

Filial Therapy

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The Continuum of Child Therapy Interventions

OUTSIDE WORKING-IN INTERVENTIONS

These include interventions exterior to the child and/or not applied directly with the child initially; the emphasis is on changing the child's environment and people in it with the hope that this will change child's behavior/symptoms and eventually result in personality change:

- Parent Skills Training
- Parent Counseling
- Couples Therapy with Child's Parents
- Individual Psychotherapy with a Child's Parent

The Continuum of Child Therapy Interventions

INSIDE WORKING-OUT INTERVENTIONS

These include interventions that directly work with the dimensions of the child's personality structure and/or capacities of the child with the hope that this will eventually result in improvement in behavior and decrease in symptoms.

- Play Therapies
- Relaxation Training
- Cognitive Skills Training

The Continuum of Child Therapy Interventions

RELATIONSHIP FOCUSED INTERVENTIONS

These interventions focus directly on the parent-child relationship with the goal of building secure attachment and positive parent-child relationships with the goal of also decreasing the child's distress.

- Filial Therapy
- Theraplay
- Parent-Child Interaction Therapy
- Portions of multidimensional parenting skill training programs

Historical Context in the Development of Filial Therapy

I. Development of Client-Centered Therapy

Carl Rogers develops Client Centered Therapy as a 3rd voice in the field of psychotherapy as a corrective to deterministic and reductionistic models of psychoanalysis and behaviorism.

II. Virginia Axline Creates Child-Centered Play Therapy

Virginia Axline adapts Rogers' methodology for use as a play therapy model with children.

III. Recognition that the Need for Mental Health Services Exceeds Available Resources

Post-World War II saw an increasing need for mental health services as veterans returned home. Psychiatry and newly emerging field of clinical psychology seen as inadequate to meet the needs of U.S. citizens

IV. Emergence of the Community Psychology Movement

The community psychology movement develops in the U.S. Slogan of "We must learn how to give psychology away" sparks the idea of the use of trained paraprofessionals to deliver services.

Historical Context in the Development of Filial Therapy

V. Marital and Family Therapy Models are Developed

Since the 1910's when psychoanalysis had been developed, individual therapy was often the only form of psychotherapy that was predominant. Couples and families were mostly treated as a collection of individuals and seen separately, not together. In the late 1950's the first formal therapy models of marital and family therapy models were developed. This opened the field to viably involving multiple family members in treatment, including parent-child dyadic or family-level interventions.

VI. Unique Theoretical Contributions of Dr. Bernard Guerney, Jr. and Dr. Louise Guerney

- a. Parents should be seen as potentially the primary change agents in children's life
- b. The expert and pathology-based medical model for psychotherapy should be replaced with a collaborative educational model
- c. Development of skills-training approach to both couples, family, and parent-child interventions
- d. Integration of multiple theories in forming his new innovative therapies

The Goals of Filial Therapy

- ❖ Symptom of Reduction in Children
- ❖ Personality Change in Child
- ❖ Improved Parent-Child Relationship
- ❖ Improved Parenting Skills
- ❖ (Personality Change in Parent)

Why does CCPT work: The Gifts We Give Children

1. Awareness and understanding of their experiences, feelings, beliefs, desires, and hopes (mindfulness and greater sense of identity)
2. Ability to express their experiences, feelings, beliefs, desires, and hopes (emotional intelligence, communication skills)
3. Ability to self-regulate, develop self-control, and comply with limits (internal locus of control; basic sense of freedom)
4. Seeing themselves as good, valuable, lovable (good self-concept, self-esteem, awareness of basic dignity and goodness)

Why does CCPT work: The Gifts We Give Children

5. Seeing others as approachable, good, valuable, and lovable (desire for relationship with others; more secure attachment)
6. Developing a confidence in making choices (general sense of competency; higher experience of freedom)
7. Developing the capacity for empathy for others (ability to be self-giving; decrease in self-centeredness)
8. Developing the capacity for gratitude (sense of appreciation; general sense of well-being)

Why does CCPT work: The Gifts We Give Children

- 9. Developing the capacity for forgiveness (resiliency, ability to heal from past injuries)
- 10. Promote success in school and family life (immediate flourishing)
- 11. Promote success in one's committed relationships (marriage, parenthood), life work, and in living out one's values (future flourishing and rich meaningful life)

Session Guidelines for Single-Family Filial Family Therapy

INITIAL INTAKE

- **Interview with parents**, brief meeting with child, followed by recommendations
- **Explaining the Filial Therapy process**
- **Responding to parents' questions and concerns**
- Home assignment

Session Guidelines for Single-Family Filial Family Therapy

BASIC SKILLS TRAINING PHASE

Session 1:

- Overview of Filial therapy skills;
 - Demonstration via video of play therapy skills (usually not with client's child)
- **Structuring Pt. 1:**
 - Opening Statement
 - Time Limits
 - Ending Statement Only
- **Skills in acknowledging the child's actions and feelings:**
 - Tracking
 - Empathy Skills
- Home assignment

Session Guidelines for Single-Family Filial Family Therapy

BASIC SKILLS TRAINING PHASE

Session 2:

- **Following the Child's Lead Pt.1:**
 - Using tracking and empathy for children engaging in play alone (solitary play, parallel play, solitary roleplay)
 - Interactive play (including games play),
 - Interactive roleplay, and
 - Responding to children's requests or commands;
- **Structuring skills Pt.2:**
 - Responding to children's questions (direction seeking, informational, therapy related; personal);
- Home Assignment

Session Guidelines for Single-Family Filial Family Therapy

BASIC SKILLS TRAINING PHASE

Session 3:

- **Limit-setting:**
 - Skills-training in limit-setting (general limits, personal limits, physical limitations of parent)
- Responding to requests for help, commands and roleplay when limits are necessary
- **Demonstration of play therapy by therapist with the parents' children**
- Post-demonstration discussion

Session Guidelines for Single-Family Filial Family Therapy

BASIC SKILLS TRAINING PHASE

Session 4:

- **Mock play sessions with parents**
- **Feedback on and discussion of parents' mock sessions**
- Home Assignment
- Note: If parents display adequate mastery then advance to parent demonstration sessions, if not repeat session #4 process till readiness is present

Session Guidelines for Single-Family Filial Family Therapy

ADVANCED SKILLS TRAINING (THROUGH SUPERVISION) PHASE

Session 5:

- Parent demonstration sessions with own children (live)
- **Supervisory feedback on parent demonstration sessions**
- **Preliminary preparation for home sessions;**
- Home assignment

Session 6:

- Parent demonstration sessions with own children (live)
- Supervisory feedback on parent demonstration sessions
- **Final preparation for home sessions;**
- Home Assignment: brief home session

Session 7-9:

- Parent demonstration sessions with own children (live) and/or review of home session (video or self-report);
- Supervisory feedback on parent home session and/or on-site live parent demonstration session;
- Home Assignment: full home sessions

Session Guidelines for Single-Family Filial Family Therapy

GENERALIZATION PHASE

Sessions 10+

- Process described in sessions 7-9 continues, however, follow-up sessions are scheduled at appropriate intervals depending on parent readiness and need for support
- Teaching parents how to identify stages and themes within play sessions is introduced while processing home sessions
- **Generalizing play therapy skills to use in everyday parenting**, as well as informal or formal covering of other parenting skills continues depending on available time.

TERMINATION PHASE

Final session

- Important areas of terminations include discussion about when and how to contact therapist for support
- Scheduling brief phone follow-up or formal appointments (monthly, at 3 months, at 6 months)
- Review of stages of the play process and themes associated with them
- Criteria for deciding when to end formal play sessions
- How to replace formal play sessions with "special times"

Comprehensive Treatment Planning

1. Idealistic Treatment Plan

- What would be accomplished in the best of all possible worlds (balance of normative, cultural, individual, and family characteristics).
- Likely this is not shared fully with the client but grounds the therapist.

2. Realistic Long-Term treatment Plan

- What can theoretically be accomplished over time given the current context (again normative, cultural and individual and family characteristics).
- Shared with the client in an accessible way, but grounded more concretely by the short-term treatment plan.

3. Short Term Treatment Plan

- Where do we begin now based on the current context? What levels of intervention are possible now? Who is available within the family system.? What are the clear goals for now and what treatment(s) will we begin with?

Comprehensive Treatment Planning

IDEAL TREATMENT PLANS PRACTICE

Case: 7 year old boy Thomas Smith. Presenting problem is a separation anxiety with school refusal. Thomas' mother, Rebecca Smith, has a history of anxiety and has a lack of confidence in her parenting. Thomas' father is very busy in his career, which he does not find fulfilling, and is not very involved with Ms. Smith in parenting his son Thomas. He describes the relationship with his son as distant much like his relationship had been with his father. Tension is developing between spouses since Ms. Smith is complaining of the lack of support by her husband, and in more generally is dissatisfied with the very limited time they have to spend together both as a couple and as family.

Underlying Principles, Skills and Attitudes of the Filial Therapy Training Process

1. Learning is difficult

- Use empathy whenever a parent is concerned or struggling
- Normalize difficulties parent is experiencing
- Simplify tasks when necessary

2. Parents must feel successful

- Give positive feedback frequently
- Express genuine appreciation for parents' efforts
- Give credit for what parent does right before giving constructive feedback

3. Learning is gradual

- Teach skills systematically
- Raise difficulty of task slowly
- Focus on one area of improvement at a time

Underlying Principles, Skills and Attitudes of the Filial Therapy Training Process

- 4. Learning is an emotional experience**
 - "Fish" for what parents are experiencing
 - Always greet parents' concerns with empathy which includes both concerns and underlying positive goals and hopes
- 5. Always be a good teacher**
 - Develop a lesson plan and stick to it except when parent concerns arise
 - Model what you want before expecting parents to do it themselves
 - Give lots of positive praise
 - Individualize to the parent's learning style when necessary
 - Be willing to slow down when necessary
- 6. Always be ready to listen deeply**
 - Deep empathy that includes concerns
 - Deep empathy that includes underlying positive feelings and hopes
 - Link your response to these concerns and underlying positives

Supervisory Process

1. Positive feedback from therapist (and group)
2. Solicit parent's feedback on demonstration session
3. Therapist gives constructive feedback on single most important area needing improvement
4. Therapist demonstrates more skillful interaction
5. Practice by parent (and group)
6. Additional closing positive feedback by therapist (and group)

*#1 and #2 may be reversed

Priority of Supervision Issues

Level 1

- Non-Directiveness
- Limit-Setting
- Major Obstacles to Parent-Child Relationship

Level 2

- Empathic Responding

Level 3

- Roleplay

Level 4

- Structuring tracking