



Families and Children: Health and Wellness
Filial Therapy for Children with Autism and their Caregivers: A Literature Review

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Abstract

This article provides an overview of Filial Therapy (FT) as a potential treatment modality for connecting caregivers and their children with Autism Spectrum Disorder (ASD). The article first discusses ASD, focusing on children who experience it and their caregivers. Then, it explores the benefits of play therapy for children with ASD, followed by an explanation of how FT can be used as a form of therapeutic play to facilitate connection between caregivers and their children with ASD. Finally, the article suggests future directions and recommendations for research on FT as an accessible and effective treatment option for supporting children with ASD.

Keywords: Autism Spectrum Disorder, Filial Therapy, children, caregivers, parents

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Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder conceptualized through behavioral, developmental, and relational expressions that can include rigid and repetitive behaviors (RRB), deficits in communication, and reciprocal social interaction (APA, 2022). The Autism and Developmental Disabilities Monitoring (AADM) Network conducted active surveillance monitoring to provide an updated prevalence rate among 1000 school-aged children across 11 network sites in the United States (Maenner et al., 2020). These methods included having diagnostic statements, ICD codes, and special education classification. Findings from the AADM Network indicated a remarkable increase in ASD from 6.7% in 2000 to 27.6% in 2020, concluding one in 36 children are classified with ASD (Maenner et al., 2020). Maenner et al., (2020) found that 37.9% of the children classified with ASD were present with an intellectual disability. In addition, learning disabilities and psychiatric comorbidities, including depression, traits of attention deficit hyperactivity disorder, anxiety disorders, and general "emotional and behavioral problems," are reportedly more common in children with ASD than typically developing children (Spain et al., 2017). Collectively, these findings point to an overall increase in the prevalence of children experiencing ASD.

Behavioral, Developmental, and Relational Expressions of Autism Spectrum Disorder

Rigid and Repetitive Behaviors

RRB is a core feature in ASD classified as common behaviors characterized by a desire for sameness in one's environment, or use of objects, or speech, repetitive motor, and high frequency (APA, 2022). Although children with ASD have common RRB, each child is unique, and their fixed interests and repetitive behaviors may manifest differently. However, these challenges cause extreme distress in day-to-day functions by interfering with social interactions, shared interests with others, and limiting flexibility. These behaviors can often lead to challenges related to social rejection, self-esteem, academic achievement, and independence while affecting their family/community interactions (Shiloh et al., 2023).

Communication Needs

Children with ASD have a unique set of challenges and strengths varying by severity and frequency through communication, interaction, and RRBs. An important concern in children with ASD is their impairments in functional receptive and expressive communication skills. Researchers examining intervention studies to improve expressive communication in children with ASD suggested that highly verbal and minimally/nonverbal children encompass a diverse group with varied symptomology and found that a third of children will remain minimally or completely nonverbal (Koegal et al., 2019). The researchers' literature highlighted children with ASD produced their first words at an average age of 36 months compared to typically developing children who produced their first words between 10 and 18 months (Koegal et al., 2019). These verbal difficulties may create barriers by hindering children with ASD to limited vocabulary, delayed language development, or difficulty effectively conveying their thoughts and needs. Throughout their lifespan, their functioning may be negatively affected by the quality of their

verbal language; some instances may include academic performance, socialization, and employment.

Reciprocal Social Interactions

Children with ASD have implications with social communication and interactions through various contexts recognized in their second year of life (Reichenberg & Seligman, 2016). Children with autism may struggle to grow socially and emotionally in a pattern like their typically developing peers. They frequently have difficulties initiating and joining in play, understanding turn-taking, building friendships, and generally enjoying reciprocal social interactions (Salter et al., 2016). According to the American Psychiatric Association (2022), notable characteristics contributing to social implications include a lack of emotional reciprocity, a lack of seeking to share interests or achievements with others, and an impairment with many nonverbal behaviors, including face-gazing behavior, a lower incidence of smiling, and body posture. These contribute to lifelong difficulties for children with ASD by reciprocating social interaction, communicating with others, and creating meaningful relationships (APA, 2022).

Caregivers of Children with Autism Spectrum Disorder

The extent of ASD impairments widely varies by its foundational characteristics with severity based on social communication impairments and RRB. There are three severity levels of ASD: Level 1- requiring support, Level 2- requiring substantial support, and Level 3- requiring very substantial support (APA, 2022). Depending on the level of severity and impairments for children with ASD, it can impact relationships with family members, create stress and frustration, and lead to problem behaviors that might progress to difficulties throughout the lifespan (Spain et al., 2017).

While there is substantial variability in the expression of ASD symptoms, many children with ASD need lifelong assistance in daily life, usually provided by family members, especially parents (Musetti et al., 2021). The complicated nature of this disorder disrupts the balance and work routines in the family, impacting the intensity of parental stress (Rodriguez et al., 2021). Moreover, parents of a child with ASD may perceive their child differently than other children with disabilities and create assumptions that their child is less attached based on their relational expression (Rodriguez et al., 2021).

Play Therapy

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 (Ginsberg, 2012). Child-centered play therapy has been recognized as an essential evidence-based intervention for supporting children and adolescents with various social, emotional, and behavioral challenges (Ray & Bratton, 2010). Multiple published meta-analytic reviews have assessed the effectiveness of play therapy. For example, Bratton and colleagues (2005) administered a meta-analysis of 93 play therapy studies between 1942 and 2000. These researchers found that

participants who received play therapy significantly increased appropriate behaviors while reducing the number of unwanted behaviors.

An evaluation of 42 play therapy studies found that participants who received play therapy increased their peer relationships, classroom issues, and overall functioning (Leblanc & Ritchie, 2001). Researchers who studied the impact of play-based interventions on mental health outcomes from children with ASD found a decrease in deficits and problematic behaviors with a significant increase in social interaction and language skills (Francis et al., 2022). The examiners suggested that play increases receptive and expressive vocabulary, and a strong link has been found between symbolic play skills and functional abilities of children with ASD (Francis et al., 2022). Considering research supporting the reduction of unwanted behaviors, a strong case could be made for using play therapy for children with autism. However, within the area of research regarding how to increase parental connection with their younger children who have been diagnosed with ASD, there is limited research identifying the benefits of play therapy, specifically filial therapy.

Filial Therapy

FT was developed in the early 1960s by Bernard and Louise Guerney (Topham & VanFleet, 2011). The Guerneys were familiar with the effectiveness of play therapy in treating children's behavioral, social, and emotional challenges and presumed parents could be instructed to conduct special play sessions with their children, like a play therapist (Topham & VanFleet, 2011). A central assumption of FT is that the most important relationship in cultivating a child's adjustment is the primary caregiver.

FT is an innovative outgrowth of child-centered play therapy in which parents receive training, supervision, and support as they embark on learning how to conduct therapeutic play sessions with their children (Cornett & Bratton, 2015). This comprehensive approach also integrates several theoretical orientations, including attachment, developmental, humanistic, interpersonal, psychodynamic, behavioral, and social learning theories (Topham & VanFleet, 2011). FT was created to treat a wide range of childhood presenting problems such as attachment, anxiety, aggression, chronic illness, and disabilities.

Implementing Filial Therapy

The Topham and VanFleet (2011) model of FT offers interrelated techniques for caregivers to support children. These techniques include structuring, empathic listening, child-centered imaginary play, and limit setting. Structuring involves teaching caregivers how to initiate and conclude play sessions, drawing attention to the importance of managing transitions for children. Empathic listening involves motivating caregivers to temporarily suspend their thoughts and feelings to fully attend to a child's thoughts, feelings, and behaviors through the therapeutic skill of reflection. Child-centered imaginary play involves encouraging caregivers to engage in pretend play with a child, initiated and led entirely by the child. Limit setting supports caregivers in maintaining safety and boundaries during play sessions, which involve communicating in a firm tone of voice and maintaining an empathic presence. Together, these skills can help caregivers cultivate an environment of therapeutic play that invites children to openly express their thoughts, feelings, and behaviors in a safe environment.

Evaluating Filial Therapy

Ginsberg (2012) concluded that FT was a powerful intervention that increased “parental acceptance, self-esteem, empathy, positive changes in a family environment, and the child’s adjustment and self-esteem while decreasing parental stress and the child’s behavioral problems” (p. 9). This integrated approach empowers parents to engage in playful interactions with their children, beginning in the playroom and later transferring learned skills into daily interactions and experiences, improving the parent-child relationship (Griffin & Parsons, 2023). Examiners conducted an experimental control group using pre/post-test assessments for the evaluation of parent-child interactions using FT with their children who have ASD (Kiyani et al., 2020). The researchers discovered strong empirical support for concluding positive parent-child relationship characteristics by accepting their child’s need for autonomy and independence, which decreased parental stress (Kiyani et al., 2020). These findings are congruent with Cornett and Bratton’s (2015) findings of experiences for participating children and parents with FT, particularly in decreasing child behavior problems and increasing parental awareness of and sensitivity to children’s feelings and needs. These findings support the vital role families have in a child’s healing journey.

Implications

Researchers suggest play therapy to be a culturally sensitive approach that includes a client’s age, gender, and presenting problems (Bratton et al., 2005). Therapists utilizing CCPT techniques within FT offer a nondirective, warm, and genuine approach to utilize the therapeutic relationship as the focus toward healing (Bratton et al., 2005). This approach gives clients the space to process their thoughts, feelings, and behaviors safely. Additionally, the fundamental principles of CCPT provide clients with unconditional positive regard and support for their autonomy within the therapeutic process.

The parent-child relationship is a unique bond that can nurture one’s emotional, physical, and social development throughout a lifetime. This interaction process is established biologically or adoptively between a parent or caregiver and a child. According to Roy and Aneesh (2022), the parent development theory noted how parents can serve as active agents in strengthening the parent-child relationship through parental awareness of their child’s developmental changes and needs. Mowder (2005) states, “The parent role is partially an individual creation in that people conceptualize parenting based on their own prior experiences in a parent-child relationship, their thoughts and feelings about being a parent, and their child-rearing expertise and understanding” (p. 46). However, the parenting role and responsibilities for those who have children with ASD may look different than typically developing children when presented with challenging behaviors.

Researchers conducted a meta-synthesis to explore parenting strategies with children diagnosed with ASD, resulting in the severity of problematic behavior, including extreme irritability, aggression, inappropriate behavior in public, persistent non-compliance, challenging behavior, and anxiety (O’Nions et al., 2017). The findings of this study suggest significant parental stress can be associated with the targeted problematic behaviors and efforts of parenting strategies resulting in having to accommodate their children by following the child’s unique routines

sameness, planning activities to reduce the risk of problem behavior, and adjusting expectations based on their child's moods (O'Nions et al., 2017). Therefore, children with ASD often depend on their family members for high levels of support with daily living and self-sufficiency skills, leading to an increase in extreme distress. Spain and colleagues (2017) conducted an extensive review containing 3273 records for the effectiveness of family therapy with individuals with ASD. They found parents exhibiting higher levels of anxiety, depression, stress, and fatigue symptoms than those reported for parents of typically developing children (Spain et al., 2017). Across these studies, higher levels of parental stress associated with children diagnosed with ASD were noted compared to those of typically developing children, which may negatively affect the parent-child relationship. These researchers who focused on the quality of life in children diagnosed with ASD and their families collected extensive literature within one year, suggesting that parental involvement in family-focused interventions can positively impact the parent-child relationship (Musetti et al., 2021).

Future Directions and Recommendations

The importance of identifying effective treatments for children who experience ASD is a growing concern. Currently, an evidence-based approach used most frequently for treating ASD is applied behavioral analysis (ABA), which focuses more on behavior and stimuli (Hillman, 2018). Although researchers demonstrated ABA to be effective in altering one's behavior, there is a demand for addressing the whole child through relational dynamics for the betterment of the well-being of children experiencing ASD (Hillman, 2018). Within FT, the therapist uses the therapeutic relationship as the guide for teaching parents how to target and modify behaviors while children control the content, pace, and direction (Ray et al., 2012). Due to the nature of FT heavily influencing communication through play, neurodivergent children who exhibit more acute symptoms, such as partaking in repetitive behaviors that interfere with overall functioning or hardly initiating interactions and minimal responses to social approaches, may have a more difficult time engaging in treatment (Hillman, 2018). With a limited review of research, the effectiveness of FT is unclear with children presenting with severe symptoms. Therefore, an intriguing question to examine is comparing the effectiveness of FT in children with more acute symptoms to children with less severe symptoms. In addition, counselors and children can benefit from further research regarding the need to narrow the gap between FT as an effective treatment intervention in increasing their interpersonal dynamics and social-emotional well-being for children with ASD.

Most importantly, the benefit of FT encourages children and parents to advance effective social skills, enhance openness, create a safe environment for expression, and develop secure attachment in the parent-child relationship. Researchers can further explore the concept of play for all children, regardless of their developmental or special needs. Play is a child's most natural means of communication. Through play, young children learn about reality and their world. They experiment with pretend roles and come to know themselves, specifically their abilities and strengths (Smith & Landreth, 2004). The improved parent-child relationship fosters greater collaboration, reducing conflict and negativity while improving family stability. Although there is no cure for ASD, combinational treatment interventions such as reducing the impact and effects of core ASD symptoms and supporting parents by enhancing their knowledge of skills throughout their lifespan with FT can enhance a meaningful quality of life.

Contributions to parental stress, societal factors, and emotional and psychological distress in families with ASD need to be further examined. Over the lifespan, children's needs develop, and parenting strategies are consistently adjusting. Therefore, it is imperative to understand the impact of parental stress throughout these changes to better serve families with children who experience ASD.

Conclusion

This review provides insight into how FT can be taught as a complementary intervention with families of ASD children. FT teaches caregivers new skills and a deeper understanding of their children to become therapeutic agents. Furthermore, the parent-child relationship plays a vital role in both attachment and the development of social and emotional competencies and is emphasized in FT. Based on existing literature, FT shows promise for supporting healthy caregiver interactions for children on the autism spectrum (Ashori et al., 2021).

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