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# Filial Therapy with Adopted Children:

## Trauma, Attachment and Play

By Karen Pernet LCSW, BCD, RPT-S

Filial Therapy is a highly effective psycho-educational, skills training model that integrates Child-Centered Play Therapy for children and direct parent involvement in the change process. In Filial Therapy, the focus is on the relationship between parent and child, rather than therapist and child, making it an ideal modality for families adopting traumatized children.

Filial Therapy was developed in the mid-1960s by Drs. Louise Guerney and Bernard Guerney and has been adapted for many populations, including abused and neglected children and children in foster or adoptive care. Extensive research has demonstrated that it effectively resolves presenting problems; improves mastery, coping, and competence in children; strengthens parent-child relationships; and improves family functioning (VanFleet, R., Sywulak, A. & Sniscak, C., 2010). The uniqueness of Filial Therapy is that, through the interaction of the parent and child during “special play time” sessions, the parent becomes the healer of their own child via the power of the parent/caregiver and child relationship.

Filial Therapy was designed for children ages three to 12, for whom play is the natural language. The parent(s) engage in therapy with each of their children, one at a time. As each relationship in the family is strengthened, the family as a whole becomes



stronger. Filial therapists teach parents how to conduct child-centered play sessions (“special play time”), supervise the parents during the play sessions with their child, help the parents deal with their own issues and concerns, and train parents in a comprehensive set of parenting skills. When possible, parents learn to transfer the special play sessions to the home setting, and they learn ways to apply the skills to a wide range of parenting situations. Rather than concentrating on problems, Filial Therapy focuses on a way of interacting between parent/caregiver and child, which is likely to bring about positive change.

While the skill of conducting the play sessions is an essential ingredient, the most important aspect of Filial Therapy is that the program focuses on the relationship between parent and child. It is this relationship, which will continue long after the professionals are out of the picture, and it is the positive changes in the interaction cycle that are healing and prevent child maltreatment. The therapist acts as a coach to the parent; the parent is the change agent. Many parents neither know how to play nor understand the importance of imaginative play. Many parents underestimate their significance to their children.

Filial Therapy provides a gentle and enjoyable introduction to improving the parent-child relationship; positive reinforcement and openness to learning permeate the process. Through experience, parents learn that, in play, their children reveal their underlying issues and motivations, process their pain and develop solutions. Parents also learn that their undivided attention to their child is a key component to understanding their child and strengthening their relationship. Because the parent is conducting the sessions rather than the therapist, this psycho-educational approach is ideal for a wide variety of families—intact families, single parents, caretakers, foster and adoptive parents, families who are seriously distressed and those who want to improve relationships. For the same reason, issues of racial, religious, ethnic and class differences are minimized (VanFleet & Guernsey, 2003).

To demonstrate how Filial Therapy works in practice, I would like to share my experience of working with a family who is adopting a large sibling group. Although the parents are eager to share their experiences with professionals, names have been changed to protect privacy.

The mother, Sasha, originally sought therapy to help with attachment/trauma issues of the children. When Filial Therapy was explained, she enthusiastically agreed to learn to conduct the play sessions. The father, Sam, was also trained, but unable to participate fully in the therapy due to time constraints. While each child involved had separate issues, I am highlighting the therapy of Matt, age six, and Sasha. Matt came from a home in which his birth parents were addicted to drugs and were neglectful and abusive. He witnessed domestic violence, as well as the hit and run death of his twin by a family friend. He had also been placed in several foster homes and had a difficult time adjusting. He was the parentified child, and originally resisted Sasha and Sam’s authority as parents. The county

social workers involved did not think that the placement would be successful because of his traumatic attachment to his birth mother. In my assessment of attachment, Matt initially identified himself as his birth mother’s husband.

Sasha was trained in Filial Therapy through coaching and mock play sessions without Matt being present. During the parent training, I role played a child and gave feedback to Sasha. The use of humor reduces the parent’s anxiety and helps the learning process. For example, I put a clown wig on myself and a helmet on Sasha and directed her to have a sword fight with me. This provided the opportunity to practice the skill of imaginative role play and also set limits as I intentionally moved the sword close to her face. I also engaged in solitary play, teaching Sasha the skill of empathic listening emphasizing the reflection of emotions as well as of the content of the play. For example, I played out a pirate battle on the playroom floor without directly inviting Sasha into the story. Her part was to narrate the story, much like a play by play radio announcer, including the emotions my characters were expressing. The skill of empathic listening is immensely powerful and helped Sasha to appreciate the value of listening and reflecting.

After the three training sessions, Sasha began conducting 30-minute non-directive play sessions in the office with Matt while I watched without interrupting. Following each session she and I reviewed both her skills and the themes. We also related the play themes to everyday life at home. During that time, Matt has progressed from initially not knowing how to play, to



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safely but intensely re-enacting domestic violence (DV). When Matt began playing out the DV, Sasha needed to set limits to help him contain his aggressive play. For example, Matt would portray an abusive husband, using costume, toy weapons and facial expressions. Sasha would act out an exaggerated victim role, using her voice to make it clear this was pretend and not re-enactment. As needed, she would come out of role and set a clear limit and then return to role. As time went on, fewer and fewer limits were needed in session.

In Filial Therapy limits are used sparingly, but clearly when needed, when a child is about to hurt himself, his parent, or damage property which has value (tearing paper or throwing soft toys is not considered damaging). A limit setting process is taught in which the parent specifies that the ultimate consequence is to end the play session early. Because the limits are related to behaviors, the child learns that limits are a result of what he is doing in the moment and not his thoughts, feelings or intentions.

Parents often underestimate the power of the consequence of ending the play session early; they don't realize how important they are to their children and how meaningful it is for them to enter their child's world, rather than vice versa. When Matt would enact these difficult situations, he made sure at the beginning and end of every session to tell and to show Sasha how much he loved her. For example, he often would draw pictures of hearts and

hand them to her. As therapy progressed, Matt became more playful and gentle, allowing himself to be nurtured in his stories. He created a story on his seventh birthday in which he went from being an abusive husband to a loving husband and father. Toward the end of the 30-minute play session, he went after the "bad guys," was repeatedly wounded and asked to be held and bandaged.

This session marked a turning point, and in following sessions he no longer played out themes of domestic violence. As he walked into the following session, he pointed to the box in my playroom which holds the weapons and said that he did not want to play with them anymore. As therapy has progressed, his stories have become increasingly humorous and light-hearted.

Sasha has been doing sessions with three adopted children and one birth child. Together we decided to include Marielle, her birth daughter, to strengthen their relationship in view of the many changes that adopting the sibling group brought about and to ensure that she too would receive "special time." One unexpected benefit of including Marielle was to track her normative development as compared to the adopted children

**“(Parents) don’t realize how important they are to their children and how meaningful it is for them to enter their child’s world ...”**



who have various issues related to their traumatic early years.

Following are Sasha's comments about the effect of Filial Therapy: *Before my (adopted) children started Filial Therapy they were like little wild kittens - scared, insecure, fighting for their survival the best way they could and unsure about their belonging in this world. They had no understanding of limits and did not really trust anyone. Since the time that I started to participate in the therapy with my children, I feel like we've grown so much closer together. My children trust me the most out of all the people they know and they are not scared to talk to me or show me their good and sad/angry emotions. Therapy has helped me understand my children better without them having even to talk about their feelings. Their play tells me more than they could themselves; it actually explains to me their feelings and reasons for their behavior at home.*

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