

**A MANUAL: ESTABLISHING HEALTHY MOTHER-CHILD RELATIONSHIPS
IMPACTED BY FAMILY VIOLENCE**

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Dedication

This project is dedicated to my friends and family who have supported me during the preparation of this project and provided their unconditional understanding and support over the past three years. I am grateful for their love and commitment in this process. I also want to thank my late mother (Antje Turnbull) for all of her encouragement and love.

Abstract

The intent of this project is twofold: One, to provide counsellors with an increased understanding of the effects of family violence on children. Two, to provide counsellors with ample treatment suggestions on how to therapeutically facilitate a secure mother-child bond. To begin, the project explores the impact on childhood development when the mother-child attachment is negatively affected due to the mother experiencing family violence. Next, filial therapy is presented as a treatment intervention to support the development of a secure attachment. The project concludes by presenting a resource composed of six stand alone filial therapy sessions for counsellors who wish to help mothers repair/enhance their relationship with their child. Although the session focus is on the mother-child relationship, many of the activities suggested may also be relevant for father-child attachment work. The limitations and strengths of the project as well as recommendations for future research are also addressed.

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Chapter 1: Overview

Introduction

This paper provides a comprehensive overview of the research literature on family violence and the effects on the mother-child relationship. Specifically, this project provides a manual for professionals working with children exposed to family violence by reviewing interventions that support a healthy mother-child attachment.

Purpose of the Project

The purpose of this project is to provide professionals with a six session treatment manual to therapeutically support children and mothers exposed to family violence. The manual will provide counsellors with a tool that supports mothers in becoming involved in their children's healing process and learning positive parenting strategies that support healthy development. Counsellors will gain an understanding of trauma and attachment with regards to children aged 5 to 11 who have been exposed to family violence. The focus will be on developing the mother-child relationship. In the event that a father is able to provide a safe and nurturing environment for the child, the activities suggested may also be used to support a healthy father-child attachment.

Distribution

This manual will be available to counsellors working in women's shelters or in counselling agencies supporting children exposed to family violence. This manual will be publicly available through the University of Lethbridge library.

Importance of this Project

According to van der Kolk (2005), childhood trauma, including abuse and neglect, may be the most important public health challenge that has the potential to be resolved

with appropriate prevention and intervention. Three reasons why this project (which is a manual) is important are outlined, starting with minimizing the long term effects of witnessing spousal abuse.

Assisting mothers in helping their children cope with the effects of family violence is important because traumatic childhood experiences, such as witnessing parental abuse, can have a profound effect on many different areas of functioning for the child. Supporting a secure mother-child attachment provides children with a sense of safety and security, which assists in healthy childhood development. Both of these topics will be discussed further in subsequent sections of this project. A second reason this project is important is because children impacted by family violence also have an opportunity for healthy physical, cognitive, social, and emotional development using evidence-based interventions (Broderick & Blewitt, 2006).

On a related and final note, professionals working with children and mothers need to design intervention programs that promote a secure mother-child attachment relationship. Promoting secure attachments improves outcomes for infants and children who are at risk for negative developmental outcomes and inhibit behaviour problems and psychopathology (Egeland, 2004). If adults know how to be good parents, form a strong bond with their children, and discipline without the use of violence, children are less likely to experience violence (Kwast & Laws, 2006).

Structure of the Project

This project contains several components, including a literature review of the effects of family violence on children (chapter 2) and a review of attachment styles and treatment interventions, including filial therapy (chapter 3). Chapter 4 outlines the

methods used for this project and Chapter 5 provides a synthesis of the project, including limitations and recommendations for future research. The appendix is a manual with treatment interventions to assist counsellors working with children exposed to family violence. The appendix contains a list of filial therapy activities for counsellors to utilize that support a secure mother-child attachment.

Operational Definitions

Attachment (mother-child relationship) - the strength of a bond between a child and his or her primary caregiver. In this project, it will be assumed the bond is between the mother and the child.

Child - in this project, child refers to a male or female between the ages of 5 to 11 years.

Childhood Exposure to Family Violence - the child witnessing physical, emotional and/or verbal abuse either to the mother or the child directly by observing or hearing the abusive act.

Evidence-Based Interventions - counselling interventions that are attachment-based and have been researched and proven to be effective in the treatment of childhood trauma.

Exposure - someone being within a close enough proximity to hear or see violence (Greenwald, 2005). This includes direct threats to a child while in his or her mother's arms, a child being held hostage in order to control the mother, or forcing a child to watch assaults against the mother or forced to participate in the abusive act or the child being used as a spy against the mother (Edleson et al., 2007).

Family Violence - a pattern of assaultive and coercive behaviours that include physical, sexual, and psychological attacks, as well as economic coercion that an adult uses against their partner (Gewirtz & Edleson, 2004). Research indicates that family violence is typically exercised by men against a female partner and at times against their children (Gewirtz & Edleson).

Filial Therapy - an attachment-based intervention that focuses on educating the mother while providing a safe environment to support the child's healing process (Landreth, 2006).

Mother - in this project, this term refers to the child's primary caregiver who the child resides with.

Post Traumatic Stress Disorder - the re-experiencing of a traumatic event accompanied by symptoms of extreme arousal and avoidance of stimuli linked with the trauma (American Psychological Association (APA), 2000).

Self-Regulation - refers to the ability to moderate one's emotions in a healthy, functional manner (Schore, 2001).

Women's Emergency Shelter - a crisis residence that houses women and children fleeing from family violence.

Trauma - a response to an event that an individual perceives as life-threatening (Greenwald, 2005). Levine (2005) further identified trauma as a loss of connection to one's self, body, family, and/or significant others, as well as to one's environment.

Summary

Family violence can have pervasive effects on childhood development as well as the mother-child relationship. Current literature supports counsellors working with children and mothers impacted by family violence to establish a strong mother-child relationship as a way to heal from the effects of exposure to violence (VanFleet, 2005). Based on this information, it is essential that the counsellors working with children have a strong understanding of the impact family violence has on childhood development along with strategies to support children in the process of healing.

The following chapters will provide information on the harm family violence can have on healthy childhood development. There will also be a review of attachment theory and its relation to child development, as well as strategies to support the healing of children exposed to family violence.

Chapter 2: Literature Review on Family Violence and Trauma

The effects of family violence on children have been noted in the academic literature for many decades (VanRise, 2005). In addition to significant social, emotional, behavioural, cognitive, and adjustment difficulties, children exposed to family violence may also exhibit symptoms of Post-traumatic Stress Disorder (PTSD) similar to children exposed to trauma in refugee camps (Blanchard, 1993; Eldeson et al., 2006; Letourneau, Fedick, & Willams, 2007).

Despite the fact that children exposed to family violence tend to experience severe psychological and behavioural impacts, the effects on children have not been considered in the treatment of family violence until the last 25 years (Blanchard, 1993; Eldeson et al., 2006). Following is a description of various developmental effects experienced by children after exposure to family violence.

The Impact of Family Violence on Children

This section provides a literature review, explaining how children are exposed to family violence. There is also a review of the impact that exposure to violence has on certain physical and psychological areas of child development.

Child's Level of Exposure

Traumatic childhood experiences, such as exposure to family violence, are extremely common and have a profound effect on many areas of functioning (van der Kolk, 2005). Children who have witnessed family violence tend to be at risk for developing physical and/or psychological impairments (Blanchard, 1993). It is critical to highlight that exposure to family violence also includes the aftermath of a violent event; for instance having to care for an injured mother, which can be just as traumatic as the

violent act itself (Edleson et al., 2007). The aftermath of violence may include, but is not limited to, events such as: a father who moves between physical violence and nurturance, police intervention, or residing at a shelter for abused women (Edleson et al.). These situations often provide a lack of safety for children and present a potential threat (Peled, 2000). These two features of the trauma frequently qualify the child for a potential diagnosis of PTSD.

Depending on the type, number, and pattern of exposure to traumatic events, many children will develop PTSD, especially if the event is sudden, unexpected, and man-made (Schwarz & Perry, 1994). Psychological symptoms of PTSD, which vary in intensity and duration, include: (a) a recurring recollection of the traumatic event in the form of dreams and flashbacks; (b) persistent avoidance of stimuli or situations associated with the trauma. Some physical symptoms include: sleep disorders, irritability, anxiety, and physiological hyper-reactivity (APA, 2000).

The literature indicates that a child's response to a traumatic event is affected by maturational level, proximity, and severity of exposure to the trauma (van der Kolk, 2005). Not every disturbing incident is so severe that it is experienced as traumatic (Greenwald, 2005). The experience of traumatic events is subjective and individual (Berg & Steiner, 2003). Events such as family violence are perceived in different ways by children. "What is an unbearable traumatic experience for one person may not be similar in the intensity of devastation for another person" (Berg & Steiner, p.142). For instance one child may be more negatively impacted by his or her father hitting one's mother while another child does not get distressed by this event. However, the child that is not

impacted by the mother being hit may be negatively affected by witnessing his or her father throwing a lamp.

Maturational Level

Children who have a sense of safety (i.e., that neither they nor their loved ones will be injured) and stability from a primary caregiver (i.e., no fear of being abandoned and there is consistency of parenting skills), typically from the mother, appear more resilient to the negative impact of traumatic events than children who do not have these experiences (Kagan, 2004). Children with stability are able to learn that their mothers will ensure their needs are met (i.e., when a child is hungry, they will soon get fed). Although maturational level influences a child's level of resilience, children can also be impacted by their proximity to a potentially traumatic event and their interpretation of the event (Greenwald, 2005).

Proximity

The more directly involved a child is with an event, the higher the risk for the child experiencing symptoms of PTSD (Greenwald, 2005). Greenwald suggests that a child who witnesses a violent event tends to display the most severe symptoms, followed by children who hear the incident but did not observe the act. Lastly, children who did not see or hear the event display the least amount of PTSD symptoms.

Interpretation

The meaning that an individual attaches to the event has been identified as the primary variable that can frequently determine the long-term effects of abuse or neglect (van der Kolk, 2005). For example, a child may tell a counsellor 'my mom only got hit in the face'. This statement implies a minimization of the event, presenting the need to

understand trauma as being subjective and individual (Berg & Steiner, 2003). Certainly some incidents are more severe than others, leaving children to perceive some violence as less traumatic than others (Landreth, 2006).

Regardless of the severity of the event, children may be affected in different ways. What is certain is that when children perceive an event as traumatic, they experience short-term and sometimes long-term physical and psychological changes (Perry, 2001). These changes will be explored next, starting with the mind-body connection, including physical and psychological symptoms, as well as brain development.

Short and Long Term Consequences of Exposure to Traumatic Events

In a traumatic event, such as witnessing parents fighting, the child's "...brain will establish a total-body mobilization in order for the individual to adapt to the challenge" (Perry, 2001, p. 226). This response often involves a change in the child's mind-body functioning (i.e., physical and psychological functioning), brain development, and brain hypersensitivity. Before addressing the impact on the brain, a brief overview of the impact of violence on the child's mind-body functioning will be presented.

Mind-body functioning. Levine (2005) suggested that the loss of the mind-body connection is difficult to identify, as it often occurs over an extended period of time, whereby the child begins to experience subtle changes in the way he or she feels or behaves. For example, children may become anxious or fearful. Children may also become withdrawn or aggressive (Greenwald, 2005).

These gradual changes are the hidden effects of trauma that impact the child's "...self-esteem, self-confidence, feelings of well-being, and connection to life" (Levine, 2005, p. 9). For instance, a child may display disruptive behaviours and poor frustration

tolerance, leading to diminished peer relationships and school challenges (Greenwald, 2005).

Physical symptoms. A child who feels threatened may experience a sense of hyper-arousal with increased heart rate, difficulty breathing, sweating, tingling, muscle tension, and cold sweats. These reactions are due to the influx of stress hormones produced by the body to indicate there is a perceived threat (Kagan, 2004). Hyper-arousal can also manifest as a mental process with racing thoughts and worries, inducing anxiety and panic attacks, and psychosomatic illnesses such as headaches, neck and back pain, asthma, digestive problems, and skin disorders, to name a few (Levine, 2005). These reactions stem from the production of cortisol, known as the stress hormone, which produces energy and allows the child to fight, flight or freeze in order to survive a traumatic event (Kagan).

Psychological symptoms. Children experiencing long durations of trauma, particularly those who do not receive counselling, tend to suffer from a host of psychological symptoms (Levine, 2005). These include: feelings of helplessness, impending doom, detachment, alienation, and isolation. These symptoms can generalize to the child's daily events, such as isolating oneself from his or her peers at school, or believing that he or she will not live past the teenage years.

In addition to short and long-term damage to their development, children exposed to family violence often exhibit symptoms that resemble psychiatric disorders such as anxiety disorders, conduct disorders, and Attention Deficit Hyperactivity Disorder (ADHD) (Greenwald, 2005; van der Kolk 2005). These disorders can mimic the effects of the traumatic event. For example, children exposed to violence may be preoccupied

with trying to keep their mother safe. Therefore, they are unable to focus at school, appearing to have an attention issue. If childhood trauma is not treated to regain a state of safety and stability, the child is at risk of poor developmental outcomes as well as later onset of psychopathology; as traumatized children do not learn how to regulate their behaviours (Smith, Stover & Berkowitz, 2005). These changes are due to the developmental effects on the brain created by exposure to traumatic events (Perry, 2001). Children who have experienced traumatic events may have ongoing hypersensitivity in specific regions of the brain (Kagan, 2004), which will be explained next. In addition, children exposed to abuse and neglect are susceptible to acute stress responses that are not controlled by normal regulatory systems (Kagan). This physiological response will also be highlighted in the forthcoming section.

Brain hypersensitivity. Traumatized children may not only respond anxiously and in a state of hyper-arousal, they may also provoke threatening behaviour from others as a way to have some control over the event (Teicher, 2000). For instance, children exposed to unpredictable violence often learn that if abuse is going to occur, it is better to control the timing of the occurrence and elicit a predictable response to their actions rather than wait for the unpredictable response (Teicher). For instance, the child might attempt to make his father angry at him by leaving his toys out. The child's intent may be for the father to take his anger out on the child rather than the mother. This way, the child is prepared for the father's anger and may feel he or she is protecting the mother.

The hyper-arousal response is an alarm reaction that activates the central and peripheral nervous systems (Perry, 2001). When a child is exposed to a traumatic event, the brain's response is to maintain a state of hyper-arousal, increasing anxiety, fear,

irritability, and affect arousal, eventually inducing hyper-vigilance (Perry). Children in a state of hyper-vigilance may also experience symptoms of impulsivity, hyperactivity, impaired social functioning, increased startle response, sleep disturbance, and cognitive deficits and distortions (Levy, 2000). In addition, when a child's stress-response is in an activated state for an extended period of time, the brain will adapt to allow the child to live with a continuous perception of threat, creating unhealthy coping skills (Levy). For example, the child who has high levels of cortisol may show an over-sensitivity to noise, or be anxious when their father returns home, anticipating the occurrence of a violent event.

In summary, children's physical and psychological functioning can be negatively impacted by exposure to traumatic events, such as family violence. Trauma causes an increase in the stress hormone, cortisol, which can lead to a state of hyper-arousal and unhealthy coping mechanisms, such as anxiety or avoidance.

This section focused on how children's functioning can be impacted by an increase in cortisol levels. The subsequent section provides a brief discussion on how a change in cortisol levels affects the child's central nervous system and impedes their ability to self-regulate emotions and behaviours.

The Impact of Change in Cortisol Levels

A change in the levels of stress hormone, cortisol, impacts a child's brain chemistry. This section gives a brief overview of how exposure to trauma changes a child's hormone levels and the impact this has on the central nervous system.

Traumatic events during childhood can alter development of the central nervous system due to abnormal patterns of catecholamine activity. This abnormal pattern can be

induced by prolonged alarm reactions and increased blood to the muscles, as well as an increase in stress hormones, such as cortisol and adrenaline (Perry, 1994; Levine, 2005). A low cortisol level is correlated with a numb response, while a high level of cortisol is associated with experiencing distressing memories of the traumatic event(s) (Mash & Wolf, 2002). Alarm reactions induce the fight, flight or freeze response, which can alter a child's biological predisposition in order to survive the traumatic event (Perry). Levine referred to this as an immobilized response. Once the life threatening event is over, this increased energy from the body informs the brain that it is able to reduce the high levels of stress hormones (Levine). When a child's nervous system is in a continuous state of stress, the brain adapts and enables the child's perception that he or she is in a permanent state of threat (Ladnier & Massanari, 2000). Thus, the stress hormones do not decrease as much as they would if the child was not in danger.

When a child does not experience a nurturing and safe environment, the brain growth and regulation over one's behaviours and emotions is frequently delayed (Schoore, 2001). The need for children to regulate their behaviour and emotions is important, as will be discussed next.

Self-Regulation

A sign of healthy development is displayed when a child is able to control their emotions in a healthy and useful manner (Levy, 2000). For instance, when the child is angry, he or she expresses these emotions with words, rather than physically or verbally lashing out at another person (e.g., hitting or yelling) (Levy). This process is referred to as self-regulation and is described as the ability to complete a request and to start and stop one's actions when faced with a number of environmental situations (Broderick &

Blewitt, 2006; Levy). Self-regulation also involves being able to produce socially acceptable behaviours by changing the intensity, frequency, and duration of one's verbal and physical actions in social and educational situations and not acting upon one's goal or object (Broderick & Blewitt). For example children understand that they are able to run and yell in the playground, but they are to walk and speak quietly in the school. Children who do not learn to modulate their emotions may engage in a host of destructive behaviours that are attempts at self-regulation, a way to numb intolerable emotions and/or reduce their inner physiological stress (e.g., aggression towards others or self, drug use, or criminal activity) (van der Kolk et al., 2005).

One of the ways that children learn to regulate their emotional, behavioural, and physiological arousal is through the development of a secure attachment (Kagan, 2004). Through the development of a secure attachment with a significant other, such as their mother, children develop the capacity to modulate emotional, behavioural, and physiological arousal. Attachment disturbances have been correlated with impairments in self-regulation (van der Kolk & Fislser, 1994), a concept that will be further discussed in the next major section.

Problems that Emerge with Poor Self-Regulation

A child with deficits in attachment lacks internalized limits, often making it challenging for the child to distinguish between thoughts and behaviours (Levy, 2000). Children experiencing deficits in self-regulation tend to be impulsive and may act on their thoughts by not thinking before reacting leading them to engage in socially inappropriate behaviours (Mash & Wolf, 2002). A child in a shelter may find it difficult to be in a shared living space with strangers. Instead of utilizing healthy coping skills, such as

finding a quiet space, the child may push other children who are living in the shelter out of their space. For instance, if the child is sitting on the couch watching a cartoon and another child attempts to occupy a space on the couch, the first child may push the second off the couch, insisting that he or she have the couch to oneself.

As mentioned, trauma symptoms of impulsivity and lack of focus tend to be misdiagnosed, resulting in the child being labelled with ADHD (Greenwald, 2005). Traumatized children demonstrate deficits in emotional and social information processing, creating chaotic behaviour when faced with stress, and tend to display behaviours that mimic the symptoms of ADHD (Kagan, 2004). Such deficits are the result of an influx of cortisol and the continual hyper-arousal state (Mash & Wolf, 2002).

Summary

Children who have been traumatized by family violence often demonstrate social and emotional dysregulation and may overreact or freeze in stressful situations, leading to a number of physical and psychological challenges (Kagan, 2004). Research supports the development of a secure mother-child attachment in order to create an environment for reducing the impact of these challenges (Broderick & Blewitt, 2006). This environment includes a mother who is responsive, nurturing, and empathic towards her child, and who provides a safe and predictable environment for the child to heal from the effects of family violence (Ladnier & Massanari, 2000). The following chapter provides an understanding of attachment theory and the importance of a secure mother-child relationship as necessary to help children heal from the impact of family violence.

Chapter 3: Literature Review on Attachment Theory and Interventions

This chapter provides an understanding of attachment theory and the impact of a secure mother-child attachment on the child. It concludes with an examination of different treatment modalities related to attachment.

According to Rotter (1993), in order to understand a child's behaviour, it is necessary to take the child's experiences of his/her living environment (e.g., family of origin experiences) into account. The environment is an important aspect, as it sets the tasks in which self-efficacy appraisals are made, along with providing information that shapes these judgments (Kihlstrom & Harackiewicz, 1990). Therefore, counsellors should seek to understand childhood behaviour within a family systems context (Kerr et al., 2008). One such systems method is examining the mother-child relationship. This type of attachment relationship is most influential in the early years and the majority of a child's learning of how to regulate affect largely stems from this relational experience (Broderick & Blewitt, 2006). The following section will introduce attachment, the different forms of attachment, reasons to develop a secure attachment, and finally, problems that may arise in the absence of a secure attachment.

Introduction to Attachment

Attachment theory explains that parents provide the environmental context for children to grow and develop in healthy ways (Broderick & Blewitt, 2006). As Chapter 2 alluded, "Children have the best chance of developing normally when they live in healthy, predictable and safe homes with parents who protect and adequately care for them" (Sprang, Staton-Tindall, & Clark, 2008, p. 333).

The main premise of attachment theory is that attaching behaviours are necessary to bring children closer to their parent for the sake of safety and survival (Ladnier & Massanari, 2000). Attachment behaviours include cuddling, singing, babbling, rocking, kissing, and other nurturing behaviours (Perry, Runyan, & Sturges, 1998). The lack of touch, stimulation or nurturing of a child from a primary caregiver can lead to devastating results for the child. The development of a secure attachment provides the foundation for healthy childhood development (Perry, Runyan, & Sturges).

Forms of Attachment

There are three main categories of attachment patterns, which include: secure, anxious/avoidant, anxious/ambivalent, and insecure disordered attachment (Broderick & Blewitt, 2006; Colin, 1991). The four primary patterns of attachment fall into two categories; secure and insecure (Marvin, Cooper, Hoffman, & Powell, 2002). Secure and insecure patterns of attachment can be identified in terms of specific organizations of behaviour displayed by the child's attachment pattern and the mother's caregiving interactions (Marvin et al.). Gaining awareness of these four main attachment patterns provides counsellors with a lens for understanding how children function in relation to others and their world (Schore, 2001).

Secure attachment – autonomous pattern. A secure attachment is characterized by a human need for social connectedness (Broderick & Blewitt, 2006). Children who develop a secure attachment utilize their significant caregiver (e.g., mothers) for safety and as a secure base to explore the world around them (Colin, 1991). Children with secure attachments seek contact from their mothers, especially if they are in distress, and are able to predict that their needs will be met (Egeland, 2004). These children are sad when

their mothers leave, but can be comforted (Egeland). These children are happy to see their mothers return and are relaxed when they are around (Broderick & Blewitt). The mother's behaviours towards her child help shape the attachment relationship and help the child form a mental picture of self, others, and the relationship between self and others (Egeland). Bowlby identified these representations of the self as inner working models that guide the child's behaviour and expectations of relationships (Broderick & Blewitt).

The quality of the mother-child relationship is a critical predictor of children's future relationships, learning, and expectations (Letourneau, Fedick, & Willims, 2007). A contributing factor to children learning healthy self-regulation is the level of the mother's responsiveness (Broderick & Blewitt, 2006). An empathic, warm, and accepting relationship between mother and child supports a secure attachment and provides the child with a safe and predictable understanding of how his or her mother will respond to his or her needs and requests (Broderick & Blewitt). Qualities found in a responsive mother include: the ability to listen to the child, involvement and interest in the child, the ability to provide support to the child, and awareness of the child's needs (Broderick & Blewitt). Responsive mothering also involves teaching children how to regulate their behaviours by requiring children to cease certain actions and insisting that they perform other behaviours that are age-appropriate and acceptable for the setting (Broderick & Blewitt). Children learn to exercise control over their emotions and actions when they receive sufficient guidance, boundaries and rules (Levy, 2000).

Anxious/avoidant attachment – dismissing pattern. A child who fits in this category is considered to be attached, as there is a level of interaction between the mother-child

(Broderick & Blewitt, 2006). However, these interactions are described as insecure because the child displays high levels of anxiety and is not able to achieve a secure sense of safety (Colin, 1991). Children with an anxious/avoidant attachment pattern are often anxious about the mother's responsiveness (Marvin, Cooper, Hoffman, & Powell, 2001).

Through past experiences, the child has learned that the mother is inconsistent in meeting the child's needs, sometimes misreading the child's cues, and is often preoccupied (Marvin et al.). Mothers who misread these cues tend to respond inconsistently and are unpredictable, at times ignoring signs and at other times being intrusive, sporadically responding with sensitivity (Colin). For example, a counsellor at a shelter may notice that a preschool child en route to developing anxious attachment worries about being hurt or may experience nightmares about being hurt (Perry, Runyan, & Sturges, 1998). Counsellors will notice these symptoms through mother and/or child reports that the child wakes up with nightmares, or the child becomes distressed when having to go to school. The child's response to the mother's inconsistent behaviours is to develop a defensive strategy to manage the anxiety he or she experiences (Colin, 1991).

A child with anxious/avoidant attachment fails to cry when separated from the mother and avoids or ignores her when she returns (Broderick & Blewitt, 2006). Failing to cry and avoiding or ignoring the mother protects the child from rejection by the mother (Colin, 1991). The mother's unpredictable and inconsistent behaviours prompt the development of anxious/ambivalent attachments (Marvin et al., 2001). Children who grow up with an avoidant/dismissive parenting pattern may become compulsive in their work in order to avoid the challenges and deficits in their interpersonal relationships (Colin).

Anxious/ambivalent – preoccupied pattern. Children with an anxious/ambivalent attachment pattern have anxiety and mixed feelings about their mother (Colin, 1991). They often appear stressed when they are separated from their mothers and openly express anger towards her upon her return after brief periods of separation (Broderick & Blewitt, 2006). A sense of security has not been provided for these children (Marvin et al., 2001). Consequently, they may fail to explore their environment and may approach and resist the mother, or respond lethargically to her attempts of comfort (Broderick & Blewitt). For example, a counsellor at a shelter might observe a preschooler experiencing anxious/ambivalent attachment who refuses to go to daycare or preschool, becoming distressed when the mother leaves. Upon the mother's return, the child may pull away and become aggressive towards her (Dunbar & Leroux, 2003).

Research indicates that children who maintain a pattern of anxious/ ambivalent attachment tend to develop adult relationships that involve obsession, extreme sexual attraction and extreme jealousy (Colin, 1991). As adult children, they may become preoccupied with their unmet needs and may allow interpersonal relationships to interfere with their work, as they spend the majority of their time focused on the relationship and are unable to concentrate on the job. They tend to feel lonely, have self-doubts and feel misunderstood or unappreciated (Colin). These adults are on a continuous search to have their need for love and acceptance met in intimate relationships (Marvin et al., 2001).

Disordered attachment – disorganized patterns. The disordered attachment pattern develops due to the caregiver's past or continuous trauma (e.g., a mother in a violent relationship) that creates a heightened sense of fear or anger from the mother towards the child's attachment behaviour (Marvin et al., 2001). For example, a child with

disorganized patterns of attachment presents with unpredictable behaviours. In one instance, the child may be affectionate towards his or her mother and in the next moment become angry and violent towards her (e.g., hitting or pushing her away). A counsellor working in a shelter may receive reports from the mother that her child is aggressive and she is fearful the child may hurt her.

The literature suggests that the mothers of children with disordered attachment have themselves been subjected to neglect or maltreatment, which may help to explain the mother's fear towards her own child (Broderick & Blewitt, 2006). In turn, these mothers may present with their own disorganized attachment pattern; in one instance they are emotionally and physically available for their child while, in the next instance, they are pre-occupied and unable to meet their child's needs (Benoit, 2005).

In this type of attachment behaviour, the mother and child display contradictory behaviour, showing signs of both avoidant and ambivalent attachment patterns (Broderick & Blewitt, 2006). The child may seek out the mother when in distress and may avoid her when she approaches (Broderick & Blewitt). This attachment pattern is different from anxious attachment because the child's behaviour is unpredictable and can move between being affectionate, avoidant and aggressive. The mother is unable to predict how the child will respond to her in any given situation. Children in this category seem to lack a consistent strategy for managing separation from and reunion with the mother and are at the highest risk for significant social and emotional maladjustment and psychopathology (Colin, 1991; Benoit, 2005).

Research shows that children with disorganized attachment experience a host of challenges, including: higher rate of vulnerability to stressors than other children,

difficulties with self-regulation, displaying oppositional and aggressive behaviours, and higher rates of rejection by their peers (Benoit, 2005). A counsellor at a shelter may notice that a preschooler with a disordered attachment pattern does not respond to peers or adults – almost as if the child is not aware that there are other people in the room (Bratton, Rhine, Ray, & Jones, 2005). For instance, if an adult or peer enters a room where the child is, the child most likely will not look up to acknowledge that someone has entered the room. Children respond in this manner because they have learned that they cannot count on anyone else but themselves to take care of their needs (Neufeld & Mate, 2005).

In summary, children who have insecure attachment disorders experience a multitude of challenges in their overall functioning. These children encounter difficulties in their workplace and in establishing healthy relationships. The most challenging attachment disorder for counsellors to work with is disorganized attachment. These children have learned to be self-sufficient and believe they are unable to trust anyone other than themselves. Consequently, prior to working with children displaying disorganized attachment patterns, the counsellor may need to do counselling with the mother to help her heal from her own experience of violence. Understanding the consequences that insecure patterns of attachment has on childhood development makes it evident that the earlier the intervention, the more benefit children will have in establishing healthy relational patterns.

There are a number of different theoretical orientations that counsellors use when working with children. The following section presents a brief overview of these different theories. For the purpose of this project and manual, the chosen theoretical orientation is

filial therapy and it will be described after a brief review of how the reasons to form a secure attachment and the challenges abused mothers face in offering a secure attachment.

Reasons for a Secure Attachment

In review, the development of a secure attachment goes beyond the basic premise of providing a child with safety. Attachment to a significant caregiver, such as a mother, also enables a child to participate and succeed in tasks that are essential for normal development, including but not limited to: exploring their environment, engaging in healthy interpersonal relationships and gaining a sense of oneself in relation to one's environment (Ladiner & Massanari, 2000).

Children with secure attachments to a primary parent tend to be more resilient than children who have insecure attachments (Landreth, 2006). In fact, there is strong evidence that having a secure attachment provides a foundation for children to overcome the effects of trauma and maintain healthy development, such as establishing positive coping skills and meaningful relationships (Landreth). Secure attachments are also linked to the development of a conscience, impulse control, self-esteem, good peer relations, self-awareness, problem-solving skills, and age-appropriate developmental abilities (Kagan, 2004). Poor attachments create impulsivity, lack of attention, poor social skills, poor self-esteem, anxiety, and depression (Greenwald, 2005).

The process of attaching is a human instinct that provides children with a sense of who they are, what is real, and an understanding of why things happen (Colin, 1991). This researcher also suggested that children fear a lack of orientation (attachment) to a

parent more than experiencing bodily harm. Family violence has been shown to negatively impact the relational bond.

Challenges Abused Mothers Face in Offering a Secure Attachment

Attachment theory maintains that family violence interferes with a mother's ability to effectively bond with her children (Broderick & Blewitt, 2006) because mothers may be prevented/unable to provide their children with the patience, recognition, and acceptance needed for healthy development (Kerr et al., 2008).

In cases of family violence, the mother-child relationship may be compromised, particularly if the mother becomes injured and/or emotionally unavailable (Letourneau, Fedick, & Willims, 2007). Mothers who experience family violence may be unable to meet their children's needs because their focus is directed to resisting abuse by trying to prevent future incidents (Edleson et al., 2006). A mother who has left an abusive situation may also need to direct her focus to financial and housing concerns (Edleson et al.).

Researchers found that, in some cases, domestic violence had negatively affected the quality of the mothers' interactions with their children. For instance, experiencing family violence can generate worry in a mother that her child will become a perpetrator (VanFleet, 2005). This is particularly true of male children who have a resemblance to their father who abuses. The mother's reaction to this worry may be to reject the child who reminds her of the perpetrator (VanFleet).

In summary, many factors affect a mother's ability to nurture her child with the basic physical and emotional needs required for healthy development. Mothers experiencing family violence, particularly those residing at a crisis shelter, tend to focus on securing basic needs, such as finding housing and creating financial stability (van der

Kolk, 2005). These are important aspects to consider when counselling mothers and children exposed to family violence, as well as the implications for attachment (Deleson et al., 2006).

When children have not formed secure attachments, they are considered to be insecurely attached. These attachments fall into four different categories, including: secure, avoidant, ambivalent and disordered (Perry, Runyan, & Sturges, 1998). Filial therapy is one approach to helping mothers develop a secure attachment with their child.

Filial Therapy

Filial therapy is a method that encompasses both creative interventions and parental involvement. It is a hybrid of child-centered play therapy that focuses on providing a creative outlet for children to express themselves in a safe manner while involving the parent in the child's healing process (VanFleet, 2005). The intent of the play sessions is to increase the child's awareness of his or her emotions, build the child's feelings of trust and confidence in the parent, and increase the child's self-confidence (VanFleet). Filial therapy reverses the traditional form of child psychotherapy from the counsellor being the main therapeutic agent of change to the mother affecting the child's internal organization to repair their earlier experiences (Hutton, 2004).

Filial therapy has been shown to be an effective intervention with children who experience a disruption in their attachment to a primary caregiver. For instance, Landreth (2006) conducted a filial group for children displaying a disturbance in their attachment. At the end of 10 weeks, parents self-reported that their children had a significant reduction in overall behaviour problems such as aggression, anxiety and depression. These children were also found to exhibit a significant increase in their self-esteem. This

research study showed filial therapy can be effective in assisting children to reduce negative behaviours while increasing their self-efficacy through the process of play with a primary caregiver (Landreth).

Implications for Counsellors

Counsellor Characteristics

Nighswander and Proulx (2007) list characteristics that counsellors should possess when assisting children in the healing process. They recommend that counsellors should have a genuine liking for children, be aware of and adhere to the rights of children, maintain flexibility, have a sense of play, have an awareness of the nature and effects of family violence, be knowledgeable in child development, be a role model for mothers, have good counselling skills, be experienced in working with crisis situations, engage in self-reflections, have knowledge of community resources, organizational skills, and engage in self-care.

Challenges of Involving Parents in Filial Therapy

Due to the complexity of working with children exposed to violence, counsellors also need to have a dynamic repertoire of clinical experience with adults and knowledge of how attachment influences child development. For instance, counsellors need to be aware that mothers may bring an attachment style to the counselling session that could hinder the therapeutic working alliance. In such situations, mothers may need education, therapy and understanding from counsellors so the mother feels safe engaging in a therapeutic, intense relationship. During this time of building a working alliance with an abused mother, who may also suffer from an insecure attachment, high levels of frustration may arise between the counsellor and the mother when therapy is not progressing fast

enough and/or the mother is not actively engaged in the filial therapy process (Sprang, Staton-Tindall, & Clark, 2008). With a counsellor's active and unconditional support, the mother needs to be guided to find a way to manage the working alliance conflict, such as being gently encouraged to express her fears and needs (Sprang et al.). In other words, the counsellor needs to work with the mother *and* child, not just the child. If the counsellor does not take the time to nurture a healthy working alliance with the mother before engaging in filial therapy with the child, the mother may not stay engaged in the healing process with her child.

When parents bring children to counselling, there is often a certain expectation that the counsellor will work with the child to 'fix' the issue (VanRise, 2005). However, as this project documented, research on treating child trauma focuses on the development of a secure parent-child attachment (Landreth, 2001). In this case, it requires the parent to be a participant in the child's healing, which requires a great deal of time and commitment from the parent (VanRise; Landreth).

Counsellors may find that once mothers discover the level of commitment and follow-through required when engaging in filial therapy, they may become overwhelmed and/or impatient with the process (Landreth, 2001). This response is understandable, particularly if the mother is also struggling with PTSD and/or her own insecure attachment. Furthermore, play-based therapies may bring up additional challenges for mothers, as they become uncertain about their own mothering abilities as they learn the new skills that are required to enhance their child's development (Landreth). The skills, which are explained in the manual, include: empathy, providing choices, and learning child-directed play (VanRise, 2005). Due to the expectations placed on mothers, they

may discontinue their child's counselling. This hinders the healing process and eliminates the child's choice to receive services (VanRise).

Despite the challenges mothers may bring to the counselling process, counsellors working with children exposed to family violence have an important role in providing families with an arena to heal from these experiences and develop happy, healthy lives. The overall theme from the literature is that the focus of counselling traumatized children needs to incorporate three primary areas: creating safety and competence, managing traumatic re-enactments, and integrating mastery of the body and mind. The earlier the intervention, the quicker the healing process (Perry, Runyan & Sturges, 1998). This does not mean that children who do not receive early intervention have no hope of healing, but that the process can become more difficult and frustrating for children and their families over a longer period of time (Perry, Runyan & Sturges). The process may take years of hard work to help repair the damage done from only a few months of exposure to family violence (Perry, Runyan & Sturges).

Summary

Attachment patterns not only impact childhood development, but continue to influence the individual throughout the life-span. In addition to developmental deficits, children who grow up with insecure attachment patterns tend to experience a number of challenges in other relationships from early childhood to adulthood. These children manifest negative beliefs of who they are in relation to others, reinforcing their unhealthy coping skills and attachment patterns as a way to get their needs met. For instance, children with poor attachment may believe they are not loveable, leading them to risk-taking behaviours, such as drug use.

Children experiencing attachment deficits due to family violence have great success in overcoming the negative effects of such adverse life events when they are provided with creative therapeutic interventions. Filial therapy is an effective intervention for children, providing them with creative ways of working through the traumatic experience without having to verbalize the event or emotions but, instead, express themselves through play, drama, and art. Not only does filial therapy provide children with a safe and nurturing environment and encourages the healing process, it also allows the development of a secure mother-child attachment; thus enhancing child development and overall functioning.

One of the main purposes of this project was to create a series of stand-alone session plans for counsellors working with children exposed to family violence (see Appendix A). They are in a position to incorporate parental involvement and creative interventions in a timely manner. These interventions can be implemented intensively while mothers and children reside at the shelter, giving them the skills to continue the attachment-based activities when they leave the shelter and re-enter their community. The development of the play sessions will be explained in detail in Appendix A.

Chapter 4: Method

This chapter outlines the research methods that were utilized to complete this project. Consequently, this chapter lists the main research questions as well as the search terms and parameters used. The chapter closes with an ethical statement.

Research Questions

The following questions guided the literature search for material cited in Chapters 2 and 3:

- a) what are the effects of family violence on children?
- b) what are the developmental issues for traumatized children exposed to family violence?
- c) what is the impact of family violence on the mother-child relationship?
- d) what are the different forms of attachment and the influence on healthy development?
- e) what are the evidence-based treatment interventions for traumatized children?
- f) what are the benefits of using filial therapy to treat traumatized children?
- h) what are the implications for counsellors working with traumatized children?

Search Terms and Parameters

A literature review was undertaken using the electronic databases of PsychINFO (1980 – 2009), APA Journals (1990 – 2009), Springer (1990-2009), and Internet resources such as Google Scholar and Amazon. Some examples of the search terms used were: trauma; childhood developmental; family violence; filial therapy; creative interventions with traumatized children; play therapy; attachment disorders; attachment styles; and the mother-child relationship. A search of resources was also conducted at the

University of Calgary library, Athabasca University, University of Lethbridge, and Calgary Public Library using the same key terms.

Inclusion criteria for this project included English speaking, peer and non-peer reviewed journal articles and books published between 1990 and 2009. This project examined both qualitative and quantitative studies that explored the concept of family violence and the implications on childhood development. Exclusion criteria for the scope of the project included non-English speaking peer-reviewed journal articles and articles that explored the concept of treatment for children exposed to family violence over the age of 11.

For this project no data was collected from human participants. I also abided by the standards laid out in the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001). For example, citations were used when written work was borrowed or quoted to avoid plagiarism, following Principle III: Integrity in relationships.

Chapter 5: Synopsis

This chapter discusses the implications for counsellors working with children, as well as the limitations of this project. In addition, it provides a summary of the literature and the importance of helping children develop secure attachments to their primary caregiver as a way to heal from the effects of family violence.

Limitations to Implementing Filial Therapy

There are at least three specific limitations to the idea of introducing filial therapy in counselling, particularly in shelters. These limitations are simply challenges that need to be addressed on a systems level, which is beyond the scope of this project. The three limitations will be addressed starting with the approach of filial therapy and the time commitment required. Finally, the lack of research regarding the number sessions needed to provide therapeutic effectiveness.

The approach of filial therapy requires an intense training session with mothers. Due to the circumstances of families in shelters, mothers may require more than one counselling session to fully learn and be able to implement the strategies necessary to partake in a therapeutic play session. However, any more than one parent session may be asking too much from a mother who is limited in her stay at the shelter or attempting to leave an abusive partner, and may be spending the majority of her time finding accommodations, work, and food. The challenges mothers face at the shelter may prevent the process from being viable. Although it would highly benefit a mother to complete all of the activities in Appendix A, this is often not feasible. Thus, each session plan is independent of the other so the counsellor can identify which session will offer the child

with the most benefit of increasing self-esteem and sense of safety given the circumstances.

In addition to time challenge, filial therapy is structured in a way that requests mothers to establish one-on-one playtime with their child outside of the counselling session. This requirement may pose a problem for mothers who have more than one child. Families residing at a shelter only receive one bedroom for all family members as their private space, preventing a mother and child from having a private space, particularly if there is more than one child. A mother with more than one child may also be challenged in finding necessary care for her other child(ren) in order to allow for the required individual playtime.

A third limitation to using filial therapy in a shelter is the lack of efficacy research exploring the limited number of sessions necessary to positively impact the mother-child relationship. It would be important to discover if there is benefit in just training mothers to provide therapeutic play without the counsellor developing a working alliance with the child. It would be helpful to establish whether or not the mother's skill development and implementation are more important than bringing the child into sessions.

Future Research

This manual was created in an attempt to encourage greater implementation of therapeutic interventions for children in shelters. The premise of this project and manual stems from current research outlines the implementation of activities based on filial therapy, a child-directed approach. This means that the child chooses the activities and their structure while the parent is an observer, unless engaged in play by the child.

However, further research is required on how structured activities work in a filial session. Following are suggestions for future research.

Filial therapy typically assumes a child-directed approach. For the purpose of this project, the sessions contained structured activities. The intent of these activities was to bring purpose into the session in a way that provides mother and child with information that enhances their relationship and increases the child's self-confidence. The activities used are meant to make the most out of the limited time available in working with families residing at a shelter. Given that filial therapy is usually child-centered, it will be important for counsellors to provide feedback on how the more direct approach works while having the parent involved in the process.

The activities offered are also ordinarily used in individual sessions with the child. The author has used each activity with children in individual sessions. Only a couple of the activities have been attempted as a filial therapy approach. Based on the author's experience and knowledge of the activities and orientation of filial therapy, the activities have been adapted to include the parent in the sessions, maintaining the concepts of filial therapy. Counsellors are asked to test out the activities and give feedback to the author on if and how they work using a filial approach rather than an individual approach.

It would also be beneficial for counsellors utilizing this manual to test the activities in a group format. It is the author's hope that family nights can be implemented at shelters as a way to maximize the limited therapeutic time available to families. The sessions are structured in a format that can be used as a group process or an individual session. The activities are developed so they can be applied independently from each other. The purpose of having independent sessions is to include families who are soon leaving the

shelter and new families without having to implement the same structure as done in a formal group process.

In addition, this manual would benefit from further research on the effectiveness of these activities in different settings other than a shelter, as well as with different populations. For instance, counsellors working in private practice or other non-profit organizations with children exposed to family violence or insecure attachments may find this manual helpful in assisting parents and children to re-establish their relationship. Counsellors are also encouraged to implement these activities in a group setting. Research on the effectiveness of the activities in a group situation could also provide valuable information on whether or not it would be beneficial to develop a more group oriented program for children, using the concepts of filial therapy. The majority of children's groups do not involve parents in the direct process with children. Instead, parents are often in their own group learning parenting skills while children are learning ways to cope with their experience. While this is valuable, it is the parent who will remain in the child's life after therapy. Therefore, research can provide information as to the importance of the parent being present in the healing process.

It is recommended that counsellors consider the individual needs of families they work with and utilize the information in the manual in a manner that is appropriate for them. For instance, the author has suggested that one parent meeting be completed in order to provide the parent with skills and structure before entering the therapy session with the child. However, some parents may require additional skill development sessions before they feel confident implementing these skills.

Counsellors are encouraged to use this manual and provide feedback to the author on any findings. Additional information will assist in creating programs that help children heal from the effects of family violence.

Summary

Current research suggests that young children are aware of and impacted by family violence (Nighswander & Proulx, 2007). The awareness of these effects makes it evident that counsellors working with children in crisis shelters must become educated on the impact family violence has on mother-child attachment and the implications on normal childhood development. Counsellors who understand the dynamics of attachment and trauma on young children will enable them to adopt effective behavioural and social interventions that will strengthen the mother-child attachment.

The goal of attachment-based therapy involves establishing healthy attachments that enhance a functional flow of emotion, thoughts, and behaviours (Levy, 2000). Establishing a strong attachment enhances the natural environment, allowing children to grow and develop in healthy ways, despite the impact of family violence (Broderick & Blewitt, 2006). Children who experience adverse life events have the best chance of developing normally when they have predictable and safe attachments to mothers who protect and nurture them (Sprang, Staton-Tindall, & Clark, 2008).

Based on the concepts of attachment theory and filial therapy used to counsel children exposed to family violence, it is evident that the mother is a primary component in assisting with her child's healing process. Therefore, it is critical that counsellors are familiar with how children are affected by violence along with strategies that focus on a family perspective.

Conclusion

Based on the literature regarding the effects of family violence on children, it is apparent that counsellors working in shelters need to be aware of the implications for children. Counsellors working with children in shelters have a role to play in the movement to end violence by assisting children and mothers in the healing process. Traumatized children who are given the opportunity to develop secure attachments and heal from the effects of family violence establish healthy development and the chance at a better quality of life.

It is my hope that shelters will develop a therapeutic approach when working with children exposed to family violence. In addition, for counsellors looking to gain a better understanding of how children are affected and ways to support children, I encourage them to create a space for mothers to become the main therapeutic agent in their child's healing process. Placing the mother in the therapeutic role allows for life-long benefits to the mother and child and the enhancement of their relationship. The mother will learn parenting skills that encourage her child's growth, in turn increasing the child's self-confidence and development. Children with self-confidence learn they are capable and loveable individuals. These beliefs assist children to grow into responsible and capable adults.

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Appendix A



A Manual: Establishing A Healthy Mother Child Relationship After Family Violence



Preamble

This manual was created for counsellors working in shelters with children exposed to domestic violence. Nevertheless, it can be used in a variety of counselling settings to assist counsellors working with children affected by a disturbance in a secure attachment to their primary caregiver.

It is strongly recommended that counsellors using this manual read the chapters preceding this manual in order to develop a context and firm understanding of the purpose of the attached lesson plans. Chapter 3 is highly recommended to review along with Chapter 5 that discusses the limitations to this manual.

Copyright

The activities in this manual have been borrowed and edited from a variety of sources. They are intended to be used with children and parents. The forms and ideas in this manual are intended be copied and shared provided they are referenced as:

In-text (Cochrane, 2009)

Cochrane, B. (2009). *A Manual: Establishing Healthy Mother-Child Relationships*

Impacted by Family Violence. Lethbridge, AB: University of Lethbridge.

Limitations

Although play is a universal experience, this manual provides general relevance to multiethnic and multiracial populations, therefore, it lacks an understanding of culture-specific interventions of play. Counsellors however, should become familiar with interventions that hold significant meaning to culture-specific populations (Wark, 2003).

Having an understanding of how culture impacts play, will support counsellors in maintaining a culturally-sensitive practice. In turn, counsellors will be less likely to misinterpret the meaning of children's play as well as providing a context that is meaningful to the client's life experiences.



INTRODUCTION

AND

COUNSELLOR'S GUIDE

TO USING THE MANUAL

Introduction to the Manual

The purpose of chapters 1- 5 was to provide counsellors working with children exposed to family violence with an understanding of how the parent-child relationship can be compromised. Chapter 2 is instrumental in understanding how a disruption in attachment impacts the parent-child bond. The following lesson plans provide activities that support the re-building of the parent-child relationship.

Counsellors utilizing this manual should hold a minimum of a Bachelor's degree in psychology or social work and adhere to a Code of Ethics. It is also recommended that counsellors holding a Bachelor's degree seek out ample supervision when implementing the strategies in this manual. Ideally, counsellors will hold a Master's degree in the human service's field.

Rationale for this Manual

Countless children are exposed to family violence each year. These children can grow up feeling helpless, fearful, hopeless, and powerless. Counsellors are encouraged to review chapter 2 to gain awareness of the developmental impact family violence can have on children. Interventions for children who witness family violence have typically only been available in women's shelters or agencies providing services to abused women. However, many children affected by violence reside outside of shelters and require counselling services in a variety of settings. It is the author's hope that this manual will be utilized beyond a shelter setting.

It is important to note that although the literature review focused on the mother-child relationship, these activities can be used to enhance a father-child relationship as

well. In the manual, the author used the word parent in order to accommodate both a mother-child and father-child relationship.

Operating Philosophy of this Manual: Filial Therapy

Landreth (2006) suggested that the future mental health of adult populations is determined by the process of empowering parents to become the therapeutic agents in their child's healing. Based on this suggestion, attempts must be made to substantially improve the mental health in children in order for the mental health of future adult populations to be positively impacted. The most significant way to assist parents in becoming therapeutic agents is by having counsellors teaching parents core therapeutic skills. When parents assume the role of therapeutic agent with their children, the parent-child relationship receives considerable benefits. Essentially this process is filial therapy.

Filial Therapy

Filial therapy is a method that encompasses both creative interventions and parental involvement. This approach was created to foster healthy emotional development in children between infancy and 11 years of age (Froberg, 1996). It is a hybrid of child-centered play therapy that focuses on providing a creative outlet for children to express themselves in a safe manner while involving the parent in the child's healing process (VanFleet, 2005). Filial therapy provides an environment for children to play in a way that allows them to express themselves through metaphors by displacing or projecting their emotions onto the play materials (Hutton, 2004). The purpose of filial therapy is to address the child's intrapersonal issues directly within the family system while placing the parent in the center of the child's process of therapeutic change (Hutton).

Through the communication of play, the parent's acceptance of the child's emotions is critical in the process of understanding ways to cope with emotions related to difficult experiences. Play sessions with a parent helps children discover that they are capable, important, understood, accepted, and loveable.

Counsellor's Guide to Using the Manual

The intended of this section is to offer counsellors a guide in how to utilize the manual. The counsellor's guide reviews the intake process, how to choose activities, introducing activities, and the termination process. Counsellors are also presented with an outline on how to set up sessions as well as how to move play sessions from the counsellor's office to the child's natural environment. Before implementing the activities, counsellors are strongly encouraged to read chapters 1-5 in order to gain an awareness of the context for the manual.

Intake process. Counsellors should adhere to their organization's standard protocol and ethical conduct to complete a parental intake regarding a child. The intake should include consent to receive services and an understanding of the child's level of exposure to violence as perceived by the parent; including what the child saw, heard and/or was told. It is important to keep in mind that parents tend to think their child has witnessed less violence then they actually have.

Choosing activities. Counsellors should always choose or modify activities that are appropriate for each client. Meaning, the activity needs to be age appropriate and match the child's interests (Lowenstein, 2006). The activities provided can be implemented in any sequence. Each activity has a purpose and can be used

independently. For this reason, it is recommended that counsellors read the objectives outlined for the activities and choose the ones that would be most beneficial to the child.

Introducing activities. At the beginning of each activity, explain to the parent and child what you will be doing that session. Explain the directions of the activity prior to getting started. Allow the parent and child to ask any questions they may have.

Termination session. Although this manual provides six session activities, it is important to be sensitive to where the child is in the therapeutic process during termination. Children may have difficulty with termination of counselling as this was a positive environment for the parent and child to rebuild their relationship. Counsellors can help to make a smooth transition to termination by having a graduation ceremony for the parent and child to celebrate their progress. This can be added onto your last session, or it can be implemented as a separate session if there is enough time. The counsellor may want to provide the parent and child with a certificate and/or letter, outlining the child's strengths and progress made.

Benefits of play. Explain the benefits of play and parental involvement in the child's therapeutic process to the parent. This information is in the Parent Handout which should be provided to the parent during the intake and agreement on the use of filial therapy.

Setting up the parent training session. Discuss having the first session with just the parent in order to provide skill training. The skills the parent will be learning are empathizing, reflecting and observing. A brief understanding of each skill is provided in the Parent Handout. Assure the parent that these skills take practice and with time they will be easier to implement. This session also allows the counsellor an opportunity to

engage the parent in the therapeutic process as well as gather necessary information, such as the child's level of exposure to violence.

Parent training session. During the parent's training session, reassure the parent that you will be available to support them in using these skills with his or her child and that this is a learning process. The parent may also take comfort in knowing that you will be guiding the structure of the session and will step-in if they appear to be stuck (i.e., the parent can follow your lead). It is important to note and acknowledge that many parents are uncomfortable with play. Having a conversation with the parent may provide you with a better understanding of what the parent's experiences with and values around play are. It may also open the door to a discussion about the parent's insecurities of his or her role in the therapy sessions.

Weekly play time. Encourage parents to establish a weekly play time with the child outside of counselling. Parents can set up a specific day and time of the week where they give their full attention to the child for approximately 20 minutes. Parents should be encouraged to create a small box of toys specific to the weekly play time. The toys should include crayons, paper, dolls, doctor's set, small blocks or lego, and play-doh, to name a few. Parents do not have to spend a great deal of money setting up the toy box however; it should be encouraged that these toys only be used during the parent-child weekly play-time. It also helps the child to understand boundaries of these play times if parents put a blanket down where the child and parent play (only for the special weekly play time). The child will become aware of the boundaries regarding space and time as to where and when these sessions will occur. It is important for parents to be consistent so the child knows he or she can count on these play times.

Parent's Handout: What to Expect from Your Child's Counselling***Why does my child play in therapy?***

Children know how to play better than they know how to do almost anything else. For this reason, play is incorporated into therapy with children. When children experience a traumatic event such as family violence, the child's brain becomes aroused. Arousal is the physiological and neurological reactions of the brain that is activated by an event. Due to the increase in arousal, children may experience a change in thoughts, emotions and behaviours. This is common among children who have been through a frightening event.

Play therapy provides an environment for children to become aware of their feelings. In the presence of a parent, the child has the chance to express his or her feelings through play (Froberg, 1996). Play sessions also help to build the child's feelings of trust and confidence in his or her parent and oneself. With the parent's engagement in sessions, one goal is for the child to feel safer, more secure in making decisions, and less fearful of making mistakes. Ultimately, the child learns to make choices (including mistakes) that provide good or bad consequences.

Suggestions on how to explain to your child about counselling

As the parent, you can explain to your child that you understand your child has a big hurt. You can ask the child how big this hurt is and have your child hold out his or her arms to demonstrate. It may be helpful to get a piece of ribbon to measure your child's hurt. Then, you can tell your child that you will be going to counselling with him

or her to help reduce this hurt and over the next few weeks, you can measure the hurt again to see how much smaller it has become (Steele & Malchiodi, 2008).

What is your role in your child's therapy?

Understanding your child's emotions: It is important that your child feels that people, especially you, as the parent, understand how the situation has impacted him or her. You will be coached on using empathy in sessions with their child. For you the parent, this means attempting to understand the emotion(s) your child is expressing. The counselling will help you learn how to use empathy by listening to your child and repeating the emotion you have heard.

Observer: In the role of counselling, the parent is the observer because the intent of filial therapy is to focus on enhancing the child's self-esteem. One way of increasing the child's self-esteem is by noticing what they are doing without judgment or correction. The process of observing gives children the message that the parent accepts them unconditionally. Parents' will be coached on engaging when the child invites the parent into the play. It is common for parents to want to fix things or direct the child. It is important, however, that the child have the opportunity to do things without assistance unless he or she asks for help. Through this process, the child learns he or she can accomplish tasks.

The curious parent: Curiosity is a skill you, the parent, will use in counselling sessions. This skill allows your child to know that you see your child. To be curious, you notice what your child is doing without making assumptions. For instance, your child may build a structure out of blocks and instead of identifying what your child has built, you notice and reflect "you decided to build with the blocks". Being curious, you may

then ask, “Tell me about what you built”. Being curious sends your child the message he or she is capable of making decisions and he or she is accepted by you regardless of what your child creates.



PARENT-CHILD ACTIVITIES

Preamble

The following activities are presented in a way that allows them to be used independently of each other and therefore, can be used in any sequence. The reason these activities are not presented in a linear fashion, is to give counsellors a means that best supports the needs of the child. If these sessions are being utilized with children residing at a shelter, counsellors may have a limited number of sessions they can provide either due to the family leaving the shelter or allotted funding. The sessions are intended to allow counsellors to make the most out of every session. Counsellors are encouraged to read the objectives of each session and choose the ones that would be most beneficial to individual children. The objectives state the purpose of the activity and an understanding of how the activity meets the goal of enhancing the parent-child relationship.

Option Session A: Body Drawing to Minimize Fear
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Objectives

The body drawing activity helps children talk about their fears to reduce anxiety and distorted thoughts. Becoming aware and discussing fears, presents an opportunity for parents to provide evidence that the child's fears are irrational. This activity also helps children become aware of the connection between their emotions and somatic symptoms. Being aware of bodily reactions can assist a child in understanding when they are feeling anxious or fearful, among other emotions while bringing awareness to parents about how the traumatic event has affected their child on an affect level. Most importantly, this activity encourages parents and children to work together to come up with healthy things child can do when fearful; replacing fears with positive coping strategies.

Preparation

1. Remind parent of his or her role as an active observer and skills of empathy and reflection.
2. Ensure craft paper and markers are available.
3. Ensure flipchart, white board or black board is available.

Process

Engage the child and parent in a discussion about emotions. Ask the child to list as many emotions as they can think of while the counsellor writes them on the flip chart paper, white board or black board. Next, have the child lay on a large piece of craft paper; large enough to trace the body. Then have the child pick a coloured marker they would like their body traced with. Instruct the parent to trace the child's body by walking around

the child rather than leaning over the child. While the parent is tracing the child's body, have the child think of what they notice in their body when they think of the fear, anxiety, sadness or anger, amongst other emotions. After the body is traced, have the child sit beside the drawing. Then ask the child to identify the physical symptoms they noticed in their body. Start at the head and work down to the feet. At each part of the body, have the child identify the physical experience and then draw it inside the body outline using the coloured markers.

Once the body drawing is complete with the negative emotions have the child complete the activity thinking of things that make the child feel happy or excited. This process will assist the child distinguish the different physical experiences that occur based on the contrasting emotions.

Discussion

As a way to process the physical experience of the child's emotions, discuss the activity with the child and the parent. Help the child identify what behaviours they engage in when they experience these different emotions. Next, ask the child what it is like to connect what happens inside the body when they experience different emotions. Assist the child in coming up with some coping skills. Ask the child to tell the parent what they need that helps them to feel better (i.e., a hug, taking a walk, etc). Encourage the parent to work with the child in coming up with some things they can put in place to help the child manage these emotions and behaviours.

Follow-up

At the beginning of the next session, ask the child whether or not he or she utilized some of the strategies that were discussed on how to handle emotions. Have a short

discussion about what it was like if the child was able to implement some of the strategies. If the child did not use the skills, ask the child if he or she noticed different experiences in one's body when he or she felt different emotions. You may need to probe the child by getting them to think of a time in the past week when they felt happy, sad, angry, etc., and explore what the body experience was in these situations. You could then ask the child's parent what positive experiences were noticed over the week (e.g., the child took a break when he or she got angry). This process helps the parent focus on the child's positive aspects and at the same time, lets the child know that the parent sees good qualities in the child.

Option Session B: Relaxation Training to Reduce Anxiety and Fears
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Objectives

Children exposed to family violence may become anxious or fearful. Anxiety is the most prevalent psychological dilemma among children (Ford Sori & Biank, 2003). To better understand the developmental challenges traumatized children may face, you may consult the literature review on child development contained earlier in this project (see Chapter 2). Relaxation training is a common technique incorporated into overall treatment plans for childhood anxiety. This helps children use mindfulness techniques, which assists in preventing disassociation and enhances increased self-regulation. Relaxation training includes techniques such as breathing exercises, deep muscle relaxation, and visual imagery. These techniques can be utilized prior to, during, or after an anxiety-provoking event, such as writing a test.

Preparation

1. Choose a relaxation script from the ones provided or one that you may already have that best suits the goal of the session and the child's personality.
2. Have a script for the parent to take home so they can practice with the child beyond the session.
3. Have pillows, blankets and stuffed animals. Children may want to choose to hold a stuffed animal so they can become as relaxed as the animal.

Process

Begin by discussing physical experiences (body sensations) the child has when faced with a stressful situation. For instance, the child may get an upset stomach or

headache. Encourage the child to think about a time when he or she felt fearful or anxious. If the child is unable to recall a situation that was stressful, provide the child with a list of situations that other children have said, such as writing a test, going to a new school, or moving.

Once the child is able to identify with such situations and the physical responses that accompany these events, inform the child that there are ways he or she can help oneself feel better. Explain that you are going to teach him or her how to do this by learning to relax one's body like a stuffed animal. Children can relate to the visual and/or feeling of the soft, relaxed animal. Explain how children can learn to relax his or her body by breathing deeply, imagining a safe place, or tightening one's muscles and then letting them go loose.

Next, let the child know that you are now going to teach him or her how to relax. Ask the child if he or she wants the parent to learn to relax with them. You then, allow the child to choose a stuffed animal, pillow and/or blanket for oneself and the child's parent. Have the child and parent get into a comfortable position. When the child and parent are ready, read the relaxation scrip (one chosen prior to the session) and have the child and parent practice relaxing.

Discussion

After relaxing, ask the child what it was like to relax his or her body. Have a discussion about the different bodily sensations the child may have experienced. Next encourage the child and parent to practice relaxing at home so the child will learn to generalize this technique into stressful situations.

Follow-up

Ask the child whether or not he or she practiced relaxing in between sessions. If the child did practice, have a discussion about what he or she noticed and what the child liked the most about using this technique. It may also be beneficial in a follow-up session to have the child practice thinking about a stressful situation and then using the techniques to calm his or her body. You can then have a discussion about how the child can use the relaxation techniques at school or in other situations that are stressful.

Session B: Script for Muscle Relaxation

Learning to relax your muscles is one way to help yourself feel better. I'm going to teach you how to relax your muscles by pretending you are a piece of spaghetti.

First, stand up straight and tighten your body just like uncooked spaghetti. Hold your body like this for three seconds. I will count for you: 1, 2, 3. Great. Now, let your body go limp and wiggle your muscles like cooked spaghetti. You are doing great. Tighten your body again like uncooked spaghetti and hold it for three seconds. Now let it go limp. Practice doing this a couple of times until your muscles feel relaxed.

Session B: Script for Visualization

Get into a comfortable position. You can lie down or sit with your back against the chair or couch. Close your eyes and think about all the things you like to do. Now, notice the happy feelings spread through your whole body. Happiness is spreading down your head, down your arms, your tummy, your back, and your legs. Anytime you feel sad, worried or angry, thinking of the things you enjoy doing can bring back this feeling of happiness. I am going to count from five to one now and when I get to one you will open your eyes, bringing with you this feeling of happiness.

5. feeling happy
4. noticing your body in the room
3. wiggle your fingers and toes
2. feeling more alert
1. open your eyes, feeling great

Option Session C: The Balloon Game to Increase Self-Esteem

Objectives

This activity identifies the child's strengths and assists in increasing his or her self-esteem. The child and parent work together to describe the child's strengths. Not only does the child learn that he or she has positive qualities, but the parent also learns the benefit of focusing on the child's positive attributes. Hearing the parent identify the child's strengths, assists the child in learning the parent sees him or her as a good person thus, enhancing the parent-child relationship.

Preparation

1. Remind parent of his or her role as an active observer.
2. Review skills of empathy and reflection with the child's parent.
3. Ensure 6 balloons are blown up.
4. Have flip chart paper and felts.
5. Write one question from the list below on each balloon (or come up with your own list).
 - a. What is something you do that you are proud of?
 - b. Tell about a time you were able to do something you did something difficult.
 - c. What is something you are good at?
 - d. When was a time you were nice to someone?
 - e. Tell about a time you helped someone.

Process

First, explain the game. The child gets to choose a balloon for the parent and one for the child. Then, the parent and child try to keep their balloons in the air for two minutes without hitting the ground. After two minutes, the child and parent each hold their balloons. One at a time, they read the question on the balloon. Have the parent and child answer the question in regards to the child. Repeat this process until all the questions have been answered.

Discussion

After all questions have been answered, ask the child what it was like to hear his or her parent identify these strengths. Ask the child if he or she learnt anything new about oneself. The parent can also be asked if he or she learnt anything new about the child.

Follow-up

To follow-up on this activity, at the beginning of the next session, ask the child to report on times he or she was able to use the identified strengths since the last session. Ask the parent when he or she noticed the child utilizing his or her positive attributes since the last session. Having this discussion promotes awareness of the child's abilities, thereby increasing self-esteem and parent-child attachment.

Option Session D: Scribble Art

Objective

The purpose of this activity is to encourage the child and parent to work together. The activity also creates an opportunity for the child and parent to have fun and laugh together, which tends to get lost in times of stress and trauma. Having fun and laughing together helps both parent and child to de-stress and enhances their relationship.

Preparation

1. Ensure you have large pieces of paper.
2. Have felts, crayons and/or pastels

Process

The parent and child work together to create scribble drawings. Have the child choose what colour of marker he or she wants as well as one for the parent. The child then starts to draw a scribble on the paper and the parent follows the child by chasing his or her scribble. Direct the child to tell the parent when he or she believes the scribbles are complete. When the scribbles are finished, the parent and child can find shapes or images in the scribbles and can add details and colours to create a picture. The parent and child may choose to complete a few more scribble chases, creating a compilation of art. To enhance the experience, encourage the parent and child to set up an art show and explain their work to the counsellor.

Discussion

Encourage a discussion of what it was like for the parent and child to work together. Support the parent and child in coming up with some ways they can have fun

together. They may commit to trying to doing something fun together in-between sessions.

Follow-up

During the next session, explore ways the parent and child had fun together since the last session. Ask what each of them enjoyed the most out of their time together and encourage them to commit to spending time together engaging in something they like once a week.

Option Session E: Rebuilding the Future
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Objectives

People who set and reach positive goals tend to have a higher quality of life than people who focus on avoiding negative goals. For instance, as a child grows up, he or she may be focused on not getting into an abusive relationship, rather than focusing on how to have a positive relationship. This activity reinforces secure attachment by encouraging the parent and child to work together at setting positive goals, acknowledging achievements, discovering unknown strengths, and instilling hope. The child also learns through this activity that his or her hopes and dreams for the future are important.

Preparation

Have paper, crayons and felts.

Process

Invite the parent and child to name the traumatic event they experienced in the home. Afterward, have them list all of the positive things they did to get through the event (e.g., calling for help, going to a shelter). The parent and child may need some probing about how they have been able to get through tough times in the past. Next, encourage the parent and child to work together to draw a new future. Assist them to think of all the details of this future. What they will be doing and where will they be. You may want to get the parent and child focussing on all aspects of what will be happening at home, school and with friends (e.g., the child may be able to identify that they will be able to have friends over without dad getting angry). After they have thought of the details, support the parent and child to brainstorm what steps they will need to take to get

to this new future. Ensure the goals are broken down so they are manageable and the parent and child can begin seeing progress immediately. If the goals are too big, they may seem out of reach and leave the parent and child feeling defeated. Take this one step further by having them identify what they can do today in order to move towards this future.

Discussion

Ask the parent and child what it is like to think about their dreams for the future. Encourage them to remember all of the strengths they bring to creating this future.

Follow-up

During the next session, ask the parent and child what they have been doing to reach their goals. This may be as simple as thinking about what they want and how to get there, or they may have had a discussion about what it will be like when they start achieving some of these goals.

Option Session F: Good Things About Me Collage

Objectives

Hearing the parent provide positive praise provides a sensory experience for the child that identifies his or her capabilities, personal contributions and reinforces attachment.

Preparation

Ensure there are collage materials, including magazine pictures, stickers, crayons, felts, and coloured paper, glue and scissors.

Process

Have the parent and child creates a collage on paper (either drawn and/or using pictures) of all the child's positive characteristics. Allow the parent and child time to brainstorm and work on the activity. You may prompt a discussion by asking what the child does at school, sports, home, or what makes him or her a good friend.

Discussion

Ask the child what it is like to hear all of these good things. You can then ask the parent what it was like to think about all of the good things about his or her child. Encourage the parent to help the child acknowledge on a daily basis what the child did well that day.

Follow-up

You may want to enhance this activity in another session by having the parent and child create a second collage highlighting the good things in their relationship. The parent and child may need prompting by asking what they do together to have fun and to think

about something the other person does that they appreciate. This activity will support the parent and child in acknowledging all of the things they do well as a family. It will also enhance attachment.