

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 Guërney, 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 Guërney 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 Guërney Filial Therapy Model

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

Guërney Group Filial Therapy. The Guërneys 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 Guërney 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 Guërney 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, Guërney FT groups typically run for two hours each, serve six to eight families at a time (depending on the total number of children involved),

