

## NOT A REAL BOY: Filial Therapy, Adoption and Attachment Trauma.

Note: The names and details of the family in this article have been changed to protect confidentiality. The parents have given permission for the article to appear in print.

Parents bringing young children into therapy are often at their wits end. Their child may be acting out; the pre-school may have threatened to expel her for hitting and biting; his tantrums may be intense and embarrassing. Most children externalize their pain and let the people in their world know in obvious ways when they are unhappy. This was not the case with Sean. At the time I met him 3 years ago, he had been living with his new family for four months. Most adults in his life praised him for his ability to sit, for his sweet smile, and his excellent table manners and did not notice the faraway look in his eyes. Even family members did not understand the concerns of his adoptive parents, Felicia and Roger Kelly. Roger said, "Sometimes I think he's just not a real boy."

During early play sessions, Sean's main interest was solitary sensory play with sand and exploring the play food collection. Recently I watched him in a Filial Therapy session with his mother as he created a complicated story in which he announced that a character he calls the old man was sick and dying but could not be admitted to the hospital because it was only for children. I believed I was seeing the death throes of the false self and the birth of the real boy. Discussing the themes with his parents, they agreed, and spoke of his positive adjustment in kindergarten where after a difficult half year he was just beginning to engage in imaginative play with peers.

In July 08, Sean then almost 4, along with his younger brother Joey, was placed with Felicia and Roger Kelly in their adoptive home. They are a Caucasian professional couple who were first time parents. The boys are also Caucasian from Nevada County, CA. At 3 years and 5 months Sean barely spoke, couldn't walk, was not toilet trained and had been diagnosed as developmentally delayed. When I first met Sean four months later, he had a normal vocabulary for his age, was fully mobile, toilet trained and appeared on the surface to be developing normally. His new parents had done an amazing job in a very short period of time.

I learned that Sean had been born to a young mother who abused alcohol and meth. His birth father was in and out of jail. His first 24 months of life were spent in abandoned cars with his homeless mother, unknown to the social service system. Later CPS reported that Sean had been beaten by an unknown relative, in addition to the profound neglect. When the agency discovered the boy's existence, he and his baby brother Joey were placed in a foster home, where they were fed and clothed but unfortunately received little stimulation; the home was later closed due to emotional neglect. The CPS worker suspected that the diagnosis Sean had been given of developmental delay was incorrect and when she met Felicia and Roger who were planning to adopt from the foster care system, the social worker was eager to find both boys a new and positive placement.

Felicia and Roger were referred to me by their adoption agency social worker who knew of my approach of working with attachment and trauma issues using Filial Therapy as the core modality. The parents were highly motivated to understand and help their new sons as best they could and to build strong familial relationships and, as first time parents, to develop parenting skills with these traumatized boys. They had many concerns and worries about Sean; because Sean was a child who internalized rather than acted out, their families did not understand their concerns and felt they were overreacting to Sean's issues especially with food. This little boy was desperate to eat anything, anytime, anywhere and appeared to be in a trance while eating. He took no initiative, would rather sit than play and was not interested in other children, except for his

little brother. Sean had learned to survive by passive observation with little opportunity for nurturance, attachment or movement, but this adorable little red headed freckle faced boy had learned how to smile to cover up his confusion about being human. It was no wonder that Roger thought that Sean was just not like a real boy.

My past experience with Filial Therapy has taught me that it is an excellent way of treating attachment problems combined with trauma and simultaneously enhancing the parent-child relationship. Filial Therapy is a highly effective psycho-educational, skills training model that integrates Child-Centered Play Therapy 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. Through the interaction of the parent and child during “special play time” sessions, the parent becomes the healer of their own child. (VanFleet, R., Sywulak, A. & Sniscak, C., 2010).

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).

Filial Therapy was designed for children ages 3 to 12, for whom play is the natural language. The parent(s) engage in therapy with each of their children, one parent-child relationship 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. (VanFleet, R & Guerney, L 2003).

Attachment the “deep and enduring connection established between a child and caregiver in the first several years of life: created together by child and parent as an ongoing reciprocal relationship” Levy, T & Orlans, M (1998). Thus in adopting an older child, there are always attachment issues. If the child never attached as an infant because of profound neglect (or other causes) it is a much more dire situation.

In Sean’s case his birth mother was unpredictable, unable to meet the child’s needs and establish an ongoing safe nurturing relationship. As a result, his unconscious beliefs about relationships (Internal Working Model) became “the world is not safe; there is no one here to protect and love me and survival is up to me.” He likely believed about himself that “I am bad, unwanted, worthless, helpless and unlovable.” His DSM-IV-TR diagnosis was Reactive Attachment Disorder, Inhibited Type. Since the part of the nervous system that helps us return to a state of calm and regulate somatic and emotional distress is not fully developed until age 3, the nervous system of a little one with an attachment disorder is more easily stressed and less resilient. A child like Sean who appears calm and almost comatose is actually in a state of high arousal and dissociates as a response to the anxiety (Perry, B., Levine, P. & Kline, M.) I firmly believe that a child without positive attachment is a traumatized child.

Filial Therapy works on a number of levels at the same time: healing for the child in a physically and emotionally safe environment with the parents as the primary agents of change; offering the

child acceptance of self by the parents and thus building his self concept; strengthening parent-child bonds and improving parenting skills; creating a collaborative and respectful relationship between parents and therapist. With complicated situations such as Sean's, additional interventions are often added, such as sensory based interventions, involvement in school placement and larger systems involvement. (VanFleet, R. & Sniscak, C., 2003).

I introduced Filial Therapy several months after I began working with the family. At the time Joey was too young to participate in FT and other interventions were offered. FT is meant for children between the ages of 3 and 12. Felicia and Roger were trained in FT through coaching and mock play sessions without Sean being present. During the three session parent training, I first taught and reviewed the 4 skills involved in Filial; they are structuring, empathic listening, and imaginary role play and limit setting. The second and third parent training involved "mock play sessions" in which I role played a child and gave feedback during and after the role play. While I worked with one parent, the other parent watched and then we switched as the parent who first participated watched. Felicia was a children's piano teacher and the skills proved easier for her than for Roger. He, however, excelled in the imaginary play. The learning of new skills is anxiety producing for anyone but the use of humor and play encourages learning, reduces the anxiety and helps build a solid relationship between parents and therapist. The goal is for the parents to be comfortable and skillful enough to follow the child's play without leading and when asked by the child, to participate in a role with the child as the director. A clear structure and the use of a limit setting procedure with meaningful consequences are clearly taught and practiced and keep the sessions safe. All the skills are fundamental to good parenting and generalized to daily life throughout FT.

After the three training sessions, each parent began conducting 30-minute, non-directive play sessions in my office with Sean. Because of scheduling, one parent at a time would bring Sean and each week we would switch which parent was present. I watched without interrupting. Following the 30-minute session, I spoke with Roger or Felicia while Sean played in the adjoining room. Initially the focus of the discussion was on the Filial Therapy skills and later on helping to understand the themes of the play including developmental issues. Sean's play focused on sensory play; attachment play came much later. This is contrary to the normal developmental pattern of play in which attachment precedes sensory play.

I have seen Sean and his parents for 3 years that included several breaks in treatment. In the first year and a half Sean's play sessions with his parents were primarily focused on the themes related to his early deprivation and on sensory play. At the time difficulties with food were primary. He ate in a trance state, did not distinguish between various kinds of food, did not seem to connect with a feeling of satiation and would eat to the point of vomiting, if not supervised. He would beg for food if given the chance. Psycho-education was used to help the parents understand that this issue originated as a survival mechanism, as his one way to nurture himself and was now part of his automatic functioning. The food issue impacted his adjustment to pre-school, when he began stealing other children's lunches and taking food from the trash. I accompanied the parents to meetings at the school but the pre-school was not equipped to deal with the boy's special needs. In his Filial Therapy play sessions in the office and at home, Sean often chose to focus on play involving food or sand without much of a story. Other sensory based, directive interventions were used to help Sean connect with his body and also to practice connecting food to bonding; i.e. his parent feeding him slowly, while gazing at him. Eventually the parents located another pre-school with a more sophisticated developmental approach and Sean made many advances there. After Sean moved to the new pre-school the family took a break from therapy.

The family returned to therapy the summer before Sean entered kindergarten. They knew that the

adjustment to the new school would be difficult and they wanted to use Filial Therapy to provide extra support; additionally we agreed that Sean was ready to use non-directive play sessions to work at a deeper level. In these last 6 months of Child Centered and Filial Therapy Sean has made remarkable progress in working through attachment trauma and his dissociative coping skills. Every session has focused on relationships in various ways. He now trusts his parents and the solidity of the relationship enough to engage in aggressive sword-play. His mother needed help in accepting the value of this kind of play, but came to understand the importance of safe expression of aggression.

Sean has created intense hide and seek games with me and with each parent and has delighted in being found. In addition to the joy of being found in these games, he is practicing being a *real* person. For example he said while hiding “you can’t hear me and you can’t see me and you can’t feel me. I must be invisible.” At a subsequent session with his mother, he experimented with the concept of age. He said, “I notice more and more. I get younger every day.” What a statement about being present and letting go of a dissociated self.

A few sessions after kindergarten began, Sean began creating marble games with rules. In Filial Therapy as in child centered play therapy, standard games with rules are not used, but it is common for children to invent their own games. Sean designed a number of rules-most of which made certain that he would win, but in one session he made it clear that he was finding life difficult. He created rules such that he would always lose and his parent had to win. It was challenging to discuss such a sad session with the parents, but they were able to better empathize with his struggles and look at ways to make his life less stressful and with fewer expectations.

The next week he created an attachment story with a very positive solution. In his scenario a boy was trapped and the firemen were called. Sean played all roles in this story using a large doll for the trapped boy. He pretended to call 911. When the fireman came the first time, fireman (Sean) stated to the trapped boy (doll): “we only put out fires; we do not rescue children”; he repeated this scene a second time. The third time the fireman (Sean) was called, and did rescue the trapped boy (doll). Sean then put down the doll and directly acted the role of the boy. He regressed, becoming a small baby and crawled over to his mother. He had earlier instructed her to sit and watch him. She now greeted him joyously and with an enormous smile he melted into her arms.

A few weeks later he created the story mentioned at the start of this article. He experimented with various ways of having his old man character (a large soft doll which has lost most of its hair and has been important in a number of sessions) become ill and die. At one point he directed his mother to call the ambulance and then used the bop bag as the vehicle rushing mother, himself and the old man character to the hospital. (The hospital was by the door which had a children’s drawing tack on it.) Upon arriving, he stated that the old man was not a child and therefore could not go to Children’s Hospital. Sean then ended that part of his story and played a game with his mother.

As Sean continues on his journey to become a real boy with deep connections to his adoptive parents, he has much work to do. I firmly believe that the Filial Therapy sessions have been an immensely helpful part of his work and that his parents’ participation as healers of their child has been much more powerful than any direct therapy I could have done. A while back Sean said to his parents, “you are our (himself and his brother Joey) lifeguards.” A powerful metaphor from a little boy whose life began with a lack of safety and protection.

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