship between children's emotion regulation difficulties and parents' emotion regulation difficulties. A similar result was obtained in Firat's (2020) study, where a negative relationship was found between mothers' emotion regulation difficulties and their children's emotion regulation skills.

Just as adults utilize language to communicate, children employ play as a primary mode of interaction with their families and their environment. Play serves as their form of expression. The emergence of play therapy as a recognized therapeutic approach in psychology can be attributed to this understanding. Play therapy is a therapeutic modality designed to enhance children's problem-solving abilities, stress and anxiety coping strategies, and regulate maladaptive behaviors and emotional disturbances arising from traumatic experiences (Cohen & Gadassi, 2018; Silva et al., 2017). Axline (2020) placed the fact that children use play as a natural means of expression at the core of play therapy. Filial therapy, on the other hand, is a method developed in a group family therapy format that aims to strengthen the communication and relationships between parents and their children, as well as improve their self-confidence and parenting skills. It works by teaching parents the principles of play therapy, accompanied by an empathetic approach, and is shaped within a framework of values such as honesty, openness, respect,

sincerity, understanding, acceptance, self-efficacy, humility, collaboration, a playful attitude, humor, emotional expression, family resilience, and balance (Guerney & Ryan, 2013; VanFleet, 2021). Child-Parent Relationship Therapy (CPRT) is an evidence-based 10-session Filial Therapy Model published as a practical guide by Landreth and Bratton in 2019. The CPRT protocol included in this guide is designed as an implementation manual for trained and certified mental health professionals. The guide also includes a Therapist Protocol detailing how all 10 sessions should be structured and a Parent Handbook for parents to use throughout the training (Landreth and Bratton, 2023).

Evidence-based clinical studies have demonstrated that filial therapy sessions with parents of children aged 3-10 provide beneficial and preventive applications (Pekşen Akça, 2022; Tortamış Özkaya, 2015). Bratton and Landreth (1995) conducted a study with experimental and control groups, showing that after a 10-week CPRT program, parents in the experimental group demonstrated significantly more empathic behavior toward their children than those in the control group. In a more recent study, Hosseini and Ashori (2024) examined the effects of CPRT on emotion regulation and stress among mothers of children with hearing impairments. The findings showed that the program positively and significantly influenced both behavioral emotion regulation and stress management in these mothers. Carnes-Holt and Bratton (2014) carried out a pilot study assessing the effectiveness of child-parent relationship therapy in adoptive families. Children in the intervention group showed a noticeable reduction in behavioral problems compared to those on the waitlist control group, and the program was also found to be effective in increasing parental empathy. Similarly, Öztekin (2021) reported a decline in behavioral problems among children from single-parent families following a CPRT-based intervention, along with a significant improvement in the empathy levels of participating parents. In another example, Akgün and Yeşilyaprak (2010) developed the Play-Based Mother-Child Relationship Enhancement training program, drawing on principles of play therapy and filial therapy. As a result of the intervention, the relationships between mothers in the experimental group and their children were found to be significantly different compared to those in the control group. Further support for the effectiveness of these approaches can be found in studies conducted in Turkey by Bulut Ateş (2015), Genç (2023), Kafescioğlu, Özer, and Çarkoğlu (2012), Öztekin (2017), and Yavuz (2017).

## **1. Method**

### **1.1. Research Design**

This research was conducted as a mixed-methods study using both quantitative and qualitative data and analyses (Yıldırım and Şimşek, 2021). Primarily, a pre-test-post-test-follow-up measurement experimental design without a control group was created to obtain quantitative data (Büyüköztürk, 2007). The data collection tools were filled in face-to-face with the participants before the intervention started, in the last session at the end of the intervention, and again 3 months later. For the qualitative data, in-depth interviews were conducted with each participant following the post-test measurements.

### **1.2. Research Group**

The population of this study consists of all parents residing in Karabük province who have children aged 3 to 10. To form the experimental group, participants who responded to social media announcements were contacted via telephone, where the objectives and procedures of the study were explained. Seven mothers who volunteered to participate constituted the experimental group, and the research process was carried out with this group. The demographic information of the mothers in the experimental group is presented in Table 1 below.

**Table 1:** Demographic Information of the Mothers in the Experimental Group

		<i>n</i>	%
<b>Age</b>	25-30	2	28.6
	31-35	2	28.6
	36-40	2	28.6
	40 and above	1	14.3
<b>Education Status</b>	Primary school	1	14.3
	Associate degree	1	14.3
	Bachelor's degree	5	71.4
<b>Employment Status</b>	Yes	2	28.6
	No	5	71.4
<b>Father's Education Level</b>	High school	3	42.9
	Associate degree	1	14.3
	Master's degree and above	3	42.9
<b>Father's Employment Status</b>	Yes	7	100
	No	0	0
<b>Income Status</b>	20000-29000	1	14.3
	30000-39000	1	14.3
	40000-49000	2	28.6
	50000 and above	3	42.9
<b>Number of Children</b>	1	4	57.1
	2	2	28.6
	3	1	14.3
<b>Age of the Focus Child</b>	3	3	42.9
	5	3	42.9
	8	1	14.3
<b>Child's Health Problem</b>	Have	2	28.6
	Don't have	5	71.4

The ages of the 7 mothers participating in the study range from 29 to 45, with an average age of 35. The mothers have been married for an average of 7 years, with their years of marriage ranging from 4 to 15. One of the 7 mothers' is in her second marriage, while six mothers are continuing their first marriage.

When the educational status of the mothers participating in the study is examined, it is observed that 71% have a bachelor's degree, 14% have an associate degree, and 14% have completed primary school. It is also noted that 71.4% of the mothers are not employed, while 28.6% are employed. Regarding the educational status of the mothers' husbands, it is found that 42.9% have a high school diploma, 14.3% have an associate degree, and 42.9% have a master's degree or higher. All of the fathers were reported to be employed.

One of the mothers who participated in the study stated that she had 3 children, two of them had 2 children and four of them had only one child. Only one of the mothers stated that she would focus on her second child in



education, while the others stated that they would focus on their first child. Regarding the ages of the children of the mothers who participated in the study, it was observed that three children (42.9%) were 3 years old, three children (42.9%) were 5 years old, and one child (14.3%) was 8 years old.

While 5 out of 7 mothers (71.4%) stated that their children did not have any health problems, 1 mother stated that her child had a developmental delay due to premature birth and 1 mother stated that her child had a cleft lip and palate.

### **1.3. Data Collection Tools**

#### **1.3.1. Quantitative Data Collection Tools**

##### **1.3.1.1. Sociodemographic Information Form**

Information regarding the sociodemographic variables of this study was obtained through a demographic information form prepared by the researcher. The demographic information form included questions such as age, gender, how many years the participants have been married, and how many children they have. At the same time, a written consent form was filled out indicating that they voluntarily wanted to participate in this study.

##### **1.3.1.2. Parent-Child Communication Scale**

The Parent-Child Communication Scale (PCCS) developed by Kahraman aims to measure the quality of communication between parents and their children. The scale consists of 27 items and five subdimensions. These dimensions are: 'openness to sharing (items 11, 13, 14, 21)', 'unobstructed listening (items 2, 8, 10, 15, 27)', 'respect-acceptance (items 5, 9, 16, 18, 20, 22, 23)', 'sensitivity (items 6, 12, 17, 24, 25, 26)', and 'problem-solving (items 1, 3, 4, 7, 19)'. The scale uses a 5-point Likert-type rating system, where higher scores indicate a higher level of parent-child communication. Items under the unobstructed listening subdimension are reverse-coded. The overall internal consistency coefficient (Cronbach's alpha) for the scale is .86. Internal consistency coefficients for the subscales were calculated as .76, .84, .76, .76, and .70, respectively (Kahraman, 2016).

##### **1.3.1.3. Parent Emotion Regulation Scale**

The original version of the Parent Emotion Regulation Scale (PERS) was developed by Pereira and colleagues in 2017. The scale was adapted into Turkish by Ahçı, Akdeniz, Harmancı, Akaroğlu, and Seçer (2020). The scale, which measures emotion regulation skills in the context of parenting, can be administered to parents of children aged 3–15. The Turkish version of the scale consists of 13 items and has three dimensions: 'Parents' avoidance of the child's emotions (items 2, 4, 5, 6)', 'Parents' orientation to the child's emotions (items 1, 7, 8, 9, 10, 11)' and 'Parents' acceptance of the child's and their own emotions (items 3, 12, 13)'. The scale is answered using a 5-point Likert type, and there are no reverse-coded items. As a result of internal consistency tests of the scale, the Cronbach's Alpha reliability was found to be .76, and the split-half reliability was found to be .71. The Cronbach's Alpha coefficients for the subscales were .78, .79, and .75, and the split-half reliability coefficients were .73, .74, and .71.

##### **1.3.1.4. Empathic Tendency Scale**

The Empathic Tendency Scale (ETS) developed by Dökmen aims to measure the empathizing potential of individuals in daily life. Consisting of 20 items, the positive items of the Empathic Tendency Scale are scored directly, while the negative items are reversed. Items 3, 6, 7, 8, 11, 12, 13 and 15 of the scale are reverse coded. The scale is rated on a 5-point Likert-type scale, with total scores ranging from a minimum of 20 to a maximum of 100. The test-retest reliability of the scale was found to be .82. As a result of the internal consistency tests of the scale, Cronbach Alpha coefficient was found to be .86. The correlation between the scores obtained from the

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Empathy Tendency Scale and the 'Understanding Emotions' section of the Edwards Personal Preference Inventory was found to be .68 (Dökmen, 1988).

### 1.3.2. Qualitative Data Collection Tools

For the participants who were interviewed in depth, the researcher asked pre-determined questions, and the participants' responses were recorded using a voice recorder. Some of the questions directed to all participants during the interview are listed below:

1. What would you say when you think about the child-parent relationship therapy?
2. After participating in the program, have there been any changes in yourself? What has changed?
3. After participating in the program, have there been any changes in your child? What has changed?
4. What was the most important contribution of the program for you?

### 1.4. Procedure

The intervention program used in the experimental method, which is based on Child-Parent Relationship Therapy and the Child-Centered Play Therapy training provided to parents, was prepared by the researcher after receiving training from Reyhana Seedat, an APT-approved trainer and supervisor. This training served as the prerequisite for the implementation in this research. An announcement was made via social media to form the experimental group. After conducting preliminary interviews with the applicants, detailed information was provided to form the group, and 10 individuals volunteered to join the group. However, one participant stated that they would not be able to attend the first session, another participant missed the first session, preventing pre-test measurements from being taken, and another participant stated that they could not continue after the third session. Therefore, the research was conducted with 7 participants. On November 29, 2023, the participants gathered at the Karabük Zübeyde Hanım Public Library for the first session of the CPRT program. Before the session, the participants were informed that data would be collected within the scope of the thesis process and that questionnaires would be given accordingly. For the pre-test measurement, the participants were given the Sociodemographic Information Form and Consent Form, the Parent's Communication with Child Scale, the Empathic Tendency Scale and the Parent Emotion Regulation Scale and were asked to complete them completely.

Following the selection of the group and the collection of pre-test measurements, the 10-week Child-Parent Relationship Therapy (CPRT) program was implemented. The structure and content of the program are outlined as follows:

**Session 1:** The session commences with an introduction of the group. The concepts, objectives, and core principles of CPRT are introduced, along with guidance on how parents can assist their children. Three fundamental CPRT rules are addressed. The reflective responding technique is taught to the parents. Homework assignments for the first session are provided to the participants.

**Session 2:** Homework from the first session is evaluated. The basic principles of the play sessions that parents will conduct are explained. A list of toys to be used in the play sessions is reviewed. A video demonstrating basic play skills is shown. Two of CPRT's fundamental rules are discussed. Homework for the second session is assigned.

**Session 3:** The homework from the previous session is reviewed, and key points regarding the play session guidelines (dos and don'ts) are discussed. The play session procedural checklist is presented to ensure proper implementation. Role-playing exercises are conducted with the parents to enhance their skills. A discussion is held



regarding how parents will communicate the concept of special play time to their children. One or two parents are asked to bring a video of their special play time to the next session. Homework for the third session is assigned.

**Session 4:** Homework from the preceding session is reviewed. A detailed discussion is held on the actions to be taken during play sessions. The parents' experiences with their first special play time are examined. The videos of the parents, which were agreed upon during the previous session, are viewed collectively. The therapist provides supervision and feedback based on the videos. Notes regarding boundary-setting skills are reviewed, and exercises are conducted to practice these skills. A video demonstrating effective boundary-setting techniques is shown to reinforce the concept. Two more CPRT core rules are discussed. Homework assignments for the fourth session are given.

**Session 5:** The homework from the previous session is evaluated. A discussion is held regarding the parents' experiences with the play sessions. Videos of two parents' play sessions are reviewed, followed by a supervisory discussion. Continued work on boundary-setting techniques is carried out. One of CPRT's core rules is addressed in detail. Homework assignments for the fifth session are provided.

**Session 6:** Homework from the previous session is reviewed. The play sessions are discussed. Videos of two parents' play sessions are watched and supervised. Notes on teaching providing choices, responsibility-taking, and decision-making are covered. A video related to providing choices is shown. A list of frequently asked questions during play sessions is reviewed. Two CPRT core rules are addressed. Homework for the sixth session is assigned.

**Session 7:** Homework from the previous session is reviewed. Play sessions are discussed. Videos of two parents' play sessions are watched and supervised. The topic of providing choices from the previous session is continued. Boundary-setting and decision-making related to consequences are covered. Activities to build self-confidence are conducted. One CPRT core rule is discussed. Homework for the seventh session is assigned.

**Session 8:** Homework from the previous session is reviewed. Play sessions are discussed. Videos of two parents' play sessions are watched and supervised. Notes on encouragement versus praise are reviewed. One CPRT core rule is discussed. Homework for the eighth session is assigned.

**Session 9:** Homework from the previous session is reviewed. Play sessions are discussed. Videos of two parents' play sessions are watched and supervised. By this session, the videos of all parents have been reviewed. In this session, advanced boundary-setting, as well as providing choices as a consequence of defiance, are covered. Practical exercises are conducted for these topics. The concept of doll play that is structured for parents is explained. Two CPRT core rules are discussed. Homework for the ninth session is assigned.

**Session 10:** Homework from the previous session is reviewed. Play sessions are discussed. The entirety of the training program is reviewed. Participants are asked to share the most important things they have learned, as well as how their perspective of their child has changed since the beginning of the program. A recap of the CPRT core rules emphasized throughout the 10 sessions is provided. Additional reminders are reviewed. The date and time for a follow-up meeting are set. The continuation of home assignments and play sessions is discussed. Reading recommendations are offered for parents who wish to continue their learning. Each parent is given a certificate of participation, and the sessions are concluded.

At the end of the 10 sessions, participants were asked to complete the Parent-Child Communication Scale, Empathic Tendency Scale, and Parent Emotion Regulation Scale again in order to obtain post-test measurements. After completing the sessions, individual appointments were scheduled for in-depth interviews with the

participants. During these interviews, the researcher-administered, pre-determined interview questions were posed to the participants, and their responses were audio-recorded. Three months after the post-test data collection, participants were invited to a follow-up session, during which they completed the Parent-Child Communication Scale, Empathic Tendency Scale, and Parent Emotion Regulation Scale for a third time as part of the follow-up.

### 1.5. Data Analysis

The data from the pre-test, post-test, and follow-up measurements obtained from the participants were analyzed using SPSS Statistics 25 software. In the analysis of quantitative data, the Wilcoxon signed-rank test was used. A significance level of .05 was considered in the analysis of the data. In the analysis of qualitative data, content analysis and theme analysis were performed after transcribing the audio recordings of in-depth interviews with participants (Yıldırım and Şimşek, 2021). In the analysis of the qualitative data from the participants, the data were coded as K1, K2, K3, K4, K5, K6, and K7 to represent the individuals.

## 2. Results and Interpretation

This section will present the analysis and interpretation of the findings obtained in the study. The analysis data related to the study's hypotheses will be presented under two headings: quantitative findings and qualitative findings.

### 2.1. Quantitative Findings

#### 2.1.1. Descriptive Statistical Results of the Pre-Test and Post-Test Scores of the Experimental Group on the Parent-Child Communication Scale and Its Sub-Dimensions

The descriptive statistical results of the pre-test and post-test scores of the Parent-Child Communication Scale and its sub-dimensions in the experimental group were examined. According to the data obtained from the analysis, the total score of the Parent-Child Communication Scale increased from 79.89 in the pre-test to 89.10 in the post-test. This result indicates that parents' communication with their children has improved in a positive direction. Similarly, when the pre-test and post-test scores of the scale's sub-items are compared, they show a positive increase. This also explains that parents' communication with their children has been positively affected in the sub-scale dimensions (see Table 2).

**Table 2:** Descriptive statistics results of the pre-test and post-test scores of the Parent-Child Communication Scale and its subscales for the experimental group.

Test	Scores	N	$\bar{x}$	S	Min.	Max.
Pre-Test	Parent-Child Communication Scale Total	7	79.89	8.64	68	95
	Open to Share	7	76.42	20.14	45	100
	Unobstructed Listening	7	72.00	12.64	52	92
	Respect-Acceptance	7	89.79	7.16	77	97
	Sensitivity	7	80.95	8.32	73	96
	Problem-Solving	7	75.42	11.17	60	92
	Parent-Child Communication Scale Total	7	89.10	7.31	76	100
	Open to Share	7	87.14	12.86	70	100

<b>Post-Test</b>	Unobstructed Listening	7	83.42	9.64	68	100
	Respect-Acceptance	7	92.24	6.10	80	100
	Sensitivity	7	92.38	7.38	76	100
	Problem-Solving	7	88.00	12.00	64	100

### 2.1.2. Comparison of Pre-Test and Post-Test Scores of the Experimental Group on the Parent-Child Communication Scale

The communication levels of mothers participating in the study with their children were compared before and after participating in the Child-Parent Relationship Therapy Training. The comparative analyses of the pre-test and post-test rank means of the mothers' total scores on the Parent-Child Communication Scale were performed using the Wilcoxon Signed-Rank Test, as presented in the tables below.

**Table 3:** Comparison of Pre-Test and Post-Test Scores of the Experimental Group on the Parent-Child Communication Scale

Mean Post-Test PCCS Total – Mean Pre-Test PCCS Total	N	Mean Rank	Rank Sum	z	p
Negative ranks	0	.00	.00	-2.37	.01
Positive ranks	7	4.00	28.00		
Ties	0				
Total	7				

A significant difference was observed in mothers' parent-child communication levels before and after participation in the CPRT program. Post-intervention scores were significantly higher than pre-intervention scores ( $z = -2.37$ ,  $p < .05$ ), indicating that the CPRT training positively influenced the quality of communication between mothers and their children.

### 2.1.3. Descriptive Statistics Results of the Post-Test and Follow-up Scores of the Experimental Group on the Subdimensions of the Parent-Child Communication Scale

The descriptive statistical results of the final test and follow-up scores of the Parent-Child Communication Scale and its subscales for the experimental group were examined. According to the data obtained from the analysis, the total score of the Parent-Child Communication Scale was 89.10 in the final test study and 87.30 in the follow-up study. This result also shows that the intervention program maintained its effect on parents' communication with their children in the follow-up measurement taken three months later (see Table 4).

**Table 4:** Descriptive statistical results of the final test follow-up scores of the Parent-Child Communication Scale and its subscales for the experimental group

Test	Scores	N	$\bar{x}$	S	Min.	Max.
Post-Test	Parent-Child Communication Scale Total	7	89.10	7.31	76	95
	Open to Share	7	87.14	12.86	70	100
	Unobstructed Listening	7	83.42	9.64	68	100
	Respect-Acceptance	7	92.24	6.10	80	100
	Sensitivity	7	92.38	7.38	76	100
	Problem-Solving	7	88.00	12.00	64	100
	Parent-Child Communication Scale Total	7	87.30	6.56	78	97
Follow-Up Test	Open to Share	7	82.14	13.18	70	100
	Unobstructed Listening	7	80.57	19.65	40	100
	Respect-Acceptance	7	92.65	6.14	82	100
	Sensitivity	7	92.38	5.34	83	100
	Problem-Solving	7	84.57	12.94	68	100

It was found that Filial Therapy was effective on the total score of the Parent-Child Communication Scale, as well as the subdimensions of Unobstructed Listening, Respect-Acceptance, Sensitivity, and Problem Solving, based on the pre-test, post-test, and follow-up test measurements taken from the mothers participating in the study. This effect was also found to continue in the follow-up test data obtained 3 months after the completion of the intervention.

#### 2.1.4. Comparison of Post-Test and Follow-Up Scores on the Parent-Child Communication Scale in the Experimental Group

The communication levels of the mothers who participated in the Child-Parent Relationship Therapy (CPRT) training were compared immediately after the training and three months later. The comparative analyses

of the mothers' total scores on the Parent-Child Communication Scale using the Wilcoxon Signed-Rank Test are shown in the table below.

**Table 5:** Comparison of Post-Test and Follow-Up Mean Total Scores on the Parent-Child Communication Scale in the Experimental Group

Mean Post-Test PCCS Total – Mean Pre-Test PCCS Total	N	Mean Rank	Rank Sum	z	P
Negative ranks	4	4.00	16.00	-1.16	.24
Positive ranks	2	2.50	5.00		
Ties	1				
Total	7				

There was no statistically significant difference in mothers' parent-child communication levels between the post-training and follow-up assessments of the CPRT program ( $z = -1.16$ ,  $p > .05$ ).

#### 2.1.5. Descriptive Statistics Results of the Pre-Test and Post-Test Scores of the Experimental Group on the Subdimensions of the Parent Emotion Regulation Scale

The descriptive statistical results of the pre-test and post-test scores of the sub-dimensions of the Parent Emotion Regulation Scale in the experimental group were examined. According to the data obtained from the analysis, the score for the Parental Avoidance of the Child's Emotions subscale of the Parent Emotion Regulation Scale was 40.71 in the pre-test and decreased to 32.14 in the post-test. Accordingly, it was found that there was a positive decrease in parents' avoidance of their children's emotions after the CPRT program. In the pre-test, the Parental Orientation to the Child's Emotions score was 65.23, which increased to 69.52 in the post-test. Similarly, the score for Parental Acceptance of the Child's and Their Own Emotions rose from 58.09 in the pre-test to 62.85 in the post-test. Taken together, these findings suggest that the CPRT program had a positive impact on all three subdimensions of parents' emotional regulation (see Table 6).

**Table 6:** Descriptive Statistics Results of the Pre-Test and Post-Test Scores of the Experimental Group on the Subdimensions of the Parent Emotion Regulation Scale.

Test	Scores	N	$\bar{x}$	S	Min.	Max.
Pre-Test	Parents' Avoidance of the Child's Emotions	7	40.71	18.80	10	65
	Parent's Orientation to the Child's Emotions	7	65.23	7.16	56	80
	Parents' Acceptance of the Child's and Their Own Emotions	7	58.09	15.25	40	80
	Parents' Avoidance of	7	32.14	20.98	0	70

	the Child's Emotions					
Post-Test	Parent's Orientation to the Child's Emotions	7	69.52	8.03	56	80
	Parents' Acceptance of the Child's and Their Own Emotions	7	62.85	14.32	40	80

#### 2.1.6. Comparison of Pre-Test and Post-Test Scores on the Subdimensions of the Parent Emotion Regulation Scale in the Experimental Group

The emotional regulation levels of mothers participating in the study were compared before and after participating in the Child Parent Relationship Therapy Training. The subdimension scores of the Parent Emotion Regulation Scale—Parental Avoidance of the Child's Emotions, Parental Orientation to the Child's Emotions, and Parental Acceptance of the Child's and Their Own Emotions—were analyzed using the Wilcoxon Signed-Rank Test by comparing their pre-test and post-test mean ranks. The results of the comparative analysis are presented in the tables below.

**Table 7:** Comparison of Pre-Test and Post-Test Mean Scores on the 'Parental Avoidance of the Child's Emotions' Subdimension in the Experimental Group

Mean (Post-Test 'Parental Avoidance' – Pre-Test 'Parental Avoidance')	N	Mean Rank	Rank Sum	z	p
Negative ranks	4	3.50	14.00	-1.76	.07
Positive ranks	1	1.00	1.00		
Ties	2				
Total	7				

No significant difference was found in mothers' scores on the Avoidance of the Child's Emotions subscale of the Parent Emotion Regulation Scale (PERS) before and after CPRT training ( $z = -1.76$ ,  $p > .05$ ).

**Table 8:** Comparison of Pre-test and Post-test Mean Scores of the Experimental Group on the Parental Emotion Regulation Scale – Subscale of Parental Orientation to the Child's Emotions

Pre-test and Post-test Means – Parental Orientation to the Child's Emotions	N	Mean Rank	Rank Sum	z	p
Negative ranks	0	.00	.00	-1.84	.06
Positive ranks	4	2.50	2.50		
Ties	3				
Total	7				

No significant difference was found in mothers' scores on the Parental Orientation to the Child's Emotions subscale of the Parent Emotion Regulation Scale (PERS) before and after CPRT training ( $z = -1.84$ ,  $p > .05$ ).



**Table 9:** Comparison of Pre-test and Post-test Mean Scores of the Experimental Group on the Parental Emotion Regulation Scale – Subscale of Parental Acceptance of Child's and Their Own Emotions

Pre-test and Post-test Means – Parental Acceptance of Child's and Their Own Emotions	N	Mean Rank	Rank Sum	z	p
Negative ranks	2	2.25	4.50	-.81	.41
Positive ranks	3	3.50	10.50		
Ties	2				
Total	7				

No significant difference was found in mothers' scores on the Parental Acceptance of Child's and Their Own Emotions subscale of the Parent Emotion Regulation Scale (PERS) before and after CPRT training ( $z = -.81$ ,  $p > .05$ ).

### 2.1.7. Descriptive Statistics of the Final Test and Follow-up Scores of the Sub-dimensions of the Parent Emotion Regulation Scale in the Experimental Group

Descriptive statistics results of the post-test and follow-up scores of the experimental group's Parent Emotion Regulation Scale and its sub-dimensions were analyzed. According to the analysis results, the Parental Avoidance of the Child's Emotions subscale score increased from 32.14 in the post-test to 34.28 in the follow-up, suggesting a slight rise in parents' tendency to avoid their children's emotions three months after completing the CPRT program. Conversely, the Parental Orientation to the Child's Emotions score decreased from 69.52 to 65.71 during the same period, indicating a modest decline in active emotional engagement with the child. However, a positive change was observed in the Acceptance of the Child's and One's Own Emotions subscale, where scores rose from 62.85 to 69.52, reflecting an improvement in parents' emotional acceptance. When evaluated in terms of this sub-dimension, it was observed that three months after the CPRT program, there was a positive increase in parents' behaviors of accepting both their own emotions and their child's emotions (see Table 10).

**Table 10:** Descriptive Statistics of the Final Test and Follow-up Scores of the Sub-dimensions of the Parent Emotion Regulation Scale in the Experimental Group

Test	Scores	N	$\bar{x}$	S	Min.	Max.
Post-Test	Parents' Avoidance of the Child's Emotions	7	32.14	20.98	0	70
	Parent's Orientation to the Child's Emotions	7	69.52	8.03	56	80
	Parents' Acceptance of the Child's and Their Own Emotions	7	62.85	14.32	40	80

<b>Follow-Up Test</b>	Parents' Avoidance of the Child's Emotions	7	34.28	20.98	10	55
	Parent's Orientation to the Child's Emotions	7	65.71	2.51	63	70
	Parents' Acceptance of the Child's and Their Own Emotions	7	69.52	10.07	53	80

Although there was a change in the emotion regulation levels of the participating mothers before and after the intervention, this change was not statistically significant according to the quantitative findings. It was found that CPRT did not have a significant effect on the 'Parent's avoidance of the child's emotions' dimension, 'Parent's orientation to the child's emotions' dimension and 'Parent's acceptance of the child's and their own emotions' dimension of the Parent Emotion Regulation Scale applied to the mothers in the pre-test, post-test and follow-up test measurements. However, when the mean scores of the mothers were examined, it was noteworthy that there was a decrease in the dimension of 'Parents' avoidance of the child's emotions' and an increase in the dimensions of 'Parents' orientation to the child's emotions' and 'Parents' acceptance of the child's and their own emotions'. It is thought that the small sample group may have negatively affected the significance level of the data.

#### 2.1.8. Comparison of Post-Test and Follow-Up Scores on the Subscales of the Parental Emotion Regulation Scale in the Experimental Group

The emotion regulation levels of mothers who participated in the study were assessed after completing the Child-Parent Relationship Therapy training and again three months later. The Parental Emotion Regulation Scale consists of three subscales: parental avoidance of the child's emotions, parental orientation to the child's emotions, and parental acceptance of both the child's and their own emotions. Comparative analyses of the post-test and follow-up scores on these subscales are presented in the tables below.

**Table 11:** Comparison of Post-Test and Follow-Up Mean Scores on the Parental Avoidance of the Child's Emotions Subscale in the Experimental Group

Mean Follow-Up- Parental Avoidance of the Child's Emotions Mean Post-Test – Parental Avoidance of the Child's Emotions	N	Mean Rank	Rank Sum	z	P
Negative ranks	4	3.25	13.00	-.17	.86
Positive ranks	3	5.00	15.00		
Ties	0				
Total	7				

No significant difference was found between the post-training and follow-up scores of the mothers on the 'Parental Avoidance of the Child's Emotions' subscale of the Parental Emotion Regulation Scale (PERS) after completing the CPRT training. ( $z = -.17$ ,  $p > .05$ ).

**Table 12:** Comparison of Post-Test and Follow-Up Mean Scores on the Parental Orientation to the Child's Emotions Subscale of the Parental Emotion Regulation Scale in the Experimental Group

Mean Follow-Up – Parental Orientation to the Child's Emotions Mean Post-Test – Parental Orientation to the Child's Emotions	N	Mean Rank	Rank Sum	z	P
Negative ranks	5	3.20	16.00	-1.15	.24
Positive ranks	1	5.00	5.00		
Ties	1				
Total	7				

No significant difference was found between the post-training and follow-up scores of the mothers on the 'Parental Orientation to the Child's Emotions' subscale of the Parental Emotion Regulation Scale (PERS) after completing the CPRT training ( $z = -1.32$ ,  $p > .05$ ).

**Table 13:** Comparison of Post-Test and Follow-Up Mean Scores on the Parental Acceptance of the Child's and Their Own Emotions Subscale of the Parental Emotion Regulation Scale in the Experimental Group

Mean Follow-Up – Acceptance of the Child's and Their Own Emotions Mean Post-Test – Acceptance of the Child's and Their Own Emotions	N	Mean Rank	Rank Sum	z	p
Negative ranks	1	4.00	4.00	-.94	.34
Positive ranks	4	2.75	11.00		
Ties	2				
Total	7				

No significant difference was found between the mothers' pre- and post-training scores on the 'Parental Acceptance of the Child's and Their Own Emotions' subscale of the Parental Emotion Regulation Scale (PERS) ( $z = -.94$ ,  $p > .05$ ).

#### 2.1.9. Descriptive Statistics Results of the Empathy Tendency Scale Pre-Test and Post-Test Scores for the Experimental Group

Descriptive statistics for the pre-test and post-test total scores of the Empathic Tendency Scale in the experimental group were examined. According to the analysis results, the total pre-test score was 72.71, while the total post-test score was calculated as 79.00. These findings suggest that the CPRT program had a positive effect on parents' levels of empathic tendency (see Table 14).

**Table 14:** Descriptive Statistics Results of the Empathy Tendency Scale Pre-Test and Post-Test Scores for the Experimental Group

Test	Scores	N	$\bar{x}$	S	Min.	Max.
Pre-Test	Empathic Tendency Total	7	72.71	5.25	62	78
Post-Test	Empathic Tendency Total	7	79.00	9.76	62	94

### 2.1.10. Comparison of Pre-Test and Post-Test Scores on the Empathic Tendency Scale in the Experimental Group

The empathic tendencies of mothers participating in the study were compared before and after participating in Child Parent Relationship Therapy Training. The pre-test and post-test rank means of the mothers' Empathic Tendencies Scale total scores were compared using the Wilcoxon Signed Ranks test, as shown in the table below.

**Table 15:** Comparison of Pre-Test and Post-Test Mean Scores on the Empathic Tendency Scale in the Experimental Group

Mean Post-Test – Total Empathic Tendency Mean Pre-Test – Total Empathic Tendency	N	Mean Rank	Rank Sum	z	P
Negative ranks	0	.00	.00	-2.20	.02
Positive ranks	6	3.50	21.00		
Ties	1				
<b>Toplam</b>	7				

A significant difference was found between mothers' levels of empathy before and after CPRT training. Mothers' levels of empathy after training were significantly higher than their levels of empathy before training ( $z = -2.20$ ,  $p < .05$ ). These findings suggest that the CPRT program was effective in enhancing parents' empathic tendencies.

### 2.1.11. Descriptive Statistics Results of the Empathy Tendency Scale Post-Test and Follow-Up Scores for the Experimental Group

The descriptive statistical results of the total final test and follow-up scores of the Empathetic Tendencies Scale for the experimental group were examined. According to the data obtained from the analysis, the total score of the Empathetic Tendencies Scale was 79.00 in the final test study and 77.28 in the follow-up study (see Table 16).

**Table 16:** Descriptive Statistics Results of the Empathy Tendency Scale Post-Test and Follow-Up Scores for the Experimental Group

Test	Scores	n	$\bar{x}$	S	Min.	Max.
Post- Test	Empathic Tendency Total	7	79.00	9.76	62	94
Follow-Up Test	Empathic Tendency Total	7	77.28	7.80	72	94

### 2.1.12. Comparison of Post-Test and Follow-Up Scores on the Empathic Tendency Scale in the Experimental Group

The empathic tendencies of mothers participating in the study were compared after they participated in Child Parent Relationship Therapy Training and three months later. The comparative analysis of the

mothers' Empathic Tendencies Scale total scores' final test-follow-up rank averages using the Wilcoxon Signed Ranks test is shown in the table below.

**Table 17:** Comparison of Post-Test and Follow-Up Mean Scores on the Empathic Tendency Scale in the Experimental Group

Mean Follow-Up – Total Empathic Tendency Mean Post-Test – Total Empathic Tendency	N	Mean Rank	Rank Sum	z	P
Negative ranks	5	3.20	16.00	-1.15	.24
Positive ranks	1	5.00	5.00		
Ties	1				
Total	7				

No significant difference was found between the mothers' empathic tendency levels after the CPRT training and at the three-month follow-up ( $z = -1.15$ ,  $p > .05$ ). This suggests that the effects of the CPRT program were sustained over the three-month period.

## 2.2. Qualitative Findings

After the child-parent relationship therapy training, one-on-one interviews were conducted with the mothers who constituted the experimental group of the study, in order to obtain their views on CPRT and to evaluate the contributions and gains that emerged at the end of the training. The data obtained from the interviews were analyzed using the content analysis technique. As a result of the analysis, 4 main themes and 11 sub-themes were identified (Table 18). Below are some of the questions from the semi-structured interview form, which was prepared for in-depth interviews with the participants:

1. What would you say when you think about the CPRT training?
2. After participating in the program, have there been any changes in yourself? What changed?
3. After participating in the program, have there been any changes in your child? What changed?
4. What was the most important contribution of the program for you?

The table below presents the themes and sub-themes obtained from the interviews with the participants.

**Table 18:** Themes and sub-themes

Themes	Sub-Themes
Opinions about CPRT	- Benefits of filial therapy - Recommendations about filial therapy
Achievements after CPRT	- Benefits for the mother - Benefits for the child -Gains in terms of mother-child relationship -The ability to set boundaries
Contribution of CPRT to Communication Skills	- Empathy skills - Impact on family communication - Impact on the child's expressive skills
Contributions of CPRT to Emotion Regulation Skills	- Acceptance of the mother's feelings -The mother's acceptance of the child's feelings -The mother's orientation to the child's emotions

### **2.2.1. Views on Filial Therapy**

Participants generally expressed that they found the CPRT training beneficial. K1 and K6 stated that the training was supportive in terms of how to approach children, increasing interaction with the child, and communicating in a language the child can understand. Similarly, K2, K3, and K4 echoed these views, emphasizing that the information they learned about setting boundaries was particularly practical. Although K2 felt confident about setting boundaries, they mentioned struggling with offering choices and suggested that the training could focus more on this aspect.

K3 shared that the principle heard in the first session, “Focus on the bagel itself, not the hole,” created a deep awareness within them. K4 described the training as “a valuable experience for me.”

K7 highlighted that the training helped develop skills in reflective responding, accurately understanding emotions, and timely intervention. They emphasized the importance of the training by saying, “If the right intervention is not made at the right time, deficiencies remain and these deficiencies grow over time.”

### **2.2.2. Gains Achieved After Child–Parent Relationship Therapy**

#### **Mother-Specific Gains:**

K1 shared that prior to the training, she tended to be more impatient; however, she now feels that she can better understand her child's perspective, which she described as a personally fulfilling change. Although K7 had previously considered herself a patient person, she reported realizing—through the training—that her patience was more limited than she had assumed.

K2 noted that the training helped her recognize the importance of emotional expression not only for her child but also for herself. She observed that when she expressed her own emotions, her child tended to respond in kind. K3 reflected on how the birth of her second child had weakened the emotional bond with her first child, but stated that this connection had meaningfully strengthened over the course of the training.

#### **Child-Related Gains:**

K5 observed that her child had become more capable of expressing emotions clearly and often repeated the emotional language she herself used. Similarly, K7 noted that her child had begun to develop a better understanding of emotions.

#### **Parent–Child Relationship:**

K1 and K4 stated that prior to the training, they tended to direct and control play, but after the training, they began allowing their child more freedom in initiating and structuring play. They reported that this shift had a positive impact on their relationship. K1 also mentioned that her child appeared to value the designated special play times.

#### **Limit-Setting Skills:**

K1 shared that she used to have sudden emotional outbursts, but after the training, she was able to let go of these behaviors and developed more effective limit-setting skills. Similarly, K2, K4, and K7 reported improvements in anger management and the ability to set appropriate boundaries with their children.

### **2.2.3. Contributions of Child–Parent Relationship Therapy to Communication Skills**

All participants reported that the CPRT training enhanced their empathy and communication skills.



Although K2 and K5 had previously considered themselves empathetic individuals, they acknowledged that they often overlooked their children's emotions prior to the training. K5 shared that she was only able to understand the underlying reason for her child's constant requests to play after completing the program.

K3 stated that she had difficulty maintaining balance between her two children and had been unaware of her older child's emotional needs; however, through the implementation of special play times, she was able to reestablish this balance. K4 emphasized that the homework assignments given during the training (such as the "sandwich kiss") helped strengthen communication.

K7 noted that she came to understand empathy not just as recognizing a feeling, but as reflecting it back meaningfully. She emphasized that this awareness positively influenced not only her relationship with her child but also her interactions in other social contexts.

#### **2.2.4. Contributions of Child–Parent Relationship Therapy to Emotion Regulation Skills**

Participants reported that the CPRT training had a positive impact on their emotion regulation skills.

K1 shared that before the training, she focused solely on her own emotions, which often led to conflicts; however, after the training, she learned to manage her emotions more effectively and with greater control. K2 and K5 emphasized that naming, expressing, and mutually reflecting emotions contributed significantly to improved communication.

K6 and K7 particularly highlighted the effectiveness of the principle "Be a thermostat, not a thermometer" in anger management. K7 mentioned that by recalling her own childhood, she began to understand her child's emotions from a more accepting perspective.

K4 admitted that she has not fully developed emotion regulation skills yet; she still experiences anger at times but noted that her awareness has increased and she strives to maintain calmness.

### **3. Discussion**

In this study, a 10-week Child–Parent Relationship Therapy (Filial Therapy) program was implemented by the researcher with mothers of children aged 3 to 8, in order to examine its effects on the mothers' communication with their children, as well as their levels of empathic tendency and emotion regulation.

Prior to and following the intervention, participants completed the Parent–Child Communication Scale. The pre-test and post-test scores were compared and analyzed. The analysis revealed a statistically significant increase in parent–child communication following the training, indicating that CPRT had a positive impact on the mothers' ability to communicate with their children.

When examining the subscales of the measure, significant improvements were observed in non-directive listening, sensitivity, and problem-solving dimensions. These findings suggest that mothers became more attentive and open listeners, more emotionally attuned to their children, and more effective in addressing problems. On the other hand, no statistically significant difference was found between pre- and post-test scores in the openness to sharing and respect–acceptance subscales, although score increases were observed in both areas. This may indicate that these particular skills require a longer intervention period to show significant development.

The findings of this study are consistent with previous research. For example, Bavin-Hoffman, Jennings, and Landreth (1996) reported positive developments in parent–child communication among parents who participated in CPRT. Similarly, studies conducted by Bratton and Landreth (1995), Yuen-Fan Chau and Landreth (1997), Costas and Landreth (1999), Glover and Landreth (2000), Bulut Ateş (2015), Öztekin (2017), and Genç (2023) have also indicated that CPRT positively influences parental levels of acceptance and empathy.

The absence of statistically significant differences in the respect–acceptance and openness to sharing subscales in the present study may suggest that these skills require a longer intervention period or follow-up sessions in order to become more deeply internalized. Nevertheless, the upward trend observed in both subscales indicates that CPRT initiates a holistic transformation in parent–child communication.

The Parental Emotion Regulation Scale was also administered to the mothers before and after the CPRT training. Although no statistically significant differences were found between pre-test and post-test scores across the three subscales, the direction of change in the scores is noteworthy. A decrease was observed in the avoidance of the child's emotions subscale, while increases were found in the engagement with the child's emotions and acceptance of both the child's and one's own emotions subscales. These trends suggest that CPRT initiates a process of increased awareness and gradual improvement in parents' emotion regulation skills.

The number of studies that directly examine the effects of CPRT on parents' emotion regulation skills remains quite limited. Therefore, the findings of the present study help fill a significant gap in the existing literature. One of the most recent studies by Hosseini and Ashori (2024), conducted with mothers of deaf children, found that parent–child relationship-based play therapy significantly improved mothers' emotion regulation skills and reduced their stress levels. This study provides timely and compelling evidence of CPRT's impact on emotional regulation, even among parents of children with special needs. Similarly, research by Kafescioğlu, Özer, and Çarkoğlu (2012) showed a decrease in emotional reactivity within the family following CPRT participation. Topham, Wampler, Titus, and Rolling (2011) further emphasized that parental stress and deficiencies in emotional regulation are key predictors of behavioral problems in children.

In the present study, the Empathic Tendency Scale was administered to the participating mothers before and after CPRT training. Statistical analyses revealed a significant increase in empathic tendencies following the intervention. This finding suggests that CPRT not only enhances parents' relational skills with their children but also strengthens their intrinsic capacity for empathy, helping them better recognize and respond to their children's emotional needs.

The results obtained in this study are largely consistent with previous research demonstrating the effectiveness of CPRT in enhancing empathy. In an experimental study conducted by Bratton and Landreth (1995) with control and intervention groups, it was found that parents who participated in Filial Therapy showed a statistically significant increase in their empathy levels compared to those in the control group. Similarly, studies conducted by Bulut Ateş (2015), Costas and Landreth (1999), Genç (2023), Öztekin (2017), and Yuen-Fan Chau and Landreth (1997) reported significant increases in empathy levels, empathetic understanding, and empathetic behaviors following CPRT. In this context, the findings of the present study align with both theoretical foundations and empirical evidence in the field.

When post-test and follow-up data were compared, no significant difference was found in parents' communication levels with their children. This suggests that the communication skills gained immediately after CPRT were maintained over a three-month period, indicating a short-term sustainability of the intervention's effects. Although studies investigating the long-term impacts of CPRT are relatively limited, the current findings are in line with the key outcomes reported by Bratton and Landreth (1995) and Costas and Landreth (1999), both of which highlighted CPRT's ability to produce lasting improvements in parent-child communication. In particular, Landreth and colleagues found that after ten weeks of Filial Therapy, parents became more responsive and respectful toward their children, and the communication skills they developed through the program remained stable over time.

The post-test and follow-up scores obtained from the Parental Emotion Regulation Scale administered to participating mothers were compared. The analysis revealed no statistically significant difference between the post-test and follow-up scores. However, the directional changes observed in the subscale scores offer important insights regarding the sustainability of therapeutic outcomes. The scale consists of three subdimensions: parental avoidance of the child's emotions, parental orientation to the child's emotions, and parental acceptance of both the child's and their own emotions. Based on the subscale analyses, CPRT appears to reduce emotional avoidance in the short term, though this effect partially regresses after three months. This may suggest that parents could revert to old emotional response patterns when faced with daily stressors. Similarly, CPRT appears effective in fostering parental orientation to the child's emotions in the short term, although this skill may weaken over time. In contrast, the acceptance of emotions shows a growing and lasting effect. Particularly, allowing space for both one's own and the child's emotions may have become an internalized skill, reinforced through empathic awareness.

Bulut Ateş (2015) and Genç (2023) reported that following CPRT, there were significant increases in parental acceptance levels, and that these effects persisted in follow-up assessments. In this context, the sustained improvement specifically observed in the "parental acceptance of both the child's and their own emotions" subscale aligns with the findings of these previous studies.

Post-test and follow-up scores obtained from the Empathic Tendency Scale administered to the participating mothers were compared. The analysis revealed no statistically significant difference between the post-test and follow-up scores. These results indicate that the improvements in empathic tendency observed after CPRT were not statistically maintained during the follow-up period. However, it is noteworthy that the comparison between pre-test and post-test scores revealed a statistically significant increase in empathic tendency. This suggests that while the short-term effects of the therapy were strong, its impact appeared to diminish over time.

The findings of this study differ partially from some of the existing literature. For instance, Bulut Ateş (2015) and Genç (2023) found that the increase in empathy levels observed in parents following CPRT was sustained during follow-up assessments. In contrast, the present study showed a clear improvement in empathic tendency compared to baseline, but this progress was not maintained over time. Such discrepancies may be attributed to variables such as continuity of practice, availability of social support, and parental motivation.

In the qualitative part of this study, data obtained from in-depth interviews with mothers who participated in the CPRT program were analyzed with content analysis. Findings were grouped under four main themes: perceptions of CPRT, gains after CPRT, contributions of CPRT to communication skills, and contributions of CPRT to emotion regulation skills.

Under the theme of perceptions of CPRT, the majority of mothers expressed that the program improved their relationships with their children and helped them better understand their children. Participants particularly noted that they realized play is the child's language, that they became better at reading emotions through reflective responses, and that they received support in setting boundaries. However, some mothers made suggestions regarding the training content, stating that more practice in areas such as offering choices and observing games could be beneficial. This finding is consistent with the findings of Akgün and Yeşilyaprak (2010).

When the gains after CPRT were examined, it was stated that mothers experienced multifaceted positive changes in themselves, their children, and the mother-child relationship. Mothers stated that they became more patient and mindful parents, experienced improvement in anger management, and approached their children with more understanding. From the children's perspective, positive behavioral changes such as expressing their emotions more comfortably, being calmer, and accepting boundaries have been reported. These findings are similar to the results presented in the studies by Bulut Ateş and Akbaş (2021) and Stover and Guerney (1967).

In terms of the mother-child relationship, gains such as an increase in the quality of time spent together, strengthened communication, and deeper bonding have come to the fore. Similarly, studies by Akgün and Yeşilyaprak (2010) and Bulut Ateş and Akbaş (2021) highlight the positive effects of CPRT on the mother-child relationship.

In terms of contributing to communication skills, mothers reported that they listened to their children better, were more empathetic and sensitive during communication, and that their children were able to express themselves more comfortably. These results are consistent with studies such as Bratton and Landreth (1995), which show that CPRT develops empathic understanding and reflective communication skills.

In terms of contributing to emotional regulation skills, mothers experienced positive changes in anger management, emotional focus, and acceptance of the transient nature of emotions. These changes were also reflected in their children, who were reported to express their emotions more freely, cry less, and show more emotional regulation. Participants illustrated their progress in emotional regulation with the metaphors such as "being a thermostat, not a thermometer." These findings provide a unique contribution to the literature, especially given the limited number of studies directly examining CPRT's effects on emotion regulation. Furthermore, gains in accepting children's emotions are consistent with increased parental acceptance levels reported in studies by Bulut Ateş (2015) and Genç (2023).

Overall, qualitative findings show that CPRT offers a holistic structure that goes beyond teaching parents how to play with their children; it also increases parents' self-awareness and develops their emotional and relational skills.

## Conclusion

In this study, the effect of the Child Parent Relationship Therapy (CPRT) program applied to mothers with children aged 3–10 on their communication with their children, empathic tendencies, and emotion regulation skills was examined using quantitative and qualitative methods.

Quantitative findings show that CPRT significantly improves parent-child communication and empathic tendencies; although it has no statistically significant effect on emotion regulation, it shows signs of positive change. In particular, it was observed that communication continued to improve after three months, while empathy levels decreased slightly over time. The lack of significant changes in the emotion regulation subscales may be related to the limited sample size.

Qualitative findings revealed that mothers became calmer, more patient, empathetic, and accepting parents after the therapy. They reported positive behavioral and emotional changes in their children, strengthened bonds in the parent-child relationship, and improved communication.

Overall, CPRT appears to enhance parenting skills, boost parental self-confidence, and foster healthier relationships with their children. Moreover, these skills seem to extend beyond the target child to other family members, suggesting potential long-term societal impacts.

In conclusion, this study not only highlights the multifaceted contributions of CPRT to parenting processes but also enriches the limited literature on emotion regulation with qualitative data, providing a foundation for future research.

When evaluating the findings of the present study, the following recommendations are proposed to guide future research:

- This study employed an experimental design with an experimental group using pre-test, post-test, and follow-up measurements. Future studies could incorporate control and placebo groups in their experimental designs to further strengthen the research.
- Conducting studies with sample groups drawn from diverse populations could contribute to the literature by exploring variations in outcomes.
- In future studies, data could be collected using different scales for the emotion regulation variable, allowing for comparisons of the obtained data and yielding more robust results.
- The sample size in future studies could be increased to ensure more statistically significant findings.
- The study could be redesigned to include sessions in which both parents, rather than just one participate. This would allow for investigation into whether there are differences in family communication and interaction.
- The Filial Therapy application could be compared with other parenting programs to assess the effectiveness of different experimental interventions.
- To ensure the sustainability of skills learned during therapy, it is recommended that structured play sessions continue regularly, and awareness of children's emotions be maintained in daily life.
- Filial Therapy (CPRT)-based parent education programs could be implemented in family counseling centers, guidance and research centers, or community education programs, contributing to the expansion of preventive mental health services.

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