

Filial Therapy

“When little people are overwhelmed by big emotions, it’s our job to share our calm, not to join in their chaos”

L. R. Knost

Therapeutic interventions with children involve a child having to make sense of why they are going to be spending an hour of their lives every week with a therapist... an occupation that few children come across and fewer can immediately make sense of (unlike roles such as teacher, doctor, police officer, fire-fighter etc). Whilst the therapist is a key element, it is the carer who spends most of the time with the child in the 'therapeutic hour'.

The advantages are clearly that the child does not have to develop a relationship with an outside party before building or re-building relationships with their own carer. This can be particularly beneficial for very young children or children with acute trust issues.

However, there are contra-indicators to filial therapy, and these include:

- When parents/carers lack fundamental parenting skills such as basic care, boundaries or limits.
- The parent’s ability to understand and follow basic rules and instructions.
- When parents are unable to focus on the child’s needs or are emotionally illiterate or absent.
- When the parent is the perpetrator of the child’s abuse, or even the non-abusing parent. This is especially so when considering sexual harm. However, in exceptional circumstances or after the safe-carer has undertaken their own therapeutic process, Filial can be extremely effective.

Filial Play Therapy is a highly effective intervention integrating family therapy and play therapy to address child and family problems. Therapists train and supervise parents as they conduct special child-centred play sessions with their own children (ages 3-12), an approach designed to resolve presenting problems while strengthening family relationships. (Van Fleet)

What does Filial Therapy Involve?

Filial therapy is a nine-phase intervention.

Phase One: Assessment (full social, familial, developmental and trauma history with pre-measures and family observation)

Phase Two: Discussion (Understanding the process and expectations)

Phase Three: Demonstration (the therapist demonstrates the play session for the parent/ carer)

Phase Four: Training (Parent/carers learn the skills through modelling and mock play sessions)

Phase Five: Filial play sessions (parents conduct the play sessions under the auspices and supervision of the therapist)

Phase Six: Transfer (the sessions are moved from the therapists space to the family home)

“You are mistaken if you think we have to lower ourselves to communicate with children. On the contrary, we have to reach up to their feelings, stretch, stand on our tiptoes.”

Janusz Korczak 1925



Phase Seven: Generalisation (development of the use of skills)

Phase Eight: Discharge Planning (preparation for ending)

Phase Nine: Final Assessment and Ending (post measures and closure)

Empirical Support (research and evaluation)

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