

# Filial Therapy: What Every Play Therapist Should Know

## Part Two of a Series

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In Part 1 of this series, I explained my desire to supply accurate information about Filial Therapy (FT) for play therapists, as this effective and empirically supported method has garnered growing interest throughout the world.

I am frequently asked about various interventions or forms of therapy that bear a resemblance to Filial Therapy most often in the form of parent involvement and the use of play (such as Parent-Child Interaction Therapy, Theraplay, or others), if the two approaches are pretty much the same. My reply usually is no, although they do have these two characteristics in common.

At other times, I have heard statements about Filial Therapy that simply are not true. I consider these "growing pains" for a form of

therapy that was created far ahead of its time in the 1960s. Also in Part 1, I described the contributions of various psychological and developmental theories that are woven into the fabric of FT. I have yet to learn of a form of therapy that more artfully integrates the relative strengths of so many theoretical orientations.

In this article, I want to explore the essential features of FT that make it unique. It is the combination of these qualities, drawn from the contributing theories, that defines FT as a distinct form of family therapy and play therapy. These features can certainly be found individually or in smaller combinations in other interventions, but it is

the presence of all of them that defines FT as the Guerneys originally developed it. Other formats of FT sometimes omit one or two of these features but are still considered part of the family of FT because they include most of them and have altered their stated objectives or scope accordingly. In the third article of this series, I will review the various adaptations of FT, the types of problems and clients for which FT has been applied, and the growing body of research supporting it.

### Essential Features of Filial Therapy

#### *The Client is the Relationship, Not the Individual*

Current systems of care often emphasise the identification of a single client, and that frequently is the child. Often, parents come to therapy, or are referred for help, because of the behaviour of a child. More often, the real root of the problem is something within the family dynamic--marital tension, illness or death in the family, poor parenting practices, or maltreatment. Rarely do problems arise solely from the child. Even problems that are centred within the child, such as ADHD with its biological underpinnings, influence the entire family and psychosocial problems once again reflect the functioning of the family system.

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trained child and family professionals in Filial Therapy and has been conducting multiple training programmes in the UK each year since 2002. She is a past-president/board chair of the Association for Play Therapy in the U.S. and founder of the International Collaborative on Play Therapy.

For example, when six year old Sally was diagnosed with diabetes, her parents did everything possible to ensure good

medical care. Sally resisted the insulin injections and the finger pricks for blood glucose testing that were necessary several times each day for good diabetic control. Sally also began sneaking low-lying candies and sweets into her room for later consumption. Her parents, worried, began constant supervision leading to major rebellion. They brought Sally to treatment because of her temper tantrums. Was Sally the source of the problem? Probably not--diabetes is a complicated and serious disease that causes changes for all family members and Sally's parents had shifted their parenting approach to ensure her health. All of them needed help finding equilibrium again.

In FT, therapists do not view the child as their

