Psychotherapy Guidebook

Filial Therapy

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DEFINITION

Filial Therapy is a behavioral method of intervening in the psycho-social development of children under eleven years of age, using the parents as agents of change. Individually or in groups of six to eight, parents are taught to conduct nondirective play therapy sessions with the instruction and supervision of professionals.

HISTORY

Bernard Guerney, Jr., then Director of the Rutgers University Psychological Clinic, conceived of the approach in an effort to develop a more efficient, effective, and longer-lasting therapy for children and to extend the ability of professionals to help a greater number of families (Guerney, 1964). Filial Therapy was the first systematic, programmatic effort to utilize parents as therapists. Because of its innovative nature, the therapy was slowly and carefully developed by Guerney and his colleagues, Dr. Lillian Stover, Dr. Michael Andronico, and Dr. Louise Guerney. The first pilot groups were composed of parents unrelated to each other, each individual representing a

separate family, and were conducted by one of the above clinical psychologists. By 1970, successful experience with the method allowed the training of graduate students to utilize the method, and the parent groups to be composed of couples, singles, foster parents, etc., in any combination of convenience.

The most comprehensive study conducted on Filial Therapy was limited to mothers, since they are the most common participants. Findings on a study funded by the National Institute of Mental Health (Guerney and Stover, 1971) demonstrated that mothers successfully employ the skills of play therapists and that their children show significant gains on measures of psycho-social adjustment. More recent studies at The Pennsylvania State University indicate that the same kinds of gains are demonstrated in mixed-sex parent groups with student group leaders (Horner, 1974).

Again, because of the desire to exercise great caution with the method, children with the slightest hint of organic disorder were originally excluded. Currently, exclusions are made of only autistic and severely schizophrenic children. No parents are excluded except those who are actively suicidal or homicidal.

TECHNIQUE

Nondirective play sessions require the therapist to employ the

commonly accepted core-helping skills of empathy, genuineness, warmth, and unconditional positive regard (Axline, 1969). Generally, children are free to direct the activities of the session in any way they wish. However, limits are structured into the play sessions for a variety of therapeutic reasons. Thus, the play sessions provide both an unparalleled opportunity for self-expression and at the same time structure for the acceptance of responsibility for one's overt behavior.

Parents are taught the behavior of the play therapist by a group leader, or leaders, via demonstrations, role-playing, and practice with feedback. Parents observe all sessions with all children of the group, including children of the families other than the target children, who are also offered play sessions if they are within the approximate age range.

After attaining minimal proficiency as play therapists at the treatment site, parents begin conducting play sessions at home with each of their children, individually, once a week for one-half to three-quarters of an hour. Written reports are reviewed at the group meetings and feedback is provided. Demonstration sessions are scheduled at the treatment site approximately once a month in order to monitor the status of the children and possible "drift" in parent conduct in the sessions.

After six to twelve home sessions, depending on progress made, leaders

begin to direct attention to behavior of the children outside of the play sessions, and attempt to help parents relate differences in their behavior in play sessions to observed differences in child behavior. Finally, at the last stage, though play sessions continue, attention is turned almost entirely to adaptations of parental play therapy behavior for application in the real world. The skills of reinforcement and parent expression to children (all but eliminated from the play session) are added. While earlier groups typically lasted twelve to eighteen months, current groups cover the four phases outlined above in six to nine months. Most recently, a carefully controlled study has shown that there are highly significant gains in parental attitudes of acceptance and children's psychological adjustment within two months of treatment (Sywulak, 1977).

The play sessions then serve a dual function: the more traditional one of a therapeutic method for the children, but also as a laboratory for parents to acquire new behavioral skills, which can gradually be adapted for use in situations outside the playroom.

APPLICATIONS

Filial Therapy is of value in treating psycho-social adjustment problems, mild or severe, whether these are manifested as phobic, aggressive, withdrawn, anxious, or mixed behavioral problems.

Anticipated outcomes are the following: 1) reduction of symptoms in the children, 2) increased self-esteem and psycho-social competence of the children, 3) improved parent-child communication and cooperation, and 4) increased ability of the parents to be successful in their parental roles.

Any child-parent dyad or larger family grouping, for whom one or more of the above outcomes would be desirable, could be considered for Filial Therapy. Its major use so far has been for child therapy, but the method has been adapted successfully to serve a variety of other purposes: 1) a modified version, shortened with only home "special times" has been offered for preventive purposes. This has been used most extensively with foster and other substitute parents, 2) in smoothing over problems resulting from situational loss or acquisition of parents through divorce and remarriage, 3) teachers and other school staff, such as aides, have been employed for working with children requiring special attention in the school setting, and 4) child welfare workers have utilized it with low-functioning families.

For children beyond ten years of age, a special time, instead of the standard play session, is suggested; the parent preserves the same atmosphere as in the play session, but offers a greater range of activity choices to the child.