SPECIAL SECTION

FILIAL Therapy

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In 1964, Bernard G. Guerney, Jr. authored the first publication describing filial therapy (FT) and its rationale. Rooted in and developed as an extension of child-centered play therapy (CCPT; Axline, 1947), FT essentially is a psychoeducational approach to therapy that teaches parents the principles and techniques of CCPT. Parents learn to conduct therapeutically oriented play sessions with their own children under the supervision of the filial therapist. At the same time, parents are learning skills that enable them to better understand children's feelings, motivations, thoughts, and needs and more effectively respond to them at home.

Basic Tenets

FT represented a radical departure in therapeutic practice because it proposed involving parents directly in the therapy process with their children, an idea that many professionals regarded with profound skepticism. A significant part of Guerney's rationale for FT was his conviction that the medical model's emphasis on psychopathology, and in particular parental pathology as the purported source of the child's problems, was seriously misguided. Instead, Guerney's conviction was that (a) many parents simply lacked adequate parenting skills and (b) parents could be empowered to help their own children by teaching them CCPT skills, most importantly, the skills of following the child's lead, showing understanding through empathy, and limit setting. By teaching parents these skills in FT, parents would become the primary agents to achieve therapeutic goals by helping their children work through emotional challenges and/or behavioral issues. In this way, Guerney reasoned, FT would simultaneously leverage the natural parent-child bond to further therapeutic goals while strengthening the attachment between parent and child.

Suitable Populations for Filial Therapy

The most important factors regarding parent suitability for FT are the (1) level of motivation to participate in FT and strengthen the parent-child bond, (2) ability to regularly attend FT sessions and (3) willingness to carry out home sessions. Contraindications for parent inclusion in FT include: severe mental health and/or alcohol or drug dependency issues, significant cognitive limitations, extreme aggressive and/or unsociable behaviors, child endangerment issues, parental dissention around participation in FT (Guerney & Ryan, 2013).

The types of families and children that can benefit from FT include: families with difficult parent-child dynamics; children with depression or anxiety; children on the mild end of the autism spectrum disorders; children with mild cognitive deficits; children who have been adopted or fostered; children of divorce or remarriage; children with chronic or terminal illnesses; children who have experienced abuse or trauma, but currently are not in danger (Guerney & Ryan, 2013).

Contraindications for child inclusion in FT include: severe levels of unaddressed mental health issues, severe learning difficulties, psychoses, profound autism, high levels of aggression, or very serious attachment disorders (Guerney & Ryan, 2013).

Treatment Description

In its classic form, Guerney developed FT as a group therapy model in conjunction with his wife, Louise Guerney (Guerney & Ryan, 2013). Groups meet for 20 sessions for two hours, with a maximum of 10 parents and 10 children. (Adaptations of 10 to 12 sessions also exist.) Parents are brought together for the skills teaching component of the FT process. Then, each

week, one or more parent-child dyads engage in a FT session while the therapist and other parents observe through a one-way mirror. Under the therapist's guidance, the group processes that parent's experience in the FT session and provides supportive feedback. All parents learn from observing each other's individual FT sessions. Parents then are prepared to conduct play sessions at home. A video is available that illustrates the group FT model (L. Guerney, 1980).

Given the challenges of assembling groups of parents on a common schedule, FT has been adapted for implementation with individual families (e.g., VanFleet, 2013). Ortwein (1997) developed a manual that filial therapists can use to train families in FT skills.

Therapy Goals and Progress Measurement

The outcome goals of FT are to:

- Provide parents with an understanding of their children's feelings, motivations, needs, and behavior and how to respond appropriately with empathy and limit setting
- Improve the parent-child relationship
- Reduce problem behaviors in children through improved self-regulation
- Increase children's self-acceptance, positive emotions, self-esteem, and self confidence
- Enhance parenting skills involving empathy, attentiveness, encouragement, and effective implementation of parental authority via the recommended approach to limit setting

Because FT was such a departure from practices of the day, B. Guerney and colleagues conducted extensive research at Rutgers University under the auspices of a 5-year NIMH grant (1967-1971) on the efficacy of mothers conducting therapeutic play sessions with their children. In a preliminary study, Stover and B. Guerney (1967) demonstrated that parents could be trained to conduct CCPT to the requisite standards of effectiveness. Further extensive measurement of mother and child responses in FT sessions over that five-year period made clear that both mothers and children met therapeutic goals (Guerney & Stover, 1971). Children demonstrated a significant reduction in previously identified problems and an increase in self-regulation, while parents experienced a significant increase in their ability to relate to their children through empathy and to manage their children's behavior more effectively. The results of this comprehensive five-year study laid the foundation for the expanded use of FT, leading it to become widely used in the US and abroad with a wide variety of populations and therapeutic issues and in a variety of cultures internationally.

The Filial Problem Checklist (Stover, Guerney, & O'Connell, 1971) was the principle measurement instrument used for measuring pre-/post-changes in the NIMH study and in subsequent research on FT in clinical practice. It has uniformly demonstrated that parents perceive their children's behavior much more positively from pre-treatment to post-treatment and at three month intervals during treatment (e.g., Sywulak, 1979), and at three-year follow-up (e.g., Sensue, 1981). The Filial Problem Checklist remains a useful measurement instrument.

CLINICAL EDITOR'S COMMENTS:

Filial therapy is an historically significant approach to play therapy. Derived from child-centered play therapy, it was intentionally placed after CCPT in this issue.

> ***FT makes systematic use of family members as primary change agents. The vehicle of change is the therapeutically oriented process of play, which creates positive bonding experiences that strengthen attachment between parent and child.***

Powers of Play

FT makes systematic use of family members as primary change agents. The vehicle of change is the therapeutically oriented process of play, which creates positive bonding experiences that strengthen attachment between parent and child.

In addition, the summary NIMH report by B. Guerney and Stover (1971) showed that the process or mechanism of change was the parents' increased ability to employ acceptance and empathy, as well as allowing children to be self-directive during play sessions and employing effective limit setting to establish safety, emotional security, and respectful authority with and for their children.

The impact of these changes in parent behavior included "significant statistical changes in children over the weeks of therapy in ratings of affection, aggression, dependence, leadership, contact with their mothers, and role-playing" (Guerney & Ryan, 2013, p. 28). Moreover, Sywulak (1979) demonstrated that the positive changes in parent variables preceded and fostered positive changes in children's outcomes.

Conclusion

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, proving that B. Guerney was prescient that filial therapy would have a lasting and salutary effect on the practice of both family therapy and play therapy.

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