

# Filial Therapy: What Every Play Therapist Should Know

## Part One of a Series

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In the 54 years since Dr. Bernard Guerney walked onto the back porch of his home and suggested the idea of Filial Therapy to his wife, Dr. Louise Guerney, the method has been refined, researched, and disseminated throughout the world. Because the concept was far ahead of its time, it was met with

initial criticism. Critics could not quite imagine that parents would be capable of making a difference in their children's

lives this way, especially because the prevailing view was that parents were the cause of all the child's problems. The Guerneys and their colleagues answered those criticisms by doing research—research that clearly showed that parents were capable of learning to conduct the special play sessions and research that clearly showed that this method led to lasting improvements for children and their families.

It is perhaps only in the past 20 years that Filial Therapy has gained a strong foothold in the professional community, and just in the past decade that international interest in this effective form of family therapy has grown rapidly. As is often the case when a therapeutic method gains popularity, there grows with it misunderstanding and misapplication. People with insufficient training or partial understanding of the method try it, often without good results, and others claim it for their own while changing its essential nature. Others obtain training but little or no supervision, and once again, the strength of the method can be diluted, or its use is never expanded to its full potential.

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In the history of psychology, this phenomenon can be observed many times, and I have seen it affecting the practice of Filial Therapy. I am excited that so many of my colleagues throughout the world have embraced Filial Therapy and found it to be as powerful as I always have, but I am also concerned that there are so many misunderstandings about what Filial Therapy really is and isn't. Most often, people underestimate its strength and applicability, limiting its use to cooperative or motivated families. I learned Filial Therapy from both Bernie and Louise Guerney 30+ years ago, and I still marvel at the theoretical and practical brilliance of their conceptualisation of the method. The Guerneys played a role in the refinement of the method throughout their careers and even into their retirement and this evolution of the approach is also misunderstood by some. Because of the flexibility that was built into Filial Therapy from the beginning, I have found very little need to "tinker" with it, despite using it with a

trained child and family professionals in Filial Therapy and has been conducting multiple training programs in the UK each year since 2002. She is a past-president/board chair of the Association for Play Therapy in the U.S. and founder of the International Collaborative on Play Therapy.

vast range of families and problems, including very severe ones. Since so many Play Therapists, Family Therapists, and other clinicians have seen

the value of Filial Therapy, whilst there are others who have not, I thought a series of articles detailing its foundations, methods, and adaptations would be helpful at this time.

### What Is Filial Therapy?

Filial Therapy is a form of family therapy. It is based on a psycho-educational model, not a medical model, of service delivery. It harnesses the power of Play Therapy. It empowers children, parents, and families. It changes children. It changes parents. It changes the family.

The term "filial therapy" derives from the Latin filios or filias, meaning sons or daughters. Loosely translated, it means parent-child. As Filial Therapy evolved, the Guerneys and others tried to find more user-friendly terms for it, but the name Filial Therapy has stuck. In 2003, Louise Guerney (personal communication) asked that the term be capitalised when referring specifically to the Guerney model of conducting Filial Therapy (FT), and that the

lower case "filial therapy" or other terminology be used to refer to significant variations from the original approach. I am honoring that request in this article as I have in most of my recent writings.

FT refers to a theoretically integrative form of therapy in which therapists train and supervise parents or carers as they conduct special non-directive play sessions with their own children. The therapist provides feedback to the parents or carers to help them develop their competence and confidence, and the therapist considers parents to be full partners in the therapeutic process. The therapist also discusses children's play themes with parents and helps parents understand their children's motivations, feelings, intentions, and behaviors in context. As parents attain solid skills in conducting and understanding their play sessions, the therapist assists as they shift the play sessions to the home environment. The therapist continues to monitor the play sessions with weekly or bi-weekly meetings with the parents. As problems begin to resolve, the therapist helps the parents generalise what they have learned to everyday life and parenting situations. FT is considered a time-limited intervention, and it typically requires 17 to 20 one-hour sessions for moderately difficult problems.

FT was initially developed as group family therapy and is still conducted that way today when feasible. The length of family therapy-oriented groups has shrunk from 9 to 12 months in the very early days of FT to 16 to 24 weeks now. There are several group formats that are even shorter than this that I will review later in the series. FT easily can be used with individual families, and it can be applied for both prevention work as well as an intervention for seriously distressed children and families.

### Theoretical Integration

The heart and soul of any form of therapy depends on the theories and assumptions behind it. To truly understand an intervention, one must understand its foundations. Even I have been remiss in covering this information too quickly or too superficially in my writings and trainings. Now seems a good time to revisit the theories and principles underlying the practice of FT.

When Bernie Guerney began detailing his idea of having parents conduct non-directive play sessions with their own children under the supervision of a therapist, he pulled what he thought were the strongest aspects of several theories of human psychology (personal communication). FT represents

a true synthesis of features of psychodynamic, humanistic, interpersonal, behavioral, developmental, cognitive, and family systems theories. The contributions of these theories for children and parents in FT are described briefly below and in greater detail in VanFleet (2009) and Ginsberg (2003), and Cavedo and B.G. Guerney (1999).

**Psychodynamic.** From psychodynamic theory, FT pulls a recognition of the importance of the unconscious and of defence mechanisms and highlights the role of self-understanding for growth. Catharsis offers release and healing, while Adlerian psychology emphasizes the need for goals, mastery, and social interest. It is assumed that children's play during FT reveals their inner worlds, including their anxieties and their hopes. Their play is symbolic and meaningful. From the parents' perspective, children's play themes reflect matters of family dynamics. Children's play within the safety of the FT sessions helps parents see dynamic issues, not only for the child, but for themselves and the entire family. The therapist helps the parents work through these insights so that families can reach goals that yield better adjustment for all family members and the family as a whole.

**Humanistic.** FT applies humanistic, and specifically, Rogerian, theory amply throughout its process. FT aims to enhance each family member's self-concept through the use of acceptance, genuine respect, and empathy. Children receive positive regard from their parents during the nondirective, child-centred play sessions. Parents learn to provide genuine acceptance and empathy for the children's feelings, thoughts, and motives. It is a key feature of FT that therapists provide this same type of safe and accepting environment for the parents, using empathy to convey understanding of parents' feelings, thoughts, and desires. Deep empathy is essential for the effective engagement of parents in the process, and it helps parents make the sometimes difficult but necessary changes for a more satisfying family life. FT represents a chain of empathy, giving to parents the same acceptance the therapist helps them provide for their children and each other.

**Behavioural.** FT employs principles and methods from behaviourism and learning theory, including the use of teaching methods that ensure success. There are behavioural components within the play sessions for children, where the structuring and limit-setting skills add security, boundaries, and clear consequences to eliminate unwanted child behaviours. Parents learn a balanced approach to parenting. Therapists use reinforcement, shaping,

and vicarious learning to help parents to master new skills and behaviours for use with their children. The parent training process heavily depends on behaviour and learning principles.

**Interpersonal.** FT is based on the premise that individual behaviour is largely influenced by interpersonal experiences. Sullivan's (1947) circumplex model of interpersonal theory suggests that people's actions are closely associated with other people's reactions. FT seeks to alter the rather automatic action-reaction pairs that are common in the parent-child relationship by bringing them to awareness and selecting different ways of acting or reacting to circumstances or each other. Furthermore, incorporation of interpersonal theory suggests that attention to the reciprocal nature of parent-child relationships during play sessions helps both parent and child take responsibility for changes, resulting in more satisfying family relationships overall.

**Cognitive.** Cognitive therapy is based on the idea that what we think affects how we feel and how we behave. In FT, non-directive play sessions help children change the way they think about themselves, others, and the world. They can move from viewing themselves as victims to having a sense of personal power and self-efficacy. Much of this occurs during the play sessions as the children work through various feelings and try on new roles in their imaginations. Therapists also help parents think differently about their children and themselves. When parents react to dynamic issues that arise during the parent-child play sessions, therapists help them sort out their thoughts and help them reframe their understanding of the situation. For example, many parents start therapy thinking that their children are deliberately trying to anger them, but they often leave FT without this attitude, having replaced it with a more compassionate understanding of how trauma or anxiety drives behaviour.

**Developmental/Attachment.** Children's feelings and behaviours are deeply influenced by their developmental levels and attachment experiences. Children's play during FT sessions often reflects developmental tasks relevant to them at the time, such as when a five-year-old endlessly pours water back and forth in a time warp tea party to suggest developmental mastery. Therapists help parents understand developmental features when they emerge in the play and help parents set realistic expectations or become more accepting as needed. Attachment issues also naturally occur, such as when a child from an enmeshed, insecure attachment

situation does not invite her mother to play any roles with her. The therapist often must reassure the mother that this is a good thing, that healthy attachment involves episodes of child exploration and independence followed by a return to the secure base. In this way, even parental attachment dilemmas can be addressed and modified. FT empowers all family members in such a way that they can shift to healthier attachment styles and ways of relating. Even severe problems associated with trauma and attachment disruption can be addressed successfully by a properly trained and experienced Filial Therapist.

**Family Systems.** From a theoretical perspective, the client in FT is not the child, nor is it the parent. The client is the relationship that exists between each parent and child and among all the family members. Whenever possible, all members of the family are included in FT because change affecting an individual or dyad within the family affects everyone. Although the play sessions are held with one parent and one child at a time, the entire family is involved in the process. Therapists using FT must attend to changes at all levels within the family system, as well as to the impact of broader systems within which the family is embedded, such as extended family, neighbourhood, school, work, and culture. The essential family therapy features of FT have been outlined elsewhere (VanFleet & Topham, 2011).

### **Psychoeducational Model.**

All of these theoretical contributions work together within FT primarily because it is based on a psycho-educational model that assumes that most problems arise for individuals and within families due to a lack of knowledge or skill. The family's repertoire of parenting or relationship tools is not sufficient to the stressor/s the family is facing. Psycho-educational interventions are designed to teach and supervise family members in applying the knowledge and skills that will help resolve their problems. This is a fundamentally different way of thinking about therapy than traditional approaches, and perhaps this is one reason that FT is sometimes misunderstood.

Early in its development, the Guerneys and their colleagues (Andronico, Fidler, Guerney, & Guerney, 1967) wrote about the didactic and dynamic aspects of FT. Louise Guerney (1997) discussed "the dual commitment to the forthright teaching of play sessions and simultaneous focus on the parents' feelings as players and on parents as

parents. ... In involving parents in this process, one is entering the potentially emotionally threatening world of the parent-child relationship--a world of feelings and attitudes and family dynamics that would require the same respect and understanding that parents were asked to provide for their children. It should be understood, however, that the task of working with the children is always given top priority and the parents' feelings and personal concerns never dominate. FT is not a circuitous route to providing client-centered personal or parental therapy to parents. The perspectives of parents are critical and require acceptance and understanding on the way to learning how to develop the competence to conduct an appropriate child-centered play session for the benefit of their children and their relationships with their children." (pp. 131-132)

Therapists who practice FT must be a clinician and an educator, developmental specialist and family therapist. A clear understanding of the theoretically integrative nature of the approach is essential for FT best practices.

In the second installment of this series on FT, the essential features of FT will be covered--those elements that distinguish FT from other interventions sometimes confused with it. Key variations and adaptations of FT will also be included, as well as their relative strengths and weaknesses. It is hoped that this review will help raise interest in FT and show how it can be implemented with many different types of problems and in a wide range of settings.

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### Violet Oaklander Gestalt Child Therapy Video [www.youtube.com](http://www.youtube.com)

Gestalt child therapist Violet Oaklander has a knack for getting her clients to speak honestly and reveal their difficult feelings. In this video link, you can watch Dr. Oaklander in an interview about her approach. The full 3-part video shows an actual counselling session with a 13-year old boy who has difficulties. There are other video links via this Youtube link which we think will be of interest

### An interesting one to watch?

#### Neil Morrissey – Care Home Kid

The actor Neil Morrissey (of 'Men Behaving Badly' fame) was removed from his birth parents to a Children's home in Stoke on Trent at the age of ten and comments "for many years I thought that I had been taken into care because of my behaviour. It was only recently that I saw my file and spoke to the social worker involved with my case and found that the truth was probably quite different". Follow his story in this two part documentary which screens on 7th & 14th April on BBC2 at 9pm