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Filial Therapy: An Attachment Based, Emotion Focused, and Skill Training Approach

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Barry G. Ginsberg

Ginsberg, Barry G., is Executive Director of The Center of Relationship Enhancement in Doylestown, PA (www.relationshipenhancement.com). As a child and family psychologist, he has provided relationship enhancement therapy and enrichment programs to couples, families, and trained professionals throughout the USA and Canada since 1969. Dr. Ginsberg is the author of *Relationship Enhancement Family Therapy* (John Wiley & Sons, 1997), and *50 Wonderful Ways to Be a Single-Parent Family* (New Harbinger Publications, 2003) as well as numerous articles about relationship enhancement and family therapy.

Filial Therapy: Creating a Context for Change

Filial Therapy, a child-centered Relationship Enhancement Family Therapy, introduced in the 1960s, has had a long history of effectiveness as an intervention/prevention program with young children and their families (Ginsberg, 1976, 1989, 1997; Guerney, B. G., 1964, 1969, Guerney, L. F., 1976, 1983, 2000, 2003; Guerney & Stover, 1971, Guerney, Guerney & Andronico. 1966, Rennie & Landreth, 2000; VanFleet, 2000, 2005, VanFleet, Ryan, & Smith, 2005).

In Filial Therapy, parents learn to conduct one-on-one child-centered play sessions with their own children. Parents then continue to hold weekly play sessions with their children at home for a period of 6 months to a year (or more, depending on the child's motivation). Modeled after child-centered play therapy, these half-hour play sessions occur in a highly structured context with few but clearly defined limits and consequences set by the therapist. This context is designed to allow children to take the initiative and freely express themselves and it fosters self-regulation and independence. In turn, parents are asked to respond to (acknowledge) their children's initiative, behavior, and expression, *particularly feeling expression*, with acceptance and without judgment.

Through the weekly practice of these play sessions, children improve their self concept, gain mastery, and learn to take responsibility for their actions. They become more aware of their own feelings and motivations. Concurrently, parents "soften," become more receptive to their child's motivations, and increasingly willing to trust in

their child's independence. Parents also learn to set effective limits and consequences, gaining confidence in their skills. In these ways, they are better able to meet the needs of their children and keep them safe.

Most important, children and parents become more open to one another, are more inclined to share their feelings with each other, and feel more securely attached to one another. This improved relationship fosters greater collaboration, which in turn reduces conflict and negativity while improving family stability.

An Educational/Skill-Learning Model

From the beginning, Filial Therapy differs from traditional clinical practices in that it emphasizes the positive and constructive by focusing on what can be learned and practiced rather than on dysfunctional patterns which elicit resistance. Because of this, clients generally respond to it more positively than they do to typical clinical interventions.

This approach makes no distinction in methodology between prevention and intervention. It is equally applicable and helpful with parents who are facing problems with their children and those who wish to enhance their children's development and their own parenting skills. Because Filial Therapy does not distinguish between intervention and prevention (the principles and methods remain the same), making a diagnosis becomes less relevant than it is in most traditional therapies. Children who are evaluated and/or receive a diagnosis for learning, developmental, emotional and/or behavioral difficulties will benefit from an intervention incorporating Filial Therapy.

A Client-Centered Approach

When families are engaged in Filial Therapy their attention changes from what's wrong to what's right. The objective of the therapy is for clients to learn something they can transfer and use in their everyday life. It is the client's responsibility to apply what they learn. Clients then become responsible for their own change. This is a change from a therapist centered approach.

Primary and Significant Relationships as Agents of Change

We learn to be who we are through relationships with others. We emerge in life in a relationship context. Our personalities are formed, beginning with conception, through our experiences with others. Through this process, we develop who we are—our personalities.

In Filial Therapy, the goal is to shift the negative-negative cycles in the parent-child and family relationships to positive-positive ones. We remember every emotion and physical sensation from our earliest days, and even if we have no conscious awareness about the events that took place, these memories influence the way we relate to each other as adults. Interpersonal habits (implicit memory-nonconscious emotional memory) we learned in our early experience are integrated with and affect our present lives. The underlying basis of each person's self concept is the internalization of how significant others, beginning with parents, have communicated to each of us about ourselves (Sullivan, 1947; 1953; Keisler, 1996).

Negative-Negative to Positive-Positive Reciprocal Cycles

We tend to respond to each other in consistent ways over time. In effect, we elicit similar responses from others based how we learned to relate to others. As a result, others respond to us in ways that confirms, reinforces, or validates how we understand ourselves and behave. This also makes it more likely that we will continue to respond similarly (interpersonal reflexes).

This view is derived from the interpersonal theory of personality originated by Harry Stack Sullivan (1947) and furthered by Timothy Leary (1957). Leary believed that the basic unit of human behavior is the *interpersonal reflex*.

According to Leary (1957), “Interpersonal reflexes tend (with a probability significantly greater than chance) to initiate or invite reciprocal interpersonal responses from the ‘other’ person in the interaction that lead to a repetition of the original reflex” (p. 123). In this view, the individual’s personality is shaped by his or her early relationships, which in turn shape relationships over the life span. The individual is seen as developing ‘interpersonal reflexes’ (Leary, 1957; Shannon & Guernsey, 1973) which trigger the same kind of response in others. This is a reciprocal process that operates outside of awareness. Shannon and Guernsey (1973) have determined that these interpersonal reflexes elicit like responses: Positive statements elicit positive responses and negative statements elicit negative responses. Out of this framework evolved the notion of training people to learn constructive relationship skills (Ginsberg, 1997).

Any interpersonal act elicits a response from the other person that confirms, reinforces, or validates how we understand ourselves and behave. This also makes it more likely that we will continue to respond similarly. This repetition, or interpersonal reflex, is greatly responsible for the negative cycles so common to dysfunctional relationships.

Emotion as a Transformative Agent

Emotion is the motivating force for all behavior. In Filial Therapy, parents learn to acknowledge the feelings (with nonjudgment and acceptance) underlying their children’s actions. Through this process, children gain mastery over their feeling motivation to regulate their actions. At the same time, parents are learning to consider and accept their child’s feelings and become more empathic and child-centered. The result is a more emotionally attuned and secure parent-child relationship.

Empathic Attunement

The primary therapeutic ingredient in Filial Therapy is the improvement of empathic attunement and emotional regulation in the parent-child relationship. According to Siegel (1999), “the overall process of attunement leads to the mutual influence of each member upon the other—a characteristic described earlier in the book as ‘resonance’” (p. 281). He goes on to say that this emotional resonance and mutual influence continues even after they are no longer in communication with each other.

The Importance of Play

Filial Therapy uses play as its primary vehicle to achieve its goals. Play is a child’s natural means of expression and the vehicle through which children make sense of the world, cope with their stresses and difficulties, improve their developmental skills,

model new behaviors and understandings, gain mastery, and develop interpersonal skills. As such, it is the best “language” to use to communicate with and relate to children. Child-centered play therapy provides a structured and systematic way in a secure environment for children to use their own resources to enhance their mastery and feelings about themselves. Concurrently, it creates a secure context for parents, with their children, to improve their sensitivity, empathy and attunement with them, emotional control, and mastery.

Child-Centered Play Therapy

Child-centered play therapy is based on the work of Carl Rogers (1951) and his associates, particularly Virginia Axline (1947, 1969). Axline identified eight principles and these provide the guidelines for this approach,

1. Therapist must develop a warm, friendly relationship with the child to establish rapport.
2. Therapist accepts the child exactly as he is.
3. Therapist establishes an atmosphere of acceptance so that the child feels free to express his feelings completely.
4. Therapist recognizes the feelings the child is expressing and reflects them back to the child to communicate understanding.
5. Therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so.
6. The child "leads the way." The therapist does not attempt to direct the child's actions or conversation in any manner.
7. Therapist recognizes that play therapy is a gradual process and does not attempt to hurry the child.
8. Therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

The goal is to establish an atmosphere in which children feel accepted and can play freely. The parent-therapist sets the stage by establishing the time of the session and a few basic ground rules; beyond that, what the child does with the toys and how the session unfolds is up to the child. The child may use the toys to express ideas and feelings he has not been able to express adequately before, or express his feelings in a more moderate way than he has previously. He may be very aggressive, or he may want to sit and stare at the wall. He may wish to leave after a few moments. The parent-therapist has to have an open mind and be willing to follow the child's lead, whatever form it takes – even if the child decides to leave. In short, the therapist does NOT:

- criticize
- praise, reassure, or bestow approval or encouragement
- question, lead the child on, or extend invitations
- suggest, advise, or persuade
- interrupt or interfere
- give information unless the child specifically requests it

- teach, preach, or moralize
- initiate a new activity

By following these guidelines, parent-therapists create a setting in which the child is in charge of the session. The child determines what will happen and determines the values and judgments for the session. This means that judgments of good/bad and right/wrong are left to the child. Limits, too, are stated and applied without reference to these judgments.

Equally important, the parent-therapist must be fully involved with the child, giving full attention to the child's mood, statements, and feelings. This will give the child the go-ahead to begin to uncover his deeper feelings. If the parent-therapist is asked to participate in an activity, he should engage in it fully after clearly acknowledging the child's request. The therapist's attention should primarily be focused on how the child wants the therapist to participate, on following the child's direction, and on reflecting the child's feelings.

More important than techniques, however, is the spirit under which play therapy is undertaken. Parent-therapists are encouraged to be genuine and avoid behavior and comments that are mechanical, stilted, or artificial. They need to imagine themselves in the child's place, and try to see the world and experience it as the child does.

Parent-therapists are helped to monitor their own worries and reactions, and to make sure that these do not come through to the child during the session. This can prove difficult.

In summary, the therapist's role is to try to understand what the child is trying to express and communicate understanding and acceptance to the child.

The Collaborative Nature of Filial Therapy

Because of its educational underpinnings, filial therapy quickly engages clients and therapist/leader in a collaborative effort.

As an educational skill-training model, it is predicated on clients being fully informed about the principles and methods of the approach and how it will address the reasons and/or concerns that motivate parents to make an appointment. Once parents are informed, therapist and parents join together as a team on behalf of the child and the family and make decisions together. Most parents become enthusiastic about the value of the play sessions and filial therapy itself, which motivates them to use the method, thus enhancing the client-therapist/leader collaboration. This helps ensure a good outcome.

The Role of the Therapist

The filial therapist/leader plays many roles during the therapy. First, the therapist helps parents understand how Filial Therapy addresses the presenting problem and fosters satisfying outcomes. Then she or he teaches, models, guides, and supervises parents as they learn to conduct these play sessions. Filial therapists also help parents generalize the skills they use during the sessions in their everyday lives and maintain and integrate what they have learned. Finally, the therapist/leader integrates dynamic and didactic methods

to maintain a safe learning environment for parents and children. This helps to foster optimum learning and continued skill practice.

It is important that filial therapists/leaders become skillful in conducting child-centered play therapy, which is the essential ingredient. One of the most important attributes of filial therapists/leaders is their confidence in the power of Filial Therapy and home play sessions to achieve a successful outcome. Filial therapists need to be skillful in motivating, supervising, and coaching parents so that they in turn become skillful in conducting the “home” play sessions,

Structured, Systematic, and Time-Designated

Because Filial Therapy is structured, systematic, and time designated, it empowers therapists/leaders to efficiently manage the course of therapy or education. The basic phases of Filial Therapy are:

- Thorough understanding of the presenting issue, relevance to the child’s development, and family dynamics. This will typically include a family play observation.
- Parents are informed of the principles and methods of Filial Therapy; gain an understanding and confidence in this approach and how it meets their needs and interests; and forming a collaborative relationship with the whole family.
- Play session demonstration (therapist holds child-centered play sessions with each child while parents observe).
- Training (therapist can use mock play sessions with prompting, modeling, reinforcement, and shaping to improve parents’ comfort and skill.)
- Supervised parent-child play sessions, followed by therapist feedback and discussion with parents.
- Discussion of play themes, parent reactions, family dynamics, and problem-solving with parents.
- Home play sessions, with parents reporting the results regularly to the therapist.
- Generalization of skills.
- Maintenance of play sessions and skills over time
- Therapist shifts to a consulting relationship with the family.

The Basic (10 Session) Filial Therapy Program

1. The therapist introduces the program; reviews the presenting problem; identifies the principles, values, and methods of the filial program; and demonstrates the process.
2. The therapist and parents review the initial session, discuss any new developments, and review principles and methods. The therapist/leader demonstrates the skills by modeling the play session skills with each child while parents observe.
3. Same as session 2.
4. Parents begin to practice individual play sessions, which are supervised by the therapist/leader.

5. Same as session 4. Parents are additionally asked to develop a play toy kit for home sessions.
6. This session, devoted to preparing the couple/family/group for home practice, emphasizes structuring home sessions to assure that they approximate the sessions in the therapist/leader's office.
7. Families discuss their home practice sessions.
8. Office sessions focus on a review of home play sessions that have occurred between office sessions. Time between office sessions is increased to allow the scheduled home play sessions to become a consistent part of the family's life.
9. This session is similar to session 8, though a longer period of time elapses between this and the 10th session.
10. This session completes the basic intervention program. Parents and leaders/therapists discuss ways to ensure that the home play sessions continue on a regular basis and ways to ensure that the specific skills practiced during the play session can be generalized to everyday life. They also discuss any questions that remain and plan follow-up contacts. Finally, parents and the therapist/leader:
 - evaluate the effectiveness of the program.
 - identify areas for continued practice.
 - plan follow-up opportunities such as booster sessions, refresher programs, and various contacts on an "as-needed" basis to reinforce, practice, generalize, and maintain the learned skills. (Ginsberg, 1997, 78-84)

Clinical & Preventive Applications

There are many ways to integrate Filial Therapy in most of the therapeutic work conducted with children and their families. Children ranging in age from infancy through age 14 and sometimes even older can be helped by engaging them and their families in the Filial Therapy process.

Filial Therapy has been used with children diagnosed with a broad spectrum of childhood emotional, behavioral, and organic difficulties including anxiety disorders, depression, conduct disorders, ADHD, and developmental disabilities. It has also been used with handicapped children and children with learning problems. Filial Therapy is particularly useful treating victims of childhood trauma, neglect, and abuse, either as an intervention by itself or as a component of a more comprehensive intervention program (VanFleet & Guernsey, 2003). It has also been used to work with children with intellectual disabilities and adults, their families, and care providers (Ginsberg, 1984a; 1984b). Additionally, filial therapy can also be used as a component of a therapeutic program in many diverse settings, including hospitals, partial hospitalizations, and residential treatment centers. It can also be used as a preventive program for children who have not yet been identified for concern.

Filial Therapy is part of a larger, more comprehensive family prevention/intervention program, Relationship Enhancement (RE; Ginsberg, 2003; Ginsberg, 1997, Guernsey, 1977) that can meet the needs of other subsystems in the family and the family as a whole, including single-parent families and step families.

(Filial therapy can be offered for individual families; however, it is often most effective as a group program.) Furthermore, it can be integrated into a comprehensive family therapy by incorporating other therapeutic methods and disciplines, including Relationship Enhancement Family Therapy/Enrichment (Ginsberg, 1997). This type of therapy focuses on the parent-adolescent relationship, the couple relationship, the parenting relationship, parent education, and the relationship between adults and their families of origin. Filial and Relationship Enhancement programs have also been developed for work with groups of non-related individuals (see Ginsberg, 1997)

Filial therapy is also an effective skill-training program for all professionals and non-professionals (child-care workers, foster parents, caseworkers, play therapists, teachers, early childhood providers, speech and language therapists, and psychotherapists) who work with young children and their families.

Values of Filial Therapy

As part of Relationship Enhancement Family Therapy (Ginsberg, 1997), Filial Therapy is predicated on ethical considerations. These values are derived from the interpersonal theory of personality originated by Harry Stack Sullivan (1947) and furthered by Timothy Leary (1957). Bernard G. Guerney, Jr. and his wife, Louise Fisher Guerney (the originators of Filial Therapy), believed that no matter how hard a therapist might work to maintain neutrality in the therapeutic role, it would be impossible for the therapist to exclude all of her or his values. Those values that “leak through” could very well influence the course of therapy and potentially compromise clients. Thus, they developed a therapy that didn’t depend on the therapist’s power but rather transferred the power for change to clients by teaching them skills that the therapist had learned. This dramatically shifted the emphasis in the therapy from the therapist-client relationship to the relationship between the clients themselves. Therefore, clients had to be informed and accepting of the assumptions and values of this educational skill-learning therapy in order to be motivated to learn and implement the skills. This allowed client and therapist to collaborate, which is necessary to ensure a successful outcome.

Empathy, acceptance, nonjudgment and the notion of equivalence are important values in Filial and Relationship Enhancement Therapies.

The RE rationale states that people learn to become more honest and compassionate when they understand their own needs, desires, preferences, aspirations, and values, and those of others. In such an empathic relationship, people can see and express issues and emotions more openly, without a great deal of defensiveness, guilt and blame. When each person is more sensitive and aware of his or her own values, needs, and feelings regarding a relationship, the person engages in fewer psychological defense ploys. We relate to one another more clearly and directly so as to lessen the other’s emotional pain and the common tendency to respond with defensiveness or to counterattack. This philosophy also supports the idea that an empathic and open relationship promotes a feeling of well-being and confidence and helps to raise a person’s self-esteem and ego strength. This affirmation of self in turn

makes it easier for a person to acknowledge and affirm another. (Ginsberg, 1997, p. 11)

Perhaps the most important value at the core of RE therapy is derived from Rogers (1951): Each of us has the capacity to master our own experience and resolve our own interpersonal conflicts. This is best done in an interpersonal context that feels safe and secure. Certain values are a necessary part of any interpersonal context. In RE therapy, these contextual values are an atmosphere of nonjudgment, acceptance, and the inherent equivalence among all human beings no matter what their role relationship or place in any hierarchy might be.” (Ginsberg, 1997, pp.15-16)

Doherty and Boss (1991) emphasize that “values and ethics underlie everything we do in family therapy” (p. 64). According to Aponte (1985), the negotiation of values is central in family therapy. In Filial and all Relationship Enhancement Family Therapies, the first step in therapy is to inform clients of these values so that they understand and accept them. All methods that follow are consistent with these values. When clients and therapists stay within the boundaries of the structure and guidelines, they maintain an ethical position that helps assure a positive outcome.

Clinical Outcomes

Filial Therapy/enrichment has been well researched, beginning with the major NIMH sponsored research program in the 1960s to the extensive research still underway (Guerney, 1964; Guerney, Guerney, & Stover, 1972; Guerney & Stover, 1971; Rennie & Landreth, 2000; VanFleet et al., 2005). One of the most impressive findings in the original research on Filial Therapy was that clients tend to stay engaged with the filial program longer than they do in traditional clinical settings (Guerney, B. G., 1976). Throughout, it has demonstrated its power as an intervention that increases parents’ acceptance, self-esteem, and empathy while fostering positive changes in the family environment. Research also indicates that concurrent with these gains, children’s adjustment and self-esteem improve while behavioral problems and parental stress decrease.

Reviewing the research on Filial Therapy, Rennie and Landreth (2000) looked at changes in parental behavior (empathy, acceptance, stress, and family environment) and in children (adjustment, behavioral problems, play session behavior, and self-concept). They concluded that filial therapy was a powerful intervention that increased “parental acceptance, self esteem, empathy, positive changes in family environment, and the child’s adjustment and self esteem while decreasing parental stress and the child’s behavioral problems” (p. 31). All these factors play a significant part in helping children and families to be enthusiastic about Filial Therapy.

Implementation

Practitioners who wish to begin conducting filial therapy programs, especially those trying to incorporate a Filial Program into an already established clinical practice, could benefit from the following suggestions

Prepare Yourself

Child-centered play therapy is methodology that you are introducing to families, asking them to integrate these special play sessions into their lives. It's important to be knowledgeable about child-centered play therapy and proficient in conducting play sessions with children. Toward this end, prepare yourself by conducting a program of child-centered play therapy with one or more children before you offer Filial Therapy. This will help you be more secure when you are teaching parents. Keep in mind that an important part of Filial Therapy training is for therapists to model behavior for parents. Therefore, the more skillful you are and the more confidence you have in child-centered play therapy, the more effective you will be providing Filial Therapy to your clients.

It's also important to be knowledgeable about child and family development and parenting principles and methods. A good resource is *Parenting: A Skills Training Manual* (Guerney, 1995). This excellent book also can be used as an adjunct to play therapy training with parents. Filial therapist/leaders also need to have some background in family dynamics and family therapy, and to be proficient supervising parents during play sessions with their children.

Finally, it's important to be skilled in leading groups. Filial is very effective as a group therapy – but keep in mind that even a single family is a group.

New practitioners of filial therapy may want to share this information with selected clients. Since filial therapy stresses honest and direct communication, practitioners who wish to share with their clients that they are just learning the method may find this helpful. This admission is consistent with the filial approach. Any feedback you get from clients will enhance your skills.

Prepare the Playroom

Filial programs need to unfold in a setting in which clients feel both free and safe. Many therapists/leaders also like to position a two-way mirror or video camera/receiver so that they can easily observe parent-led play sessions. It's important that the boundaries separating the play area from the rest of the room be clear to the children and their parents. Clear boundaries help the child take responsibility for their actions during play sessions. Finally, the therapist/leader needs to choose toys that are not only safe and appealing to children, but also can be used to express a wide range of feelings and experiences.

Personal Reflections

Filial and Relationship Enhancement Therapy have been an integral part of my practice since I was introduced to it in 1969. The Filial Program is based on values I hold dear: the importance of compassion, empathy, acceptance, non-judgment, attachment, intimacy, and trust. Above them all is the belief in the importance of relationships in our lives, particularly our significant relationships. Because the leader/therapist needs to incorporate and model these values, I find that I have changed profoundly by practicing this approach.

The values, principles, and methods of Filial and Relationship Enhancement Therapy have become a guide for me in all my work. I have come to recognize that these values and methods inform not only my practice but also my life. Overall, it has proven

an exciting learning process for me and has helped me approach my work with a sense of humility and openness to what I can learn and be.

Most clients are highly motivated and very positive about the Filial Program. Many are grateful for all they have learned and the positive changes in their families. Former clients have expressed their appreciation for the degree to which Filial Therapy strengthened their families and changed their lives. I have conducted a Filial Program with parents who as children were once clients with their parents. It's a great feeling to realize that the trust and benefits born in my office have been extended to a new generation.

I believe that the possible applications of this approach are limited only by one's imagination. The effectiveness of these applications is dependent on the leader/therapist's skill in maintaining the structured, systematic, and time-designated nature of this approach. The other Relationship Enhancement programs and methods are useful in coordination with Filial Therapy or as stand-alone programs since they all share the same conceptual and methodological bases. Finally, the Filial Program and the other Relationship Enhancement Therapy/Enrichment programs can easily be incorporated in most settings and can add significantly to the services offered in the community. Because it can so readily be adapted to group settings, it is both cost- and time-effective, enabling the therapist/leader to reach many people in the community.

References

- Axline, V. (1947). *Play therapy*. Cambridge, MA: Houghton Mifflin.
- Axline, V. (1969). *Play therapy* (rev. ed.). New York, NY: Ballantine Books.
- Aponte, H. J. (1985). The negotiation of values in therapy. *Family Process*, 24, 323-338.
- Doherty, W., & Boss, P. (1991). Values and ethics in family therapy. In A. Gurman & D. Kniskern (Eds.), *Handbook of family therapy. Vol. II* (pp. 606-637). New York, NY: Brunner/Mazel.
- Ginsberg, B. G. (1976). Parents as therapeutic agents: The usefulness of filial therapy in a community psychiatric clinic. *American Journal of Community Psychology*, 4(1), 47-54.
- Ginsberg, B. G. (1984a). Beyond behavior modification: Client-centered play therapy with the retarded. *American Psychology Bulletin*, 6, 321-324.
- Ginsberg, B. G. (1984b). Filial therapy with retarded children and their families. *American Psychology Bulletin*, 6, 332-334.
- Ginsberg, B. G. (1989). Training parents as therapeutic agents with foster/adoptive children using the filial approach. In C. E. Schaeffer & J. E. Breitmeister (Eds.), *Handbook of parent training: Parents as co-therapists for children's behavior problems* (pp. 442-478). New York, NY: John Wiley & Sons.
- Ginsberg, B. G. (1997a). *Relationship enhancement family therapy*. New York, NY: John Wiley & Sons, Inc.

- Ginsberg, B. G. (1997b). The young child in family therapy: Filial relationship enhancement. In B. G. Ginsberg, *Relationship enhancement family therapy* (pp. 64-105). New York, NY: John Wiley & Sons, Inc.
- Ginsberg, B. G. (2003). An integrated holistic model of child-centered family therapy. In R. VanFleet & L. Guerney (Eds.), *Casebook of filial therapy*. Boiling Springs, PA: Play Therapy Press.
- Guerney, B. G., Jr. (1964). Filial therapy: Description and rationale. *Journal of Consulting Psychology*, 28(4), 303-310.
- Guerney, B. G., Jr. (1969). *Psychotherapeutic agents: New roles for nonprofessionals, parents and teachers*. New York, NY: Holt Rinehart & Winston.
- Guerney, B. G. (1977) *Relationship Enhancement*, New York NY: Jossey-Bass.
- Guerney, B. G., Jr., Guerney, L., & Andronico, M. (1966). Filial therapy. *Yale Scientific Magazine*, 40, 6-14.
- Guerney, B. G., Jr., Guerney, L., & Stover, L. (1972). Facilitative therapist attitudes in training parents as psychotherapeutic agents. *The Family Coordinator*, 21(3), 275-278.
- Guerney, B. G., Jr., & Stover, L. (1971). *Filial therapy: Final report on MH 1826401*. Mimeograph. State College, PA: National Institute of Mental Health.
- Guerney, L. F. (1976). Filial therapy program. In D. H. Olson (Ed.), *Treating relationships* (pp. 67-91). Lake Mills, IA: Graphic Publishing Co., Inc.
- Guerney, L. F. (1983). Introduction to filial therapy. In P. Keller & L. Ritt (Eds.), *Innovations in Clinical Practice: A Source Book (II)*, (pp. 26-39). Sarasota, FL: Professional Resource Exchange.
- Guerney, L. F. (1985). *Parenting: A skill-training manual* (5th ed.) [Manual]. State College, PA: IDEALS
- Guerney, L. F. (2000). Filial therapy into the 21st century. *International Journal of Play Therapy*, 9(2), 1-18.
- Guerney, L. (2003). The history, principles, and empirical basis of filial therapy. In R. VanFleet & L. Guerney (Eds.), *Casebook of filial therapy* (pp. 1-20). Boiling Springs, PA: Play Therapy Press.
- Keisler, D. J. (1996) *Contemporary interpersonal theory and research*. New York, NY: John Wiley & Sons.
- Leary, T. (1957) *Interpersonal diagnosis of personality*. New York, NY: Ronald.
- Rennie, R., & Landreth, G. L. (2000). Effects of filial therapy on parent and child behaviors. *International Journal of Play Therapy*, 9(2), 19-38.
- Rogers, C. R. (1951). *Client-centered therapy*. Boston, MA: Houghton-Mifflin.
- Shannon, J., & Guerney, B. G., Jr. (1973). Interpersonal effects of interpersonal behavior. *Journal of Personality and Social Psychology*, 26, 142-150.
- Siegel, D. J. (1999). *The developing mind*. New York, NY: The Guilford Press.
- Sullivan, H. S. (1947). *Concepts of modern psychiatry*. Washington, DC: William Alanson White Psychiatric Foundation.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York, NY: Norton.
- VanFleet, R. (2005). *Filial Therapy: Strengthening parent-child relationships through play* (2nd ed.). Sarasota, FL: Professional Resource Press.

- VanFleet, R. (2000). *A parent's handbook of filial play therapy*. Boiling Springs, PA: Play Therapy Press.
- Van Fleet, R., & Guerney L. F., (Eds.) 2003, *Casebook of Filial Therapy*. Boiling Springs, PA: Play Therapy Press.
- VanFleet, R., Ryan, S. D., & Smith, S. K. (2005). Filial Therapy: A critical review. In L. A. Reddy, T. M. Files-Hall, & C. E. Schaefer (Eds.), *Empirically-based play interventions for children* (pp. 241-264). Washington, DC: American Psychological Association.

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