Filial Therapy: What Every Play Therapist Should Know

Part Two of a Series

Risë VanFleet, Ph.D., RPT-S

In Part 1 of this series, I explained my desire to supply accurate information about Filial Therapy (FT) for play therapists, as this effective and empirically supported method has garnered growing interest throughout the world.

I am frequently asked about various interventions or forms of therapy that bear a resemblance to Filial Therapy most often in the form of parent involvement and the use of play (such as Parent-Child Interaction Therapy, Theraplay, or others) , if the two approaches are pretty much the same. My reply usually is no, although they do have these two characteristics in common.

At other times, I have heard statements about Filial Therapy that simply are not true. I consider these "growing pains" for a form of therapy that was created far ahead of its time in the 1960s. Also in Part 1, I described the contributions of various psychological and developmental theories that are woven into the fabric of FT. I have yet to learn of a form of therapy that more artfully integrates the relative strengths of so many theoretical orientations.

Risë VanFleet, PhD, RPT-S, Psychologist and Play therapist, is well-known internationally for her books, articles, DVDs, and training programmes on Play Therapy, Filial Therapy, and Animal Assisted Play Therapy. For over 30 years she has disseminated information and trained child and family professionals in Filial Therapy and has been conducting multiple training programmes 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.

In this article, I want to explore the essential features of FT that make it unique. It is the combination of these qualities, drawn from the contributing theories, that defines FT as a distinct form of family therapy and play therapy. These features can certainly be found individually or in smaller combinations in other interventions, but it is the presence of all of them that defines FT as the Guerneys originally developed it. Other formats of FT sometimes omit one or two of these features but are still considered part of the family of FT because they include most of them and have altered their stated objectives or scope accordingly. In the third article of this series, I will review the various adaptations of FT, the types of problems and clients for which FT has been applied, and the growing body of research supporting it.

Essential Features of Filial Therapy

The Client is the Relationship, Not the Individual

Current systems of care often emphasise the identification of a single client, and that frequently is the child. Often, parents come to therapy, or are referred for help, because of the behaviour of a child. More often, the real root of the problem is something within the family dynamic--marital tension, illness or death in the family, poor parenting practices, or maltreatment. Rarely do problems arise solely from the child. Even problems that are centred within the child, such as ADHD with its biological underpinnings, influence the entire family and psychosocial problems once again reflect the functioning of the family system.

For example, when six year old Sally was diagnosed with diabetes, her parents did everything possible to ensure good medical care. Sally resisted the insulin injections and the finger pricks for blood glucose testing that were necessary several times each day for good diabetic control. Sally also began sneaking low-lying candies and sweets into her room for later consumption. Her parents, worried, began constant supervision leading to major rebellion. They brought Sally to treatment because of her temper tantrums. Was Sally the source of the problem? Probably not--diabetes is a complicated and serious disease that causes changes for all family members and Sally's parents had shifted their parenting approach to ensure her health. All of them needed help finding equilibrium again.

In FT, therapists do not view the child as their

primary client. Neither do they focus on the parent as the client. It is the relationship between parent and child that becomes the client. Therapy is applied to strengthen that relationship and to resolve weaknesses that threaten that relationship. From a pragmatic point of view, therapists sometimes must identify a single client for payment or reporting purposes, so a parent or child might be listed as "the client," but foremost in therapists' minds and guiding all decisions must be a focus on relationships.

Empathy Is Essential for Growth and Change

In FT, empathy plays a prominent role on several levels. Therapists who wish to practice FT must be highly skilled in providing empathy to adults and children alike. They provide genuineness and acceptance as shown through their empathic listening abilities. Filial therapists provide empathy at the parent level by truly trying to see things through parents' eyes without judgment. They empathically listen to the deepest levels of parent feelings and concerns, and they convey acceptance of these at the deepest levels possible. This does not mean that they accept or approve of parents' prior bad acts, but they accept the parents' underlying emotions, motivations, and hopes. A therapist would never condone a parent's use of spanking or hurting a child, but their focus is on the parent's frustration or rage that fuelled that behaviour. Deep understanding of parent feelings typically results in more engagement in the therapeutic process, enhancing the potential for positive parent change. Empathic listening with parents is not a simple restatement of their thoughts and feelings; rather, it is a commitment to understanding parent feelings at the deepest level possible. An example would be if a parent asserted, "Sometimes I just can't stand that kid. He's hateful!" A response such as "You're upset with him" would be considered empathic, but it fails to reflect the intensity of the parent's feelings. A deeper empathic response would be, "You're furious with him and feel at the end of your rope! " In FT, therapists use empathy and acceptance with parents throughout the process.

At the child level, filial therapists must first become proficient in non-directive play therapy (NDPT). They typically provide demonstrations of NDPT with the family's children while parents observe. Filial therapists also must be able to reflect children's feelings at the deepest level. They recognise that surface behaviours, such as aggression or oppositional behaviours, comprise more fundamental feelings and motivations beneath the surface, such as fear and anxiety respectively and they know how to respond empathically to all levels to convey true acceptance. Therapists also know what to expect in NDPT and how to recognise and interpret play themes within developmental and psychosocial contexts. In essence, they must practice what they preach.

Finally, the parent-child play sessions throughout the FT process remain non-directive in nature. Parents do not switch to more directive behaviours such as positive reinforcement at any point during the play sessions, as this represents a fundamental shift away from the empathy and acceptance considered critical for relationship-building and parent-child change. While therapists can help parents use skills such as positive reinforcement and parent messages in daily life, this is never brought into the play sessions.

The use of empathic listening in FT belies an essential belief that people--children and adults--will move in the direction of psycho-social health when an atmosphere of safety and acceptance is created for them. In many ways, empathy is the cornerstone of the FT model because it defines so much of the therapist-family and the parent-child relationships.

The Entire Family Is Involved Whenever Possible

FT was conceived as family therapy, although family psychology was first being articulated at approximately the same time. This means that all of the relationships within the family are of importance to filial therapists. Therapists encourage both parents to participate in the process and to observe each other's play sessions and feedback. They learn vicariously from this. It is common to hear one parent use some of the same phrases and reflections they heard the other parent use in a previous play session. Efforts are made to bring reluctant parents into FT, assuring them of the importance of their input and their value to their children. Because both parents or carers are learning the same balanced approach of empathy and limit setting, FT often brings parents with radically different parenting styles to a centre place. The disciplinarian learns also how to be understanding. The nurturing parent becomes firmer with limits. It is precisely because of this process that parents, from the earliest days of FT, have reported that their marriages seem to improve because they are more in tune with each other vis a vis parenting matters.

Therapists using FT also try to include all of the children in the process. For adolescents, this means the inclusion of "special times" instead of play

sessions as a means of providing undivided parental attention, understanding, structure, and enjoyment on a regular basis. For children between the ages of 2 and 12 (approximately), FT works best when they are all included in weekly or biweekly one-to-one play sessions with their parents. As noted earlier, the problems that bring families to therapy affect everyone in the family. ADHD challenges with one child can easily draw parental attention away from siblings who do not show problems. Divorce may result in one child acting out, while the quieter child is viewed as being "fine", when in actuality that child is quite depressed or anxious. True to its family systems roots, FT advocates that all children be included somehow. Ideally, this would be from the start of therapy, but because of limitations current models of service delivery sometimes require therapists to become creative in the inclusion of all the children.

It is quite common in FT for parents to be more challenged during the play sessions by the child they originally said did not need any assistance. In my experience, involving all the children pays dividends that strengthen the family as a whole. Parents seem to learn the skills much more quickly and solidly when they hold them with each of their children. Perhaps holding play sessions with different child personalities and issues strengthens parents' use of the skills, just as experience with more than one child enhances a therapist's competence and effectiveness. I have noticed that parents who have difficulty with one child during play sessions (for example, having to set lots of limits) take heart from their play sessions with their other children where it is more obvious to them (parents) that they are learning and doing well.

A Psycho-educational Training Model Is Used with Parents

FT uses a training model for parents that has been shown to lead to successful acquisition of the necessary skills. The model entails four elements: (1) explanation, (2) demonstration, (3) skills practice and (4) individualised feedback. Therapists explain the rationale and methods of each skill taught to parents. They demonstrate those skills at work through live demonstrations of non-directive play sessions with the family's children and/or use of videotaped demonstrations. By far, the live demonstrations seem to engage parents most quickly. Discussions afterwards help parents process their observations, questions, and doubts about the process and its relevance to their family.

Therapists train parents through the use of skills practice, including tried-and-true behavioural and learning methods. Initially this takes the form of mock play sessions in which the therapist role-plays a child while the parent uses the play session skills. The therapist can match the level of difficulty of the child they role-play to the parent's current ability, gradually increasing the challenge until the parent is fully trained. Therapists' use of in-the-moment encouragement applies the behavioural shaping principle to give parents immediate feedback on their efforts, reducing anxiety and assisting the learning process. This ingenious training method helps parents learn to use the skills rather quickly.

After each mock play session, the therapist provides more detailed feedback, the majority of which focuses on what the parent did well, adding just one or two things for the parent to try to improve the next time. This individualised feedback, done in such a supportive manner, helps parents learn rapidly and thoroughly by creating a supportive and collaborative climate. Parents are given ample opportunity to discuss their own feelings in order to clear out misconceptions, to eliminate obstacles to progress, and to give them "ownership" of their own learning. This same process is applied after parents start their play sessions with their own children, as noted in the next section.

Therapists Provide Live Supervision of Parents' Early Filial Play Sessions

A key feature of FT is to create the circumstances through which parents are successful. One of the problems of traditional parenting skills programmes is that parents briefly learn about a new skill, such as listening, and are then expected to use it at home. It is not uncommon for parents to return to the next session saying, "I tried it and it didn't work." It is tempting to think this response is due to lack of parent motivation, but I would suggest otherwise. It is more likely to be the result of a parent trying to implement a skill they have not mastered in a very complex environment--daily life. FT bypasses this difficulty by asking parents to refrain from using the skills in daily life until they have mastered them during the play sessions. Filial therapists then observe parents' first four to six play sessions directly, often by sitting unobtrusively in the corner of the playroom. This gives the therapist the three-dimensional vantage point to see the full sessions and the nuances that always attend. It also offers parents tacit support as they begin to apply their new learning with their children.

After the half-hour play session, the children are excused to a safe childcare location, and the therapist goes through the feedback process used

during the training phase. Parents are first invited to reflect on their own use of the skills: "What was easy for you?" "What was difficult?" Therapist empathy is followed by skills feedback, again providing mostly positive reinforcement about specific behaviours and offering just one or two suggestions for improvement: "Connie, when you kept describing what your daughter was feeding all of her dolls--the lettuce and the tomatoes and the carrots--you were doing such a nice job reflecting the content of her play! Next time, if you can bring out her feelings a bit more, that would be great, such as 'You think it's funny that they have to eat all those veggies.' ".

After four to six sessions of live supervision, parents have typically developed their competence and confidence to a point where they can begin their home sessions. The therapist provides indirect supervision of these, based upon parent reports and/or home videos.

The Process Is Truly Collaborative

In every way possible, filial therapists involve parents as partners in the therapeutic process. It is a misconception, however, that FT teaches parents to become therapists. The filial therapist remains responsible for the therapy throughout the process, while parents simply learn a set of play session skills that, when eventually generalised from the play sessions to daily living, have been shown to improve parenting practices significantly. (I will report on some exciting new research relevant to this in the final article in this series). It is the therapist's responsibility to monitor and manage the therapeutic process in its many complexities. With that said, filial therapists welcome and encourage parent input at every step of the way. What parents think, feel, and say matters--a lot. Whether they are reflecting on their own play sessions or trying to determine the possible meanings of their children's play, parents' views are elicited and discussed first, with the therapist adding his or her own ideas afterwards. Therapists consider and use parents' perceptions, realising that parents know the child's context much better than they and that parent contributions to understanding the child may have more weight because of this. The relationship between a therapist and a parent during FT is one that looks decidedly collegial: sharing of ideas, listening, collaboratively deciding on options, mutual respect and laughter. Metaphorically, it is the difference between sitting side by side (or around an open circle, for groups) discussing an issue of mutual concern or sitting across a desk or table doing the same. The climate of FT is definitively an open, side by side type of approach.

Essential Features and Adaptations of FT

FT is most truly FT when the essential features outlined here are in place. There are times, however, when families' needs, the organisation of the care system, or funding issues are such that the approach must be adapted, with some aspects altered. The key is to know what FT is really all about so that one is in a better position to determine whether a particular method retains sufficient features to be considered FT. In the third article of this series, I will discuss some of the most useful adaptations of FT in light of these essential features, including a review of accumulated and new research that has appeared in refereed journals or critically reviewed books and reports.