

Filial Therapy

Teaching Parents to be the Therapeutic Agent in the
Season of Telehealth

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- 1. Overview of Filial Therapy**
- 2. filial-ESQUE Telehealth adaptations**
- 3. Further training opportunities**

Filial Therapy: What is it?



- Parents are taught simplified non directive, therapeutic play therapy skills.
- Therapist supervises and parents facilitate a weekly play session with child.
- Parenting skills generalized from play to daily life.

The September 2019 edition of Play Therapy from the Association for Play Therapy magazine, says,

"A meta-analysis of all play therapy modalities for which research existed at the time (e.g., Bratton, Ray, Rhine, & Jones, 2005) demonstrated that

Filial Therapy was the single most effective form of play therapy."

HISTORY OF FILIAL THERAPY

FT was conceived and developed in the 1960s by Bernard and Louise Guerney.

Highly criticized. Guerneys responded with research.

Filial Therapy was originally conceived as a group model.

Garry Landreth has developed a modification of Filial called Child Parent Relationship Therapy (CPRT)

Rise VanFleet has passionately maintained the integrity of FT.



Theoretical Basis

Psychodynamic - Play is symbolic and meaningful.

Humanistic (Rogerian) - Acceptance, respect, empathy improve self-concept.

Behaviorism - Limit setting to create emotional and physical safety.

Interpersonal - The parent/child dynamic is often an misunderstood action/reaction.

Cognitive - What we think affects how we feel/behavior.

Developmental/Attachment - Developmental level and attachment style impact a child's play.

Family Systems - The FAMILY RELATIONSHIP is the client.

Psychoeducational - When we know better, we do better.

Core beliefs.

- Parents are the most important people in a child's life
- Parents know their child intimately
- Parents can provide the context for understanding child's play
- There is no need for child to develop a new relationship (i.e. with a therapist)
- FT strengthens family relationships directly and promotes the experience of attachment
- Change is easier when fun
- The skills and understandings carry over beyond therapy
- Parents are capable of learning to hold play sessions

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Are there families who should NOT do Filial?

YE

- CAPABILITY: A parent who cannot learn the basic 4 skills.
- PRESENCE: A parent who cannot give their child a minimum of 10 minutes of their undivided attention (individual assessment not diagnostic label).
- SAFETY: A parent who is a perpetrator of abuse and the non-offending parent who does not believe or is in denial about the child's report of abuse.
- PLAY BEHAVIORS: A child who cannot engage in imaginative play.

Child Centered Play Therapy skills

1. Structure
2. Reflect emotions/Track play
3. Imaginative Play
4. Limit Setting (ACT)

Classic treatment progression

Intake/Dev History

Family Play Observation

Live demonstration

Parent skill building
(1-2 sessions)

In office supervised
parent/child play
4-8 sessions

Transition home

Parents conduct
at-home play sessions

Parents meet with
therapist to discuss

Generalization

Discharge
(or transition to other
treatment model)

Parents are FULL PARTNERS

Parents feel supported, responsible AND empowered.

Client = the parent/child relationship, the family unit.

Focuses on goals for child AND parent.

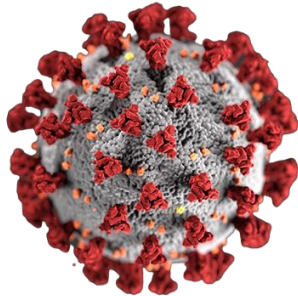
Feedback is 75% positive, 25% constructive



Telehealth transition

Families are spending a lot of time together, but it is stressed and split between work/school demands.

Since families CANNOT safely be in our playrooms, how do we help parents be successful at home?



Telehealth filial-ESQUE Treatment progression



Intake w/ parents
(send Filial intro packet)

Intake w/ Child and
parent /Fam observation
(Begin to model filial skills)

Parent skill building
(1-2 sessions)

Observed
parent/child play
4-8 sessions (at
home, therapist
via tele-health)

Unobserved parent/child
play sessions. (2-3 ssns)

Parent checkin/report w/
therapist via tele-health

Discuss at-home play
sessions (biweekly)

Discharge
(or transition to other
treatment model)



Thought exercise...

If you were to do a Filial play session with a child RIGHT NOW, in the room you're in...

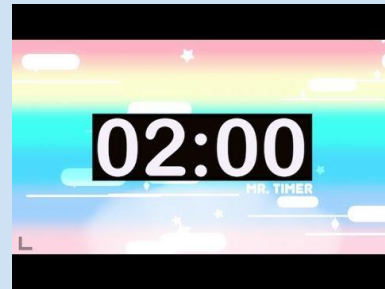
What would you need to move?

How might you structure the space/time?

What would be the safety issues? What limits MIGHT be necessary?

What toys (and toy gaps) would there be?

Where would you set the camera?



Full Filial Training Opportunities

NIRE - National Institute of Relational Enhancement - Dr. Guerney

Rise Van Fleet - Family Enhancement and Play Therapy Center

Risevanfleet.com (Books, trainings, DVDs, manuals, articles)

Karen Pernet - (Oakland, CA) growththroughplaytherapy.com

May 2021 In Person Training

Sharon Bryant (Chicago) flourishingfams.com

Feb 2021 ZOOM training

Practical Practices...

A global pandemic and forced telehealth is a reason to try new things!

1. Use in person containment with kids via telehealth. (Dyadic activities)
2. Teach parents child-centered play skills.
 - a. Increases parent buy-in.
 - b. Generalizes play skills to parenting skills.
 - c. ACT Limit Setting
3. Encourage "special play time" with parents and children.
 - a. 30 minutes of undivided attention
 - b. Child-led play
 - c. Ask parents to reflect on their experience of play (as a child, natural vs difficult)

Focus on the positive with parents!

References

Bratton, S., Ray, D., Rhine, T, & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of the outcome research. *Professional Psychology: Research and Practice*, 36, 375-390.

<http://evidencebasedchildtherapy.com/>

Pernet, K., <https://www.growththroughplaytherapy.com/>

Van Fleet, R. <https://www.risevanfleet.com/>