

# Filial Therapy: What Every Play Therapist Should Know

Part Three of a Series

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In Part 1 of this series, I discussed Filial Therapy (FT) as a form of family therapy and reviewed the comprehensive integration of a variety of psychological theories into this powerful, empirically-based approach to helping children and families. My aim was to clarify misunderstandings and misstatements about FT that have become more frequent as its popularity as an intervention has risen in the U.S., the U.K., and throughout the world. In Part 2, I discussed the essential features of FT, as originally conceptualised by its founders, Drs. Bernard and Louise Guerney, and practised by many for over 50 years. In Part 3, I close the series by discussing various formats for delivering FT to children and families, adaptations of the method that can be useful, a summary of the research findings, and a brief description of the applicability

of FT to a wide range of problems.

As noted in Part 2, the original, full family therapy form of FT is flexible, and as such, has

been used with many different presenting problems and in a variety of settings and circumstances. To be assured of the most effective and long-lasting family systems results, it is important to maintain as many of the essential features of FT as possible, and preferably all of them. Nevertheless, today's economic climate coupled with changing philosophies of mental health service delivery result in situations where some of the essential features sometimes must be omitted if FT is to be offered at all. While working in community mental health in the U.S. (similar to CAMHS) and in private practice, I usually have been able to conduct FT according to the original Guerney model including all of the essentials, but there are times when creativity was needed or funding or time constraints meant that something "had to give." The

key when altering such a powerful family intervention as FT is to be thoughtful when doing so—to think through exactly what is gained and what is lost when one or more of the essential features cannot be included. It is hoped that Part 2 of this series provides information useful to that treatment planning process.

Several different formats of FT have arisen through the years and have demonstrated their value in meeting specific child and family goals. In the section below, I start with a description of the original model and follow that with several adaptations that have been developed, along with references and resources for them.

## Original Guerney Filial Therapy Model

This section outlines FT methods that are closely aligned with the original Guerney approach, with few changes and the essential features/principles of FT intact.

**Guerney Group Filial Therapy.** The Guerneys began researching FT in its earliest days, and they used that research to improve the method. By the time I learned it in the early 1980s, it had been transformed

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into the robust, flexible model it remains today. The Guerney FT model has been used both for prevention as well as intervention

with very serious problems, and it can be delivered in groups as well as with individual families. Groups have the advantage of social support, vicarious learning as parents watch each other's sessions, and efficiency in terms of service delivery. The Guerney model also provides considerable time for parents to have individualised skill practice with therapist feedback, live supervision of four to six play sessions as parents master the process, and sufficient time to process the play themes and myriad family dynamics issues that the play sessions inevitably reveal. The primary disadvantage is the longer time period typically required for groups employing the original FT model. Today, Guerney FT groups typically run for two hours each, serve six to eight families at a time (depending on the total number of children involved),

and span 18-24 sessions. Most of the research on the long-term gains of FT have been conducted on this model. Louise Guernsey and Virginia Ryan will soon be publishing a manual, *Group Filial Therapy*, outlining this method which includes all of the essential features of FT in a 20 week programme (Guernsey & Ryan, expected 2012). Groups conducted with this model are typically very effective in producing long-term change for children, parents, and families, and would be my preferred mode of FT when possible. The forthcoming Guernsey & Ryan book will be an important addition to every FT therapist's library.

***Filial Therapy with Individual Families.*** My own books, manuals, DVDs, and training s are focused primarily on the implementation of FT with one family at a time (e.g., VanFleet, 2005, 2006, 2011). This approach retains all of the essential features of FT, remains nearly identical to the original Guernsey model as I learned it from both Bernie and Louise, and can be easily adapted to many different problems and situations, including independent practice, agency work, home-based intervention, schools, hospitals, and other settings. The approach includes 15-20 one-hour sessions with families experiencing mild to severe problems, with the ability to include all children within the family and to expand or contract the number of sessions depending on the family's needs. It is designed specifically as a form of family therapy.

Ginsberg (1997) has also written about an individual family model of FT and how that works in conjunction with the Guerneys' Relationship Enhancement® family of interventions. VanFleet, Sywulak, & Sniscak (2010) devote several segments of their book to FT and other work with parents, and the *Casebook of Filial Therapy* (VanFleet & Guernsey, 2003) includes half of its chapters based on the original Guernsey model and how FT is applied with trauma, attachment problems, medical illness, oppositional defiant disorder, adolescent parents, and many others.

***The VanFleet-Sniscak FT Group Format for Foster and Adoptive Families*** (VanFleet & Sniscak, expected 2012) uses an 18-week group FT model with parents of children with serious trauma and attachment problems. This programme for foster carers and adoptive parents is also applicable to other highly challenging child/family problems. It closely resembles the Guernsey Group FT, with additional components that specifically address the trauma and attachment issues within the family system. It includes a foster-to-adopt transition model that involves the collaborative use of FT with foster carers during placement and with adoptive parents early in

the adoption process. It retains all of the essential features of FT.

### Other Filial Therapy Formats and Adaptations

It is expected that, as the number of fully trained FT practitioners grows, additional adaptations of the method will arise. At present, there are several formats that have been developed and studied. For these, one or more of the essential features of FT have been omitted, but the goals of these programmes vary to some extent from the full family therapy goals of the original Guernsey model. Due to space limitations, only parent-child formats are described here, but it should be noted that there are several excellent FT adaptations made for teachers, paraprofessionals, and others (please contact me for more details).

***Child-Parent Relationship Therapy (CPRT).*** Landreth and Bratton (2006) have established a strong foundation for their 10-week group programme based on FT. This format provides a viable alternative with a parent education programme flavour. In order to reduce the number of sessions, they have created an alternate route for training parents, reduced the amount of supervision of parents' filial play sessions, and limited the play sessions to one parent and one child rather than all of the children, but their manualised approach has spawned considerable positive research and offers strong advantages over other parent education models. Their emphasis on the skills and importance of empathy and acceptance through the use of play is invaluable in the development of effective child-rearing skills for parents. Considerable research on this method with many different presenting issues has shown significant parent gains. The *Casebook of Filial Therapy* (VanFleet & Guernsey, 2003) contains numerous chapters highlighting the CPRT approach as well. Practitioners of the CPRT method continue to add steadily to the growing literature on FT effectiveness.

***Wright-Walker Group FT for Head Start Families.*** Described in detail in the *Casebook of Filial Therapy*, this format uses two co-leaders for FT groups of approximately 10 parents. Because the families involved in their programme often have many needs, Catherine Wright and Jason Walker have provided transportation, meals, and toy-making opportunities to assist parents and encourage attendance. At the request of parents, the programme was expanded to a 13-week format, with the last session spaced a bit further from the others to assist with generalisation. One empowering adjustment they made was to enlist

the assistance of one or two parents from prior FT groups to demonstrate the play sessions for the new group. In the Wright-Walker format, the two group leaders meet with the entire group for information-giving and discussion, and then break into two smaller groups, each with a single leader, for actual skill practice and parent-child play sessions directly observed by the leader. Individual feedback is provided to each parent within the smaller groups. At the final session, the group watches a pre- and post-video of each parent's play sessions, and parent improvements are celebrated. In addition to the Casebook chapter, more information is available directly from Catherine Walker (contact me at Risevanfleet@aol.com for ways of reaching her).

### *Pernet-Caplin FT Format for Disadvantaged Families.*

Karen Pernet and Wendy Caplin (Pernet & Caplin, in progress) developed their 12-week FT format for disadvantaged families at the Children's Crisis Treatment Centre in Philadelphia. Sue McCann has also used their format as a major component for working with New Orleans families deeply affected by Hurricane Katrina. Developed independently, it has some similarities with the Wright-Walker format. Two leaders meet with the entire group for the didactic parts of FT, and then provide direct supervision to parents in smaller groups. To reduce the number of sessions overall while providing live observation and feedback to parents during their play sessions, Pernet & Caplin have decreased the supervised sessions from the usual thirty minutes to ten minutes each. Only when parents begin their home sessions do they increase them to thirty minutes. This keeps the play sessions manageable for families with multiple needs while providing direct parent skill development and support, and more informed discussion of the children's developing play themes. A leader's manual for the Pernet-Caplin format is nearing completion and is expected to be available in 2012 as well.

While other valuable formats of FT exist, and others are certain to be created, it is important that play therapists know how to evaluate them in terms of their allegiance to the Guerne FT model, as that continues to be the gold standard in FT. Consideration of the theories, principles, and essential features of FT outlined in this series is likely to provide a clearer picture of what is truly FT and what is not. The greater the number of theories and essential features that are included, the more congruent the approach is with the original family therapy conceptualisation and practice of FT.

## Research Highlights

From its inception in the late 1950s, FT has been researched. Controlled studies reported in refereed journals of the original Guerne model as well as the CPRT format have clearly demonstrated its efficacy, and a number of (U.S.) government-sponsored wait-list-control programme evaluations, subjects-as-own-controls studies, and case studies have illustrated its empowering impact and have established FT (as described herein) as an empirically-supported therapy. Key summaries of the FT research can be found in VanFleet, Ryan, and Smith (2005), and Bratton, Ray, Rhine, and Jones (2005). [Please contact me at Risevanfleet@aol.com for reprints, if needed.]. In general, the involvement of parents in play therapy, especially in FT, has been found to increase the effectiveness of therapy significantly. Children have consistently shown decreases in presenting problems as well as improved relationships with their parents. Parents have shown significant improvements in acceptance, parenting skills, and satisfaction, as well as decreases in parenting stress. Three- and five-year follow up studies of the Guerne FT model have shown that gains are maintained. An exciting preliminary study of 27 families (Topham, Wampler, Titus, & Rolling, 2011) has found that initial higher levels of parent distress and poorer child emotional regulation were predictive of greater reductions in behaviour problems after FT, and poorer initial parent emotional regulation was predictive of greater parental acceptance after FT. These results suggest that FT can be effective in changing the family relationships and dynamics in some of the most distressed families.

## Applications of FT

FT has long been used with a wide range of presenting problems in children and families in the U.S., the U.K., and beyond. Because it is a systemic, process-oriented, and psycho educational approach, it can be applied successfully to most child and family problems. FT has been used with children, their siblings, and parents facing chronic medical illness to help deal with issues of illness or treatment anxiety, skewed family attention patterns and dynamics, medical compliance issues, and to build a cohesive family system despite the many stresses of illness. FT is valuable in situations of trauma, grief, and loss. For example, FT was used with families experiencing traumatic grief after 9/11. Parents learned to be accepting of their children's play themes relating to their loss (through therapist empathy and skilful practice of how to respond), and the children frequently played out their perceptions, anger, and

sadness. Parents reported feeling empowered. They were able to *do something* to help their children through this devastating experience, and parents said that FT not only built their confidence in dealing with the family's traumatic loss, but helped them work through their own grief at the same time with the supportive containment of the FT therapist. FT has been used with a variety of behavioural problems that often have their roots in emotional or familial distress, such as divorce reactions, oppositional defiant disorder, domestic violence situations, or the residuals from maltreatment or attachment disruption. This approach is useful in conjunction with other interventions for attention deficits, especially when parent-child relationships are strained by the behavioural issues that arise. Anxious and perfectionistic children benefit from the freedom of the nondirective play sessions, and their parents (who often have some anxiety of their own) find similar release in the playful interactions that are common. Adoptive children often enact themes relating to birth, development, and family life with their new parents, something difficult to achieve to the same degree of intimacy in play sessions with a therapist. Parents in recovery with addiction problems can begin to rebuild the bridges with their children through FT. Military families have used FT to renegotiate their roles and relationships when the absent member returns.

FT also has tremendous multicultural applicability. Children all over the world play, and they play within their culture as well as the more specific family culture or events. FT, by virtue of its nondirective play sessions, permits this expression in a culturally relevant way. By involving the parents as true partners in the sessions, therapists gain invaluable information about the context of family life and cultural backdrop that helps everyone understand possible meanings of the child's play. Parents the world over want to build strong families, even though the precise organisation or practises of those families might differ. FT has been shown to strengthen families in fundamental ways. Perhaps because FT shows such respect for each person's and each family's uniqueness and engages parents so collaboratively in the entire process, international interest has been growing rapidly.

It is my hope that this series of articles has provided more detailed information about the true nature of FT and its power in transforming children and families. I welcome any questions or comments through my primary website, [www.play-therapy.com](http://www.play-therapy.com), or email, [Risevanfleet@aol.com](mailto:Risevanfleet@aol.com).

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