



ADDRESSING FAMILY VIOLENCE PROGRAMS

GROUPWORK
INTERVENTIONS FOR
INFANTS, CHILDREN
AND THEIR PARENTS

EDITED BY
WENDY BUNSTON
& ALEXANDRA HEYNATZ

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INTRODUCTION

This collection of papers celebrates 10 years of group work undertaken by the Royal Children’s Hospital Mental Health Service (RCH MHS) in Melbourne. This is work undertaken specifically to address the impact of family violence on infants and children. Commencing in 1996 and in collaboration with Melton Community Health Centre, the RCH MHS co-developed the ‘parkas’ (parents accepting responsibility – kids are safe) group work intervention. ‘parkas’ was run collaboratively by RCH MHS and Melton Community Health Centre until early 2000, when differing service demands prevented this partnership from continuing. The RCH MHS team continued to not only run ‘parkas’, but developed a further two group work interventions - ‘just for kids’ (jfk) and the ‘Peek a Boo Club’ - under the banner of Addressing Family Violence Programs (AFVP), sitting within a team known as the Community Group Program.

Through these chapters we invite you to share our journey. We record the origins of these three separate service delivery programs, their inter-relatedness and their distinctiveness. We explore the theory, practice and principles upon which we base our work. We also offer some insight into how we bring this work to life and how this work brings life to us. We wander through landscapes that are creative, frightening, challenging and personal. And we end with where we start; the challenge of knowing that it is important to make a difference, and that it is imperative to address family violence.

Chapter One introduces the theoretical frameworks; the knowledge base and practice principles we believe are integral to informing how we think about and carry out this work.

Chapter Two introduces our very first child/mother group work intervention ‘parkas’, outlining the model developed, some of the variations we have played with over the years and our work with fathers.

Chapter Three introduces ‘just for kids’ (jfk), a program developed to retain our focus on meeting and holding the needs of children while paving the way for some mothers to engage with the possibility of entering into the ‘parkas’ program.

Chapter Four introduces our very latest program, the ‘Peek a Boo Club’, a group work program for infants and mothers affected by family violence.

Chapter Five explores activities we have found useful in enabling children to form healing narratives about their experiences of living with family violence.

Chapter Six enters the creative and imaginative world of one jfk group in particular, following their journey into both treacherous and tremendous landscapes.

Chapter Seven describes activities within the ‘Peek a Boo Club’, which are baby led and can increase the positive attachment within the mother/child dyad through mutual pleasure and enjoyment.

Chapter Eight bites; in words, in intent and in emotion. A story told directly by the children themselves.

Chapter Nine takes us into the grim world of these children’s reality. It tells the tale of a princess, a prince and an evil villain, first enacted as a play within one of our ‘parkas’ groups and then captured in words by one of the facilitators of this group.

Chapter Ten enters the personal world of a professional. Touched by the stories of children told over many years of facilitating our AFVP, this is a creative attempt to capture the emotions and symbols conveyed by the children, in all their hope and in all their despair.

Chapter Eleven tells the story of two infants involved in a ‘Peek a Boo Club’. The writer shares her observation of their journey, as well as her own.

Chapter Twelve is written directly to fathers. It encourages an appreciation of their own past, and how the choices they make in relation to their child’s present directly influences what will be their child’s and their own future.

Chapter Thirteen explores the different dimensions of group work and the importance of building your interventions on a foundation of good practice principles that promote growth.

Chapter Fourteen speaks to the shared yet unique journey that groups take. Working from an ‘extended’ developmental perspective, it explores the differing, and mostly, non-sequential stages that groups move through.

Chapter Fifteen saves the best till last. How do we evaluate what we do, how do we know if we make a difference and just what sort of difference are we intending to make?

This collection of papers is not an exhaustive attempt to capture the different work of individuals on the AFVP team, nor an attempt to homogenise the diversity of offerings provided by the personalities, perspectives and professionals within the team. This book is what we hope will be the first in a series, exploring our group work interventions in the area of family violence. We hope we have captured the progressive nature of this work, and our attempts to reconcile the complexities which this work constantly throws our way, both for our client group and ourselves as professionals.

Editors, Wendy Bunston and Alexandra Heynatz.

CHAPTER ONE

THE PRINCIPLES, THEORIES & PRACTICE OF 'ADDRESSING FAMILY VIOLENCE PROGRAMS' (AFVP)¹

WENDY BUNSTON

Aims and objectives

The overall aim of our group work programs is to create a psychologically safe space for children and infants to begin to acknowledge and process their traumatic experiences of family violence, and the accompanying feelings of loss and pain. This occurs within the context of a psychotherapeutic group work structure, where we retain attentiveness to the process steering each group's unique journey irrespective of the content. Our focus is child sensitive, meaning that we remain 'child' rather than 'adult' led in our work. This requires us to 'hear' what children and infants are saying, whether their communication with us occurs verbally or non-verbally. Our task is to provide them with a therapeutic arena which can respectfully tolerate who they are and what they have to offer, irrespective of how this may (behaviourally) present itself. Concurrently, our task also involves creating opportunities for children to integrate and make congruent what have been emotionally incongruent and disintegrative experiences (Bunston, 1999, 2001).

Within parkas (parents accepting responsibility – kids are safe), a rather ambitious but important objective for the group leaders is to act as a psychological vessel, that can hold the fragile intra-psychic material of both the children's

¹ This paper builds upon the work first presented in the parkas manual (Bunston, 2001) p. 23-30.

and mothers' groups in order to build a bridge of communication between the two. This is enabled through the same leadership team facilitating both the children's and mothers'/carers' group, allowing immediate access and opportunity to integrate each group's experience of family violence. just for kids (jfk) aims to create a therapeutic space for children to give voice and bear witness to their experiences of living with violence. It also attempts to engage the mothers of these children into further therapeutic work. The work of the Peek a Boo Club recognises the neurological and psychological vulnerability of infants to relational trauma in highly stressful and violent environments. It aims to positively realign the infant/mother relationship and subsequently, the developmental pathway of infants.

Each program endeavours to provide mediated opportunities for children and infants to emotionally and psychologically re-connect with their mothers/carers around what has often been a shared experience of trauma. There is also recognition that the infant/child and mother may have experienced the other as an aggressor on occasion. At the same time it is acknowledged that children may feel strong, highly ambivalent attachments towards the identified perpetrator, be this father, step-parent, sibling or a significant other. As Pynoos & Nader (1993) emphasise:

“The treatment must address the pre-existing relationship with the perpetrator...complicated issues of identification, intense conflicts of loyalty, issues related to loss and often pre-existing vulnerability arising from a chronic impulse ridden environment” (p. 545).

The specific objectives of the AFVP are:

- To provide an emotionally contained environment for infants and children to acknowledge and articulate their own personal experience of family violence, and for this to be validated in the presence of a peer group who have similarly lived with the impact of emotional, physical and psychological trauma.
- To bear witness to children's experience of family violence (Blackwell, 1997), recognising and affirming the child's concerns, fears and hopes in relation to this experience and within life more broadly.

- To create space for a positive shared experience between the infants/ children and their mothers by facilitating communication regarding their past, and ongoing relationship with one another.
- To provide participants with a positive therapeutic experience as a potential prelude to future work for both the child and/or mother.
- To provide participants with a sufficient foundation from which to begin to challenge the power, control and gender issues inherent in violent relationships.
- To acknowledge the significance of the perpetrator in the lives of these children. Children with whom we work often love and sometimes idolise the person who has inflicted violence within their family. Failure to acknowledge the relationship risks not honouring the complexity of the child's internal world, and the conflicting loyalties they experience. This may bring about their emotional and even physical withdrawal from the group.
- To raise parental awareness about the sustained and debilitating impact of family violence on themselves, their children and infants, and to support an understanding of the inter-generational transmission of violence so that continuing cycles of abuse may be challenged.
- To support infants and children in developing more appropriate, creative and safe ways of managing feelings such as depression and anger.
- To support infants, children, and parents in challenging rigidly held gender prescriptions and maladaptive patterns of relating.

Summary of objectives for AFVP

Providing a safe space to acknowledge children's experience of living with violence.
 Building a safe connection between infants / children and their mothers / carers.
 Providing a therapeutic experience as a prelude to future work.
 Educating parents about the impact of family violence on children.
 Enabling constructive expression of feelings.
 Challenging power, control and gender issues inherent in violent relationships.

Theoretical frameworks

The work of AFVP is informed by systemic thinking which promotes a competency-based approach to working with infants, children and families while working collaboratively alongside other relevant local support services (Gabbrill, 1983). We also incorporate a strong psychodynamic framework that privileges the processes and dynamics operating in the group. Concepts of particular importance are Winnicott's concept of 'holding' and Bion's concept of 'containment' (James, 1984; Winnicott, 1971; Bion, 1961).

It has been important to have a solid working knowledge of attachment theory (Bretherton, 1991; Bowlby, 1988) which recognises the need for children to have a secure emotional base, in conjunction with an appreciation of childhood development within a context of emotional and physical abuse (Donovan and McIntyre, 1990). All this is set against a backdrop that recognises the impediments affecting a client group that has been significantly traumatised by family violence, as well as the multiple levels of attachment evident in family work (James, 1984; Burnham, 1986).

Supervision capable of incorporating the dual focus of childhood developmental theory and group process has been essential in undertaking this work. Within this context, group leaders have had the opportunity to integrate theoretical frameworks that support and extend existing practice skills. Supervision has also provided a space to respond to the unique presentation and circumstances of each group, while further developing the philosophy and practice of the AFVP.

Neurological considerations

Familiarity with the neurological impact of trauma on infants' and children's developing brains has had a significant influence upon our thinking and development as practitioners in this field. When traumatized, the brain secretes an array of potent chemicals in an attempt to physiologically mediate the overwhelming sense of fear and perceived threat to life (Schoore, 2003b). It has been important for us to understand how the emotional states aroused to cope with the trauma over an extended period of time can develop into

longstanding personality traits (Perry, Pollard, Blakely, Baker & Vigilante, 1995). This is particularly relevant when considering the sensitised neural response of infants and children to trauma, and the fact that the most rapid time of neural development for the brain is within the first few years of life (Greenfield, 1997).

An infant brain that is busy surviving, and constantly flooded with chemicals to manage heightened states of arousal or dissociation, is not available to thrive. (Teicher, 2002; Schore, 2003b, 2001; Streeck-Fischer & van der Kolk, 2000). As Cozolino (2005) suggests, this only heightens the reparative, preventative and educative importance of intervention group work programs. The reparative capacity of stimulating healthy attachments can potentially “regain emotional balance and mental health through activation of the neurological processes in the brain that help to alter patterns of implicit memory, behaviour and feelings” (Cozolino, 2006, p.12). The neural exchange that occurs within significant relationships may well benefit not just the pliable brains of the infant and child, but the parent as well (Cozolino, 2006; Siegel, 2006; Schore, 2003a).

The mother & child dyad

An infant’s sense of self is derived from its relationship with the primary caregiver. In western society, this is traditionally the relationship with the mother. How the mother/caregiver emotionally holds the emerging internal world of the infant directly contributes to how the infant will perceive and know themselves as their personality develops (Wright, 1992).

This is overlaid by the infant/child’s relationship with significant others closely involved with them (ie. father, siblings, step-parent/siblings and/or others). In a healthy familial environment, these relationships can be expected to complement and adequately strengthen an infant/child’s growing sense of self and their place in the world.

Where family violence is a significant feature of an infant/child’s world, a healthy emotional developmental path may not be realised. The need to survive becomes the organising principal through which all relationship dynamics are filtered. An environment of violence can encumber the important ingredients of consistency, stability, nurturing and security necessary for the healthy emotional

development of the individual and their relationship with their immediate external world. Creating therapeutic opportunities to begin to develop or rebuild strong and healthy attachments is therefore the focus of our work within AFVP.

An awareness of the history of violence within a family can assist the group facilitator in understanding how the mother/child dyad may have been compromised, as well as what aspects of their attachment to one another are positive and can be further enhanced. (Holmes, 1993). The leadership team can model the formation of healthy attachments through their work in emotionally 'holding' and 'containing' the anxiety, anger, shame/guilt, and sadness that mothers often feel in relation to how they have been mothered, and how they in turn mother. This can allow space for the mothers to come to terms with the reality of their own emotional trauma as a parent. If mothers in our groups experience being held and understood, they may be better placed to translate that experience into holding and understanding their child.

Principles & practice

Creative, safe, enjoyable and imaginative ways of working have been imperative to the success of the AFVP. This has helped sustain the energy necessary to run such professionally and emotionally demanding programs, and enhanced our ability to engage both children and adults alike. As a leadership team, we are committed to working flexibly and honestly. Recognising when to change the tempo of an activity, replacing ideas that do not successfully match a particular group, and a willingness to acknowledge and explore what has not worked well, have all required high levels of trust and confidence between the leadership team.

We draw on the existing skills and expertise of the group leaders, and strengths and experiences of professionals from other agencies that have joined our leadership team. An acknowledgment that each program teaches the leaders something new about the dimensions of family violence makes each group work program challenging and unique.

We do not always get it right. We struggle with invitations to join a dynamic that plays itself out constantly within the culture of family violence; that of the

perpetrator/victim/rescuer roles. As helping professionals, we are most easily seduced into the ‘rescuer’ role. We have often found ourselves going beyond the pale for our AFVP work as compared to our other mental health groups where the focus is not on addressing family violence. Tempering our ‘need to rescue’ and mediating our own frustration, impotency and anger as triggered by this type of work requires a certain level of vigilance and capacity for insight.

The ability of group leaders to ‘hold’ and ‘contain’ the emotional undercurrents that ripple through the life of the group and the lives of the participants is paramount. Creating clear boundaries that keep the program firmly child focused, and providing clients access to alternative individual supports where needed, also continues to be significant. In this regard, accessing quality supervision is imperative so that we too as group leaders are ‘held’.

It cannot be under-estimated the importance and value of the broad-sweeping meta-perspective supervisors can provide around the dynamics that permeate all levels of functioning within group work practice and beyond. This involves a consideration of the interplay between systems including the agency context, the schools the children attend, the relationship between the leaders, the relationships between mothers/carers and their children, and the group participants themselves.

Over-arching themes explored in our groups usually include such things as healthy expression of anger, issues of power and control, the transmission of violence, defining violence – ours and others, how we construct gender, how we keep safe, what are our strengths, and what are our ways of relating within a family. However, it is imperative that the psychological safety of these children is protected by allowing them to set the emotional pace of the group. Children and infants who have experienced violence will automatically engage in some level of psychic shut-down to protect themselves from further re-traumatisation. As suggested by Pynoos (1993):

“avoidance and psychological numbing indicate that a child continues to restrict behaviour or regulate emotions in an effort to control their recurrent impressions and negative affect”. (p. 217).

Self protective mechanisms may be reflected through a child's inability to stay with a particular activity, or a heightened need to act out. Rather than prohibiting this behaviour, it is important to understand what this information is suggesting about the emotional life and fragility of the child. Altering the content and tempo of the group is significant in bringing the child back to a position of safety. Containing these impasses through the use of humour and creative re-direction within the group allows children to experience a different and hopefully healthier resolution of emotionally traumatic and stressful events.

The extent to which the group leaders can absorb, tolerate and make understood what are often defensive behaviours of the children and mothers can create a space for important psychological healing. Similarly, it is important that leaders are able de-construct these projections within the safety of their own supervision sessions and then use this understanding to inform their ongoing therapeutic work within the groups.

The focus of the AFVP is on the experience of the children. This is not to suggest, however, that this is separate to the experience of their mothers, as the often enmeshed nature of the mother-child relationship sees a paralleling process that operates at all levels, both consciously and unconsciously within their relationship. A constant challenge for the group leaders is to assist the mothers within the program to refrain from interpreting their "children's avoidance of any mention of the trauma as successfully putting it behind them." (Pynoos, 1993, p. 219).

The infant and child's participation in these programs is about giving them permission to safely retrieve these emotions as opposed to annihilating them (and part of themselves with it). This is about the children having their feelings recognised and validated by other people, helping them to tolerate and understand those feelings, and finding ways to express them in a manner that is appropriate for themselves and the various social contexts within which they live.

Often parents can equate their child or infant's good behaviour with having overcome their trauma, rather than appreciating that their child's acting out may in fact prove to be a far healthier and accessible expression of their rage/helplessness/confusion/angst. Sometimes the most traumatised children in the

group are those who demand little outside attention, yet their internalised world presents as very fragmented, disturbed or devoid of meaning.

Conclusion

Working with infants, children and families affected by relational violence is not for the faint hearted. It is complex, challenging and considered work that requires a thoughtful and diligent approach to self and to others. Agencies undertaking this work need to encourage a culture of reflective practice through adequate training, support and supervision to their staff. Clarity around the aims and objectives of interventions, articulation around the philosophical and theoretical underpinnings of the work being undertaken, and a commitment to evaluation that further evolves your work, all provide the basis for a strong foundation.

As a team, the RCH-MHS AFVP is not without its challenges. We grapple with issues of inadequate funding and the lack of resources to do this work as comprehensively as we would like. We sometimes struggle to get adequate and timely referrals. We are subject to enacting the very dynamics that occur within our group programs within our own team, and we can feel anxious about the effectiveness of our work. However, we are also able to tolerate our foibles, recognise the complexity of this work, and question (and answer) why we feel compelled to continue.

Every 12 months or so we hit an impasse of some description and talk through whether, as a team of mental health workers, we should just concentrate on our other non-family violence focused group work. Thus far, we continue to come up with the same answer. A history of family violence and prolonged traumatisation sits, often hidden, in the background of a significant number of the children and infants that present to our child and adolescent mental health service. And it is just not OK to walk away.

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CHAPTER TWO

ONE WAY OF RESPONDING TO FAMILY VIOLENCE: 'PUTTING ON A PARKAS'¹

WENDY BUNSTON

Preface

Where family violence is a significant feature of an infant/child's world, a healthy emotional developmental path may not be fully realised. The need to survive becomes the key organising principal through which all relationship dynamics are then filtered. An environment of violence can impede the important ingredients of consistency, stability, nurturing and security necessary for the healthy emotional development of the individual and their relationship with their immediate external world. When working with children and families where there is or has been ongoing violence, second only to addressing the immediate and ongoing concerns about safety, is the importance of creating therapeutic opportunities to begin to develop or rebuild strong and healthy attachments.

Introduction

In 1996 the Royal Children's Hospital Mental Health Service (RCH MHS) co-developed a specialist group work program in collaboration with Melton

¹ This is an updated and expanded version of an article that first appeared in *Children Australia*, 27, 4, 2002.

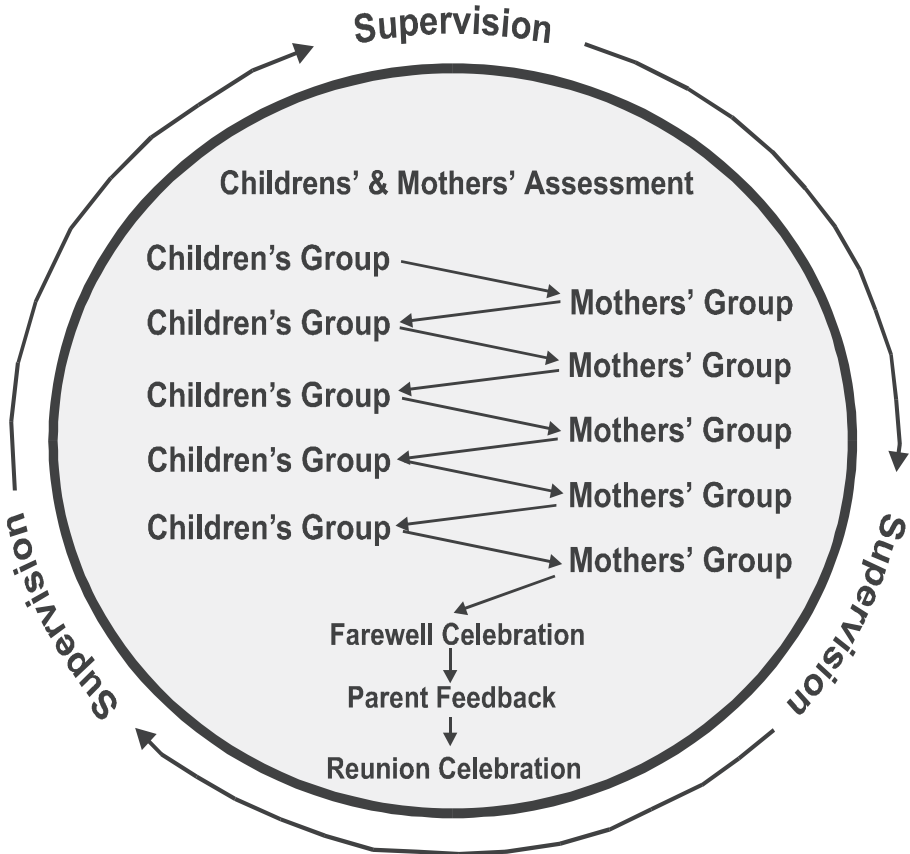
Community Health Centre (MCHC). ‘parkas’ (parents accepting responsibility – kids are safe) was established as a two tiered group work program for children (aged 8 to 12 years) affected by family violence and their parents (Bunston & Crean, 1999). The program was implemented in response to requests for specific child focused, as well as parent and child focused groups. This request was made by the adult participants attending the Family Violence Prevention Programs, run at MCHC. Since early 2000, parkas has been run by the RCH MHS in collaboration with a range of other services and a 2 day training workshop and manual have also been developed.

From its inception, parkas aimed to promote interventions that were child sensitive. This involved creating a process that was child lead and not set by the compass of adult expectations. We believed that children felt safe when they felt heard, irrespective of whether their communication with us occurred verbally or non-verbally. They also felt safe when their environment could meaningfully tolerate who they were and what they had to offer, and reflect back an affirming, congruent and respectful image of self.

The aim of our intervention was to repair, rebuild and/or develop familial relationships through honouring the experience and attachments of the child. As such we felt it was imperative *not* to split leadership teams to run different components of the model as is done in other child/parent programs. We felt convinced that involving the same leadership team in all aspects of the program delivery acted as the secure base that held together and integrated the experience of all of the participants, children and parents (Bunston, 2001).

The model developed was that of a children’s and mothers’ group (this has sometimes included carers’, such as grandmothers and aunts) which ran over two consecutive days for a period of ten weeks. The children’s program took place the first afternoon of the day selected and the mothers’ group took place the following morning. Weekly professional clinical group supervision was provided for those running parkas as soon as possible following the two group sessions (see figure 2.1 below).

Figure 2.1



Key elements of the program (10 week program + reunion)

- The same leaders run the children's as well as the mother's and / or carer's group (as separate groups), providing connectedness, continuity of relationships and integrated understanding of individual and family issues and dynamics

- The role of the leadership team is to provide a secure base within and between the two groups, acting as an intra-psychic and intermediary holding space, attempting to digest, integrate, mediate and realign what are most often fractured attachments between the mother and the child.
- The parkas program is designed and conducted as a process, with each session building on the preceding ones and simultaneously providing the basis for the forthcoming sessions.
- Material from the children's and the parents' groups is reciprocal and cross-integrated between the children's and mothers group, as well as being reflected upon and integrated within their own specific groups.
- The program is demanding of time and resources, and emotional and physical energy.
- parkas is a 'living' project. As such, the model is not set in stone but develops in response to the participants' experiences, and in line with the facilitators' knowledge, experience and expertise.
- Supervision is integral to the model, and provides the reflective thinking and personal space to bring clarity to what often appears to be a confused multi-dimensional set of experiences and observations (Wraith, 2001, p.7).

Separate groups – same leaders

During the early stages of developing this intervention, Helen Crean², the worker from Melton Community Health Centre and I, visited a number of other children's/mothers' family violence prevention groups being run within metropolitan Melbourne. These models used a separate facilitation team to concurrently run the children's and mothers' group. Each program reported on a process of 'splitting' that often occurred between the two separate facilitation teams, leading to disagreements about content and direction.

² Helen Crean, a psychiatric nurse, gestalt therapist and my esteemed colleague and friend co-created the original parkas model.

As Helen and I had considerable experience working with equally complex and large families, we decided to create a model where we carried both groups. Though not fully conscious of the ramifications of this decision at the time, this judgement call has proven critical to the success of this model. Allowing for a separate and safe group work space for both the child and mother, and using ourselves as the therapeutic conduit through which to hold, tolerate and bind the material from both groups has emulated what we believe is a ‘secure enough’ base for growth and integration.

The ‘separate groups – same leadership’ model allows for a mirroring process that provides connection points that are not only modelled, but also built between the mother/carer and child. What this involves, for example, is a child undertaking a particular activity, maybe drawing a picture of ‘what I would wish for’ or using plastic figurines/animals to represent different family members. The next day, the mothers do that very same activity but from their child’s perspective. After the mothers have made their selections or drawn what they think their child would have drawn, we reveal their child’s work. Note though, we only carry this ‘to and fro’ activity once we have both the children’s and mothers’ full knowledge and informed consent. This permission has been withheld only on one occasion, and involved a child who did not want to return to his mother’s care.

The reciprocal nature of this model is particularly powerful because it accentuates the nuances of the mother and child’s connectedness, or lack of, and by utilizing a non-verbal medium reveals a visual, symbolic and often very evocative image. The work produced is then processed within each individual group, with each mother and child reflecting upon and contemplating the material of the other. With the mothers’ consent, we take their picture back with us into the next children’s group and so on. Creating mutual opportunities that may replicate the very earliest desire for a symbiotic connection between the parent and child allows for a playful and mediated exploration of the other. This process has been an extremely potent therapeutic intervention.

Combined groups

In recent years we have varied the model, but only so far as building in one or two joint sessions in the beginning and middle of the program (replacing the two separate programs that week). This aimed to provide the leadership team with an opportunity to observe the relationships within each child and mother dyad, as well as to structure creative and playful activities aimed at promoting their sense of connectedness. We have found it useful to ask the child and parent to create a piece of artwork together. One example of an activity is to imagine what their world may look like if they were marooned on an island together. We make sure there are plenty of interesting materials at their disposal. This, and other such collaborative activities and games give facilitators a first hand look at the discordant as well as attuned elements of their relationship, and their separate as well as combined sense of imagination, play and reciprocity (Audette & Bunston, 2006).

Within these joint sessions, as with the final farewell session, we have tended to meet with the children alone for the first hour, and then asked the mothers or carers to join in for the last hour and a half. This places emphasis on the ‘child led’ orientation of the intervention, and has tended to heighten the levels of anticipation and excitement for all concerned usually for the better, though not always. The latter outcome is usually associated with a heightened state of anxiety on the part of the child, parent or both, and is best managed when the leadership team can acknowledge as well as ‘hold’ this anxiety for the group. This means not becoming reactive to the emotional volatility that may unfold, but reflective about what this might be communicating about the emotional landscape within the larger group.

Assessment sessions

We strongly believe that the assessment session sets the tone for the rest of the work we undertake with families, and as such it is important to do this session thoughtfully and competently. From the outset, we gently but firmly name the violence that has occurred. We are intent on not colluding with the socialised secrecy and/or minimisation surrounding family violence in society.

This is done respectfully, with consideration of the hurt, anxiety and embarrassment that experiences of family violence engender.

We include children in the assessment session very deliberately. This marks out the territory for child/parent work to begin and enables a depth of exchange impossible without the other. Lieberman and Van Horn (2005) have also found this inclusive approach valuable in their work with young witnesses of family violence:

“the difficulties of this approach are more than compensated by its therapeutic potential because healing the parent-child relationship holds the promise of individual healing both for the parent and for the child” (p. 19).

Themes covered

There are a range of themes we consider important to cover, though never at the exclusion of the rich material the children themselves may articulate or ‘act out’ through the group dynamics. Following the children’s lead is all the more powerful when creating an opportunity for the mothers’ group to do likewise, visiting similar themes to those that have emerged from the children’s group. We always endeavour to play at least one of the games played in the children’s group within the mothers’ group.

The issues that a particular group needs to address often sit not far from the surface and tend to emerge if the group reads that the leadership team can tolerate their anxieties, fears and concerns. However, themes useful to cover have included:

- How I introduce myself to others
- What I have in common with others
- What are my strengths
- What are my dreams/what are the dreams of others
- What is violence

- What are girls like/boys like
- Who are your heroes
- What is a continuum of anger
- How do I express anger/how do others
- How is anger passed onto others
- What different feelings are there
- Where do certain feelings live in my body
- How do I keep myself safe
- How do I care for myself/care for others
- How do I feel about coming to parkas
- What do I do well/what do others do well
- How are strengths passed onto others
- Dealing with endings/dealing with loss

Post-group

Individual mother/carer feedback sessions

Traditionally two weeks post-group we organise individual feedback and review sessions with mothers/carers. This session explores their child's behaviour and progress in the program, as well as our reflections about the mother's progression through the group. We include any recommendations or possibilities for referral for ongoing individual and/or family work.

Conversely, this is very much a time for the mothers/carers to provide feedback about their experience of the group. We ask for their assessment of their own participation, and what they see as their own and their child's strengths and future. We also enquire about specific ideas they may have about how we could further improve parkas. An important element of this review is ensuring that we receive their feedback, and attending to any unfinished business.

Reunion

The energy and excitement that abounds during the final joint session has often precluded the opportunity to fully say goodbye. A huge investment of time and emotion is made by those who attend, and by those who lead parkas. The reunion has a much slower pace and allows, albeit sometimes reluctantly, the recognition that parkas has finished. It also acts as a significant transitional marker. The two months in between the end of the group and the reunion typically provide a deeper digestion of the material covered, and a chance to reflect on where participants have been and where they are heading. As leaders, we often see significant changes in the children. The reunion provides opportunity to bear witness to these changes.

Supervision

Critical to the success of any therapeutic group work is the provision of adequate, regular and supportive professional supervision. This mirrors the holding process that the leaders endeavour to provide for the mothers/carers in order for them to 'hold' and 'contain' the emotional experience of the children in the group. parkas has been fortunate in accessing a range of professionals to provide supervision. Supervisors have included a gestalt therapist, a child and adolescent psychiatrist, and two supervisors who are qualified in child psychotherapy, with considerable knowledge in childhood development and trauma.

Leadership resources

Generally we have up to three leaders running the group, with two leaders as a minimum. Too many leaders can both overwhelm participants and dilute the security the leadership team offers. Negotiating the tricky attachment issues that are generated within the participant-leader relationship, as well as between the leaders themselves, is better managed with fewer leaders.

Having at least one leader with experience in working with clients affected by family violence, group work and an appreciation of process oriented ways of working is preferable if undertaking this model. An ability to sit with the

complexities of this work, tolerate the extremities of the feelings and behaviours generated within and by the group, as well as working to provide clients with opportunities to integrate their experiences, is pivotal. While good supervision assists this process, experience, confidence and maturity within the leadership team are extremely useful ingredients to begin with.

Some interesting programmatic variations

Separating the leadership team

Early in the history of parkas, time demands led to a decision to have the two lead facilitators run one group each (one to run the children's and one to run the mothers'). The third leader (being trained up in the model) participated across both groups. Having the third person across both groups was our way of trying to still address the need of holding and attending to the material of both the children and mothers. This deviation from the model proved disastrous. We not only experienced the splitting reported by facilitators from other child/mother programs, but each lead facilitator struggled week after week to hold in their mind just which child belonged to which mother, and visa versa. The trainee had the unhappy experience of endeavouring to learn about a model that we were not in fact running.

Overnight Camps

Another variation to the model was a choice to take the children and parents away for a two day camp to replace the farewell session and make up for what was a shorter program (time constraints allowed us only seven weeks with this particular group). This alteration produced mixed results. It accelerated the intimacy of the group at a time when we were in effect concluding the program. For some participants, this experience left them feeling hungry for more. The decision to run a camp would have perhaps worked better at an earlier stage, although it may have still been 'too soon' for some families grappling with their ambivalence about whether to trust us or not. Alternately, running a camp (something we have not done before or since in parkas) may

have said more about our anxiety in not running the standard length of time than actually serving the needs of the client group.

However, the increased bond between the participants and between the leaders and participants was a strength drawn from the decision to go away on camp. With permission, we videotaped some of our sessions. The capacity to record some of our work, along with the stimulus of this very different setting (rural Victoria), enhanced the depth of material we as facilitators were given to work with. It also presented us with some invaluable learning. In this context, we undertook some of the activities and discussions that were usually conducted separately in the children's and then mothers' group collectively. One example was participant drawings representing the child's best/worse dream. During the camp, the children's group drew their pictures in a separate room, as did the mothers/carers (this included a couple of grandmothers). We then came together as a big group to discuss what each participant had drawn.

What was markedly different about how the children explained their drawings in front of their mother/carers was the need to inhibit and dilute what they had freely explained and played out in their separate group. One girl in particular was hyper sensitive to her mother's reactions. She appeared to alter each sentence she uttered in an effort to accommodate her mother's expectations, and it would seem, to protect her from any hurt or anger. While this does not categorically prove our belief that separate groups should be an integral part of this therapeutic model, it does lend support to an important theory we hold about the parkas model. That is, the reciprocal nature of this work, with each separate group building upon the other, allows a space for the leadership team to hold and bind the intra-psychic material of both the child and the mother. In doing so, parkas as a groupwork intervention, works towards creating a mediated realignment of the attachment between the mother/child dyad.

Including fathers

Apart from the children/fathers parkas group which is discussed in more detail below, we have on different occasions involved fathers in various ways. Our inclusion of fathers has not always been lauded by others in the family violence prevention field. However, we believe strongly that systemic work should

involve as much of the child's world as safely and feasibly possible in effecting change. This is particularly the case because many of these children have ongoing access with the perpetrator, whether they choose to or not, based on decisions made by the courts.

Our bottom line is not compromising the safety of the children we work with, physically or psychologically. The first four years of running parkas was in Melton. We often had children in parkas whose fathers were attending Melton Community Health Centre's (MCHC) behaviour change programs. In these instances, fathers attended individual feedback sessions and signed contracts of commitment supporting the participation and therapeutic work of their child and the child's mother in the group. Fathers were involved in this way only with the mother's permission. Often the mothers were past or current members of MCHC women's support groups. For the past five years, parkas has not run in settings that provide men's behaviour change programs. As a result, we have not had the appropriate structures available to continue this practice of involving fathers who are the identified perpetrators.

In two groups to date, we have also included non-perpetrating fathers. In the first instance, we had two fathers who were keen to be part of the parkas parent group. During the children's and mothers' assessment sessions, we asked permission to include these two men. One of the women expressed her fear of participating in a program involving men. Therefore, we offered the two fathers three separate sessions to provide feedback and talk through the issues they felt they faced. The mother of one of these men attended the parkas mothers' group, along with his child. The other man was a step-parent, whose partner was already included in the parkas program along with her child.

The second occasion involved a father who was the victim of violence perpetrated by his wife. The women in the group agreed to the inclusion of this father. His journey within the group was a new learning for the facilitators, as well as for the other women. The experiences this man related within the group highlighted the ways in which violence had tested his sense of masculinity, while also generating broader insights into gender prescriptions.

Including siblings

We have run well over a dozen parkas groups to date and on three occasions we have included siblings. Anxiety about joining a group is generally the precipitant for siblings wanting to attend together. Invariably we have found that once they have settled into the group, the dynamic of violence rears its ugly head, generally in the guise of perpetrator/victim roles and compromises the effectiveness of the group for these children.

A children's and fathers parkas group

The one-off **children's and fathers'** pilot group was the most marked deviation from the parkas model outlined in this paper. This program targeted men who had been assessed as successfully completing the MCHC men's behaviour change program. This model saw the children undertaking a total of five weeks joint group work together with their fathers, within a seven-week men's program. Post group, we held a reunion as in the children's and mothers' parkas group (refer to Figure 2.2).

Key objectives

- Facilitate a shared, enjoyable and safe interactive experience between the father and child/children.
- Introduce fathers to an experience of learning to 'be with' their child.
- Provide fathers with an experiential opportunity to empathetically engage with their child.
- Facilitate fathers' ability to listen to their child's needs over their own.
- Provide an opportunity for the father to learn to recognise and tolerate their child's need to play.
- Provide a safe, contained environment for father/child to experiment with intimacy and play.

Week One	<p>Assessment undertaken: same procedures as for mothers / carers Group</p> <p>45 - 60 minutes each</p>	<p>Including:</p> <p>Contracts</p> <p>Evaluation</p> <p>Program overview</p>
Week Two	<p>Dad's group</p> <p>Approx. 1.5 hours</p>	<p>Share History.</p> <p>Violent incidents child was exposed to.</p> <p>Evaluation Questionnaires.</p>
Weeks Three to Six	<p>Dads' & Kids' Group 2 hours.</p> <p>Experiential focus, incorporating individual feedback (with the fathers) throughout sessions.</p>	<p>2 x Music Therapy</p> <p>1x Art Therapy</p> <p>Farewell Session</p>
Week Seven	<p>Group feedback and debriefing for Dads.</p> <p>1-2 hours</p>	<p>Questionnaires</p> <p>Where to from here?</p>

Figure 2.2. *Children's and fathers' pilot group model*

The fathers' group had a very different focus to that of the mothers' group. It was simply about providing the men with an opportunity to experience 'being' with their children. Within the mothers/carers group, the emphasis was on both building/rebuilding healthy connections between them and their children, and using peer affirmation to assist in this healing. Within the fathers' group, our assumption was that these men had at best fragile and/or ambivalent attachments with their children.

This assumption led to thinking differently about the configuration of the children's component of the group. Rather than focusing on a developmentally peer appropriate climate for the children, we zeroed in on the father/child dyad as our pivotal point for group dynamics. The activities within the group included art, music and activity based therapy. Four children, aged between 4 and 13, participated. The intent was to creatively and gently introduce these fathers to an experience of learning to 'be with', 'listen to' and 'recognise and tolerate' their children's need to play. The activities encouraged the father and child/children to create things together, rather than the group necessarily forming as a whole. Opportunities to give direct feedback to the fathers about their interactions with their child were also built into the program.

Conclusion

The parkas journey continues to be an exciting one, constantly evolving through the input of its greatest contributors, the children and families with whom we work. It has involved many challenges and much hard work, but has been an immensely rewarding and enriching experience. The ultimate strength of the parkas initiative has been its capacity to grow. We continue to collaborate with a variety of agencies that assist us in the ongoing development and delivery of parkas. Additionally and importantly, the parkas training package developed six years ago has created a crucial funding source to assist in the program's survival, and our endeavour to make a positive difference in the lives of children affected by family violence.

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CHAPTER THREE

WHAT'S IN A NAME? A GROUP 'JUST FOR KIDS'

TARA PAVLIDIS

The 'just for kids' (jfk) group

jfk (developed in early 2005) was born out of the recognition that we needed to provide an entrée program to the parkas group (see chapter two), which was specifically designed as a mother/child intervention. Our early family violence prevention work was situated within Melton Community Health Centre (MCHC), through parkas having access to a steady stream of women (and their children) who had already commenced their own journey of recovery through either the MCHC group work programs, or individual counselling. As we began to run parkas away from this setting (predominantly in the inner Western Region of Melbourne) and diversified our referral base, we found that we were attracting many clients who were only just beginning their journey and were still emotionally very raw.

During our assessment sessions it became evident that many of the children were ready and willing to attend the parkas group, while the mothers often remained ambivalent. In many instances, we were these mothers' first contact with a service that provided counselling, and often they appeared uncertain about what we provided and whether they could trust us. With each parkas group, we experienced little difficulty in keeping the children engaged. However, we struggled sometimes to keep some mothers engaged. In these instances when a mother dropped out of parkas, her child tended to be withdrawn from the program as well. jfk was developed as a response to this dilemma, and was

seen as an opportunity to provide a treatment program ‘just for the children’. In jfk, we designed a joint parent and child session for the mid and final sessions of the group. Through these sessions, we hoped to gently engage mothers who were eager to access support for their children but overwhelmed at this stage by the prospect of exploring their own issues as mothers or the difficulties faced by their children.

To date we have run four jfk groups. Two of the jfk programs have very successfully engaged the mothers, with the majority of the group rolling into a parkas program. The other two jfk groups did not proceed further. The first group ran well but did not have sufficient numbers or the momentum to continue further. The second group was run at a local primary school, heralding our first attempt to run our AFVP work in a school rather than community setting. This school setting, along with a myriad of other factors, proved not ‘a good enough’ environment to successfully undertake this sensitive and very complex area of work. As the jfk model has evolved, it has moved past our initial concept to use it as purely an ‘entrée program to parkas’ to become a group ‘just for kids’, in and of its own right.

Engaging the children

The jfk program has generally taken up to 8 children, aged between 8-12 years who have witnessed and/or been the victim of family violence. It essentially runs as a program which just involves the children. However the jfk group includes a minimum of two sessions where mothers/carers participate in the group, followed by a special lunch. jfk utilises an experiential, activity based format that allows an exploration of issues such as power and control, respectful expression of feelings, understanding the culture of violence and creating safety.

jfk is more fluid in its structure than either parkas or the Peek a Boo Club, largely because an important component is missing, that of their parent/carer. The work endeavours to create a shared, safe space for exploration. Each jfk run has incorporated differing combinations of discussion, games, creative arts, story telling, drama and dance/movement activities (see Chapter 6 for an account of one jfk group’s journey). These differences have reflected the mediums

with which each group has most comfortably engaged, as well as the skills and talents of the facilitators.

While keeping the format of the program flexible, we remained committed to working within psychotherapeutic model influenced by interpersonal neurobiology. Cozolino (2006) describes this approach as:

“the study of how we attach and grow, and how we interconnect throughout life...It is the story of how we become deregulated and unhealthy, and how we regain our emotional balance and mental health. It is also the story of how genes and environments interact to create who we are and how we create each other through relationships, cultures, the stories we tell, the imaginary worlds we create, inhabit, and explore”(p.16).

It is important to be familiar with knowledge that offers an understanding of how we can offer children a reparative experience given the negative impact of chronic traumatisation on children’s development (Rossman, Hughes & Rosenberg 1999). Streeck-Fischer and van der Kolk (2000) identify the importance of attending to children’s primitive self-protective behaviours within therapy, while also attending to the creation of a safe, reliable and stable space that can then:

“...allow them to let down their guard and let in new experiences. Children need to be distracted from their habitual fight/flight/freeze reactions by engaging their attention in pursuits that (i) are not trauma-related triggers, and (ii) which give them a sense of pleasure and mastery” (p:913).

This means building the children’s capacity to explore without becoming re-traumatised, developing a language for their expression of feeling and then

providing a safe enough space to review what has been painful such that different outcomes may be explored (Streeck-Fischer and van der Kolk (2000).

Engaging the mothers

Our endeavour through the joint sessions is to engage the children's mothers in the therapeutic work itself, or a process that is supportive of their children's engagement. We aim to create opportunities for the mother and child to interact in a playful manner, create and share with one another. Mostly, we utilise art or other expressive activities to build this kind of communication. Through movement activities such as mirroring, following and leading, and other non-verbal interactions, we hope to explore relational dynamics between the mother and child and open up new patterns of relating. Art activities such as creating a fantasy island or creating a road map of their journey together can facilitate dialogues regarding the mother and child's shared and differing concerns, hopes and desires. For example, facilitators may encourage the dyads to imagine how they want their shared road to unfold in the future. "What does this road look like?" "What needs to be included or excluded in this roadmap?" The joint sessions aim to support the connection between the mother and child. They offer an invitation to each mother into her child's journey. Here, she can gain a small glimpse of the impact of family violence. For the children, the joint sessions provide new possibilities to share their experiences with their mum in a structured, contained and enjoyable environment.

The joint sessions also create opportunity for both the mothers and children to get a taste of group processes within the AFVP. They can test out whether the facilitators feel sufficiently trustworthy, and what a parkas program might be like for them if they choose to continue. However, the parent's reaction to these sessions also allows the facilitators to assess the readiness of the mothers to move into the parkas program after jfk has finished.

Concluding thoughts

Each jfk group has been a very different experience. Rather than offering a 'how to do' set of instructions, our hope is to encourage safe, exploratory, and playful groupwork with children who have experienced family violence. From

our perspective, these ingredients are important keys in creating engaging and therapeutic opportunities for healing.

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CHAPTER FOUR

THE PEEK A BOO CLUB: GROUP WORK FOR INFANTS AND MOTHERS AFFECTED BY FAMILY VIOLENCE¹.

WENDY BUNSTON

Exposure to family violence affects children from birth, if not before, yet very few programs address the impact of family violence on infants. The Peek a Boo Club is a new group work program for mothers and infants who have experienced family violence. This article reflects on my experience as one of the facilitators of the program, and describes some of the weekly activities we have used with the mothers and children. Early evaluation findings from the first two group programs are also discussed.

Introduction

The AFVP has over many years provided training to other professionals, based on our experience of working with children and young people affected by family violence. Our direct service delivery work includes two group work programs targeting children aged 8-12 years; parkas (parent's accepting responsibility – kids are safe) and jfk (just for kids).

Our assessment interviews for parkas and jfk indicated that the majority of the children participating had been exposed to familial violence from birth, if not in the womb. For a smaller number of the children, their conception was a result of violence. Neurological research indicates that early emotional trauma can

¹ An earlier version of this article first appeared in the DVIRC Quarterly, May Edition, 2006.

significantly and negatively impact on the infant's developing brain (Schorer, 2003a, 2003a, 2001; Wylie, 2004, 2001; Teicher, 2002; Streeck-Fischer & van der Kolk, 2000; Perry et al. 1995), and yet we were commencing our intervention with children in their mid-primary school years.

It was time for us to 'start at the very beginning', and respond to children at the beginning of their lives, in an effort to positively shift the developmental trajectory of children's lives and relationships.

The group work facilitation team

In order to deliver a specialist intervention for infants and their mothers, we needed to collaborate with others. Lindy Henry, a maternal and child health nurse who was completing a Master's degree in Infant Mental Health, was our 'infant expert'. Bez Robertson, a social worker from Community West also joined our team, having had years of experience running women's domestic violence support groups. I was the third member of this facilitation team, a social worker and family therapist with many years experience working with children affected by family violence. In the second Peek a Boo Club a term later, Naomi Audette, a dance and movement therapist replaced me within the facilitation team. We also had an additional support person available to each of these two groups, Kate Enderby and then Merrin Hollyman. Each of us came with different though complementary approaches to therapeutic work. We forged strong bonds as a team. We were mutually motivated by this new area of work, as well as the opportunity to learn from one another and from this client group.

The Peek a Boo Club

Our original plan for the Peek a Boo Club was to run a 10-12 week intervention. We envisioned building extensive links with other services, having guest speakers, inviting extended family members (such as grandparents, aunts, siblings) to the groups, writing up weekly newsletters and undertaking a comprehensive evaluation and long term follow up. When we were unable to

secure funding, we settled for a smaller version of our original plan, keeping our immediate focus on just the infant/mother dyad. We have been fortunate in being able to access weekly supervision with an infant mental health specialist employed at Royal Children's Hospital Mental Health Service.

The premise underpinning the Peek a Boo Club intervention is that exposure to intimate relationship violence and the sheer need to survive in such a context can often preclude a mother's ability to focus on her infant's attachment needs. Ultimately, the focus of this group is to positively alter the developmental pathway of the infant and the infant/mother relationship through building healthy attachments, addressing the very real impact of intimate violence, and enabling mothers to move forward with an empowered sense of themselves as mothers and as women. We believe this intervention offers an opportunity to possibly avert some of the recognised neurological and psychological vulnerabilities infants are left with when exposed to ongoing violence.

Our approach has been psychodynamic, and as such, apart from the assessment session, we had no set notions that activities or topics should be ordered in a particular way. We did what we felt progressed well from one session to the next and were led in part by where the group took us. When the babies were tired and wanted to sleep we left them sleeping, moving the focus onto discussions with the mothers. At other times we would facilitate activities or sing and do the movements accompanying songs with the infants who were awake. Allowing the infants and mothers to set the pace was an important part of honouring the internal integrity of the individuals within the group, as well as the group as a whole. This was particularly important, as building and affirming the natural rhythm and attachment establishing itself between each mother and child was our primary focus within the group.

Our identified goals included:

- to create a safe place for mother and infant to interact, engage with other mothers and have fun in a non-judgmental setting;
- to increase the quality of infant/mother relationships;
- to positively influence the developmental pathways of the infants;

- to increase the confidence of the women in their roles as mothers and as individuals; and
- to assist the mothers to explore how things are for them and for their babies, and how they would like things to be.

A further psycho-educational component of the program included exploring issues of: power and control; the impact of violence on children; keeping safe; identifying strengths; and building positive relationships.

Assessment

Influenced by the success of other infant interventions engaging clients through home visiting (Puckering, 2004; Olds & Korfmacher, 1998, 1997) we began our face-to-face contact with an initial home visit assessment session. We used a structured interview format developed by Zeanah & Benoit (1995) called the ‘working model of the child interview’ to guide our questions, and included further questions relating to the nature, length and perceived impact of the violence on the mother as well as the child. In this first meeting we also administered a questionnaire called the ‘Parent-Infant Attachment Scale’ (Condon & Corkindale, 1998).

Weekly sessions

We provided a minimum of eight sessions (one to two individual assessments, six weekly sessions, and a reunion) to the participating infants and their mothers. In the first Peek a Boo Club program we had four babies and four mothers. Two of the dyads had been referred by Child Protection and two through community agencies. The second Peek a Boo club consisted of three mothers but five babies (including twins). The age range for the infants in both groups was 3 -12 months old.

We placed large cushions in a circle in the middle of the room we were using, lit an aromatic oil burner and played music in the background. We always

ensured we had tea and coffee available and a delicious morning tea. We attempted to create something akin to a cosy and nurturing nursery.

Together we created our group's rules. We also spoke about the facilitation team's limited confidentiality and that as professionals we were legally as well as morally committed to taking action if we believed a child was at risk.

Group activities

During the first three weeks of the initial Peek a Boo Club we used icebreaker name games (Audette & Bunston, 2006). Every week we sang nursery rhymes from our childhood as well as new songs that we had discovered or that the mothers had made up. We actively involved the infants throughout (unless, they were asleep). These songs were then collated in our weekly Peek a Boo Club newsletter, which would arrive at the participants' homes a day or two before the next session. The colourful newsletter consisted of songs, sometimes the recipe of a home-baked morning tea, a standing item outlining the group rules, and a brief overview of the topics discussed.

In week two, we used soft scarves to play 'peek a boo' with the infants. We carefully watched the interactions between baby and mother to discern the comfort and trust levels within the activity. We also marched to music. I remember feeling quite self-conscious in some of the activities we did, but as we continued, I became more aware of my awkwardness and gave myself over to a decision to just 'have a go' and enjoy playing. As facilitators, we often have to make conscious our own feelings in order to transform them. As we became more conscious of our own responses and reactions within the group, we were more able to make changes in the ways that we engaged with the mothers, children, one another and ourselves. We often noticed that our changes created increased space for changes within the group.

A large collection of plastic animals became a central focus for group exploration and engagement during the second session. The mothers were asked to pick an animal that best represented their child and explain why. We then asked them to select an animal representing how they would like their child to be, and to discuss their choice. Lastly, we asked them to pick an animal that best

represented themselves, and then an animal symbolising how they would like to be. This activity revealed rich psychological material about perceptions of self and their babies that continued to be worked with, and reflected upon within the group.

In week three and again in week five, we brought in mirrors (approx 30 x 30 cm) for each infant. The mothers were asked to hold the mirror up for their babies, and to encourage the babies to look at themselves. Each mother then looked into the mirror and endeavoured to catch their baby's eye. This was a delightful activity geared at enhancing the engagement between mother and child. The activity captured moments of recognition and exchange between the two, as the babies moved their gaze from themselves to their mothers. This mirror exercise also prompted a discussion about how comfortable we, the adults felt about looking at our own images, and what their children's experiences might be.

Within the Peek a Boo Club, non-verbal communication is closely monitored. Activities are intended to promote an awareness of the other, and consistently invite mothers to see their infants as subjects within and of their own right. This approach engages the possibility of allowing the infant to enter the mind of the mother, and visa versa (Thomson-Salo & Paul, 2005). Symbolically and in real life, mother and child experience the possibility of returning to a space where attunement between one another can be tolerated, alongside their separateness.

Other activities included laying out Strength Cards, a packet of illustrated cards identifying an array of strengths, (St. Luke's & Veeken, 1996) and asking the mothers to pick two for themselves and two for their infants. A fruitful discussion ensued about why they had picked each card, and if there were any strength's that they didn't feel they had but wanted, in order to pass onto their children. In this session, we also provided the mothers with bubbles to blow for the infants. This simple activity provided another means of engaging the infants in interactive play.

In the last formal session (week six), we provided face paints to create a fun and intimate activity for the infants and mothers. We (the facilitators) painted T-shirts for the mothers, while the mothers painted their infant's tops. This

activity was intended as a symbolic and nurturing farewell gift from ourselves to the mothers, as well as their gift to their infants.

Topics covered

The topics we covered each week varied according to the mood of the group. We began cautiously, wanting to create a steady start for the emotional birth of this group. As a facilitation team with this group, we were like new mothers, trying to find our rhythm and unsure of how to work with their experiences of violence in the presence of their babies. We spent week one getting to know one another. In week two, we edged around the topic of ‘how do we manage our stress’ and ‘how do our babies know when we are stressed’.

In week three, we revisited the ways we manage stress using an activity sheet. This led to a more intimate discussion about the backgrounds of the individual mothers and disclosures about their own anger, as well as areas in which they felt they had not measured up to themselves or others. It revealed personal histories replete with their own childhood experiences of being abused, neglected and abandoned. When it seemed timely, we altered the tempo of the group and ended sessions with our signature finishing song, ‘twinkle, twinkle, little star’. We would place the infants on the cushions and all stand above them holding a large scarf that had golden stars printed on it. This activity never failed to enthral the infants, and remained a magical closing ritual for the group participants and facilitators alike.

In the fourth session the mothers explored the topic ‘our wishes for us and for our babies’. This evoked considerable discussion as themes emerged around yearning for security and safety. Money featured in the discussion, not so much as an end in itself, but as a way of ensuring independence. The wishes the women held for their babies were to be happy and healthy, and not have the troubled life they’d all experienced.

The fifth session was perhaps the most emotionally intense. The topic discussed was ‘what are the messages our parents have given us about ourselves, and what are the messages we want our children to have about themselves?’ This session revealed the deep sense of shame and guilt the mothers felt about the

violence they had experienced. When the mothers were asked whether their children deserved to have the same things happen that they had experienced, the mothers were adamant: they did not! This provided a chance to reflect on the fact that they deserved to think better of themselves, and to expect others to do so as well.

As facilitators, we developed more confidence in sharing our interpretations of what might be happening for the infants within the group, and really ‘taking them in’: visually, emotionally and psychologically. We spoke to the infants about what we were doing and why, and we noticed that mothers in the group began to do this too.

The use of video taping

Video taping interactions between infants and mothers has been used to great effect by some infant mental health specialists (Beebe, 2003). The objective is to use the videoed material directly with the mothers, providing immediate and powerful feedback about the interactional patterns and communication styles that operate within their dyad. We have struggled with the idea of videotaping sessions. Acutely sensitive to the compliance of clients who have been battered, and the anxiety of some to remain anonymous and hidden, particularly when they have suffered years of being stalked or kept under surveillance by their controlling partner, we have used videotaping and taking photos with great caution.

While recognising that the concept of informed consent has its limitations, especially when a client has been systematically disempowered over many years within a relationship, we strive to fully explain the rationale and give control for the decision to permit videotaping/taking photos in sessions with the mothers.

To-date, all mothers have been given copies of their photos of themselves and their children. Video taped material has been used within the leadership team’s supervision sessions, allowing ‘our teacher’ to see our work and gain first hand knowledge of relational patterns of our dyads and guide our work within the

Peek a Boo Club. We are still grappling with how to bring the video material back into sessions.

We are severely constrained by time and to use the material effectively we need to review and edit this material to ensure its therapeutic value. As the program progresses we are working through how to best use this material responsibly and effectively. We also ask for consent to use some of the material for training purposes and to-date have used photo collages only, with the faces of the mothers blurred so as to make them unrecognisable.

Not all sessions have been taped, generally an earlier and then a later session, allowing for some sense of tracking progress. Our plans for an upcoming group involve taping the first session and showing this back to the mothers in the fifth. We also hope to film part of the fifth session to again show back to the mothers in the reunion session, planned to occur some time after the last session.

The impact of the group

Having such a small numbers of participants (seven mothers and eight babies across two groups) at this stage does not allow us to make any sound statistical analysis or conclusions about the group. We administered a self-report questionnaire, the Parent-Infant Attachment Scale (Condon & Corkindale, 1998) pre and post-group. Figure 4.1 below indicates the positive shifts made by the mothers in their attachment with their children after the group. It is interesting to note that prior to the group, the mean attachment score of the mothers fell well below the mean score of ‘normal postnatal mothers’. After the group, the mean attachment score of the mothers fell within the ‘normal mean score’. We have hopes of re-contacting the mothers from our two preliminary Peek a Boo Clubs sometime in the future to see if these shifts have been sustained. As we run more programs, we should be able to draw useful inferences from our evaluation of this program.

We also asked the mothers to fill in qualitative questionnaires after the group. The women were extremely positive about the relational aspects of the group (forming relationships with others, the infants bonding with one another and learning new ways of relating to their infants) as well as the fun and relaxed

environment provided. The most consistent difficulty they faced was getting to the venue, and on time.

We observed that the infants made quite rapid progress during the course of the group, particularly one infant who had significant developmental delays. The infants became increasingly relaxed with their mothers and the other adults in the room. As would be expected, each week they began to explore their environment with more confidence, slept much less and became animated in their sounds, movements, eye contact and engagement with one another. The mothers formed bonds that lasted beyond the group sessions.

MATERNAL INFANT ATTACHMENT SCALE: 'PEEK-A-BOO CLUB'

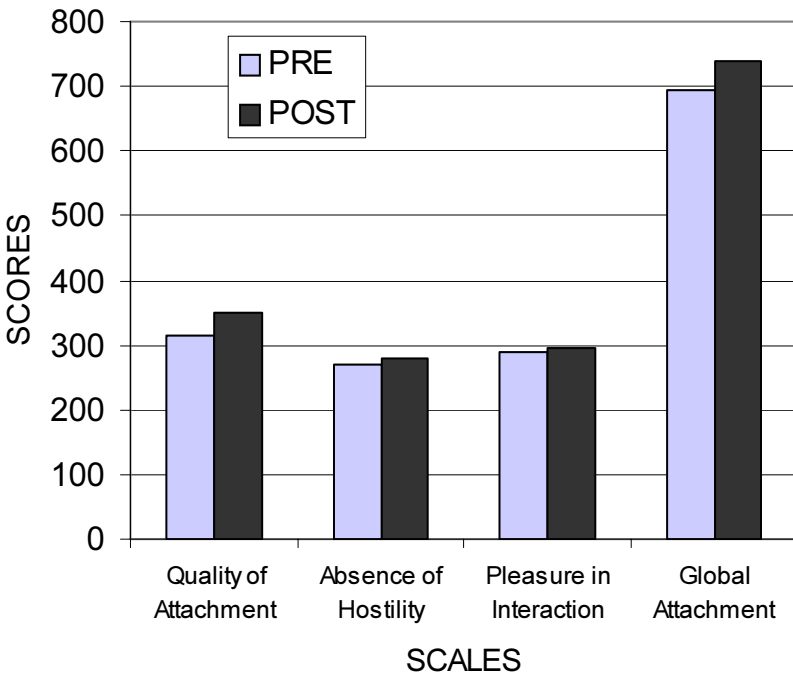


Figure 4.1

Concluding comments

As with our other groups, we believe that our commitment to acknowledging the impact of violence upon our clients, as well as being able to hear and respond to our client's own capacity at times to engage in violent behaviours, has led to us being able to successfully engage the mothers in these two Peek a Boo Club groups. Speaking about what is sometimes unspeakable clears the way for moving into a depth of sharing and connection that is very powerful. Most importantly, we found the infants had much to teach us about themselves and about ourselves, should we take the time, and care to listen.

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CHAPTER FIVE

OUT OF THE MOUTHS OF BABES: FORMING MEANINGFUL NARRATIVES ABOUT EXPERIENCES OF FAMILY VIOLENCE

PETA MILLARD & WENDY BUNSTON

Introduction

Children who have experienced sustained and severe physical and/or relational violence in their interpersonal relationships often lack the capacity for emotional and subsequently behavioural self-regulation. This often stems from an inability to name and differentiate feeling states, as well as make connections to past experiences (Streeck-Fischer and van der Kolk, 2000; Lonie, 1999). Therapeutic interventions should aim to assist these children to begin making connections between experiences, feelings and reactions, and enable them to develop words with which to talk about their traumatic experiences.

Our knowledge about children's emotional development indicates that those who have lived in chaotic and frightening environments often experience confused and misaligned internal states (Schore, 2001), and potentially fractured attachments (Thomson Salo, 2002). These children may have had inconsistent or incongruent messages from their caregivers, leaving their internal states at odds with what their external world is telling them.

For example, a terrified child who wants to protest and cry out for help may be told to be quiet and not make a fuss as it upsets their father. This situation reflects the reality of family violence and the self-protective mechanisms that kick in so that the non-perpetrating parent can minimize danger. This may be a very wise choice at the time. However, if this survival tactic continues, it can rob children of an accurate affirmation of what their feeling states are rightly telling them; that this situation is frightening and they want it to stop. Their external world subjugates their internal experience. Eventually the inner world

may become almost unrecognisable, submitting to a chaotic, warfare zone mentality that facilitates survival over fostering growth. An impaired capacity to monitor and regulate internal states and feelings inhibits the communication of experience through words and emotional expression.

Therapeutic group work offers one way of giving children an opportunity to have their internal states validated through responses that are congruent with their experiences. Permission to express and explore these internal states is not pursued recklessly, but with thoughtful countenance in order to facilitate connections with ‘the lived’, ‘the remembered’ and ‘the felt’. In doing so, there is the possibility of developing meaningful narratives with children regarding their experiences of violence.

Purposeful interventions

This chapter draws together a small collection of group work activities that we have used to facilitate exploration into children’s experiences of violence. The activities described make up some but not all of the tools we have found useful in undertaking this work. The ideas presented reflect our journey in trying varying interventions as we search for a ‘good enough’ fit between what we offer and what the group itself brings. The purpose of these interventions has been threefold:

- To create an appropriate space for discussion and exchange
- To hear and validate the complexity of their expression
- To assist in the development of meaningful narratives

It is important to keep in mind that these activities are conducted in a time limited group that is generally between ten to twelve week sessions (including the pre-assessment, post feedback and reunion sessions). We firmly believe that the group work context creates an interactive stimulus that can accelerate the individual’s progress. For this to occur however, the facilitator is required

to “sit with the rich and varied dynamics that accompanies working with groups, to respond to the immense opportunities that this then provides us in understanding what constitutes ‘growthful’ encounters, and to integrate our learning with our practice” (Bunston, Pavlidis & Leyden 2003, p: 48).

Developing words: What is violence?

The children who have participated in parkas (parents accepting responsibility – kids are safe) and jfk (just for kids) groups come with different experiences of conflict and violence (see Chapters Two & Three). After a number of years of running these groups we became curious about the fit between how we ‘the professionals’ defined violence and how the children themselves understood this word. We decided to simply ask them, “*what is violence?*”, and wrote up their words on a whiteboard. We did not ask them directly about their personal experiences, but opened up a safe space in which they could offer any contribution they wanted. Inevitably, descriptors of the violence that had occurred within their homes surfaced.

This activity was facilitated without judgment or interpretation, and allowed the children to proceed freely and at their own pace. The dialogue of one child tended to prompt another’s. We accepted whatever it was that the children offered in this forum, without editing or re-phrasing what they had to say. We listened, held and digested their words, giving affirmation to the complexity and intensity of what they were expressing. Their words, written on a whiteboard, make them tangible and available for viewing and re-viewing.

After some time the children became emotionally spent, exhausting their capacity for expression. The facilitation team then took over, giving a congruent response to the material the children shared. We voiced our acknowledgement of how hard the children had worked, how much emotion they had carried, and recognised how painful and complex their experiences had been. Below in figure 5.1 are responses scribed from differing groups where this activity was used:

<p>Penguins slapping their beaks.</p> <p>Writing threatening note.</p> <p>Hitting people with things.</p> <p>Stalking people.</p> <p>Touching where they are not supposed to.</p> <p>People judging you.</p> <p>Saying something hurtful.</p> <p>Ignoring people, not listening.</p> <p>Blaming people, not taking responsibility.</p> <p>Locking me out of the house.</p> <p>Killing my dog.</p>	<p>Kidnapping.</p> <p>Holding people under water.</p> <p>Suffocating you.</p> <p>Dad banging mum against the wall.</p> <p>Not coming to my birthdays.</p> <p>Looking at naked people on the computer.</p> <p>Threatening to take the kids.</p> <p>Calling me a whore.</p> <p>Smashing windows.</p> <p>Bashing people up.</p> <p>Getting drunk and driving me.</p> <p>Memories staying with you forever.</p>
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Figure 5.1

We have often shown the responses of the children to workers attending professional training events run by our team. “Penguins slapping their beaks”, the first response listed above invariably triggers the question, “why did the child say this?” We did not ask ‘why’ of any of the children but honoured whatever they needed to say. Our interest was to enable space for these children, perhaps for the first time, to give voice to their experiences, and in whatever form they chose. We refrained from jumping too quickly onto their words, and instead, allowed them to speak freely without too much interruption or interpretation.

This activity, though simple in its form, is hard in its process. It opens a forum for the children to make known some of their terrifying, angry, sad, humiliating and confusing memories. It is important both during and at the end of this activity to ensure that the children are kept grounded in the safety of the ‘here and now’ as they disclose their stories, and at the conclusion of the exercise, moving preferably onto something light hearted, active and pleasurable. This activity has been used within our parkas groups and as such, the material has then been taken back into the parent’s group (see Chapter Two). The simple

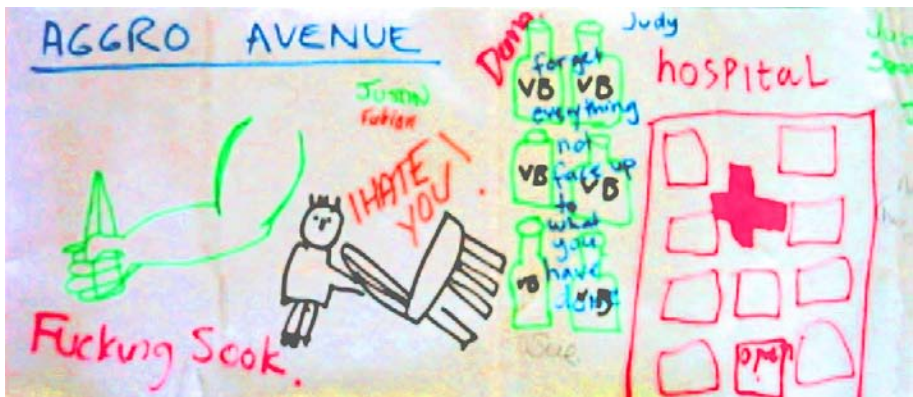
eloquence and rawness of their children’s words creates a far more powerful arena for reflection than anything we could deliver as facilitators. On more than one occasion this material has been met with disbelief, stunned that these words and descriptors have come from the mouths of their own children, ‘out of the mouths of babes’.

Situating Violence: Where violence lives

A particularly powerful activity used in parkas has been ‘Aggro Avenue’. A long strip of butchers paper is placed across one wall at a height where the children can easily stand and work. The children are invited to create a mural of images representing what they imagine ‘Aggro Avenue’ might look like. ‘Aggro Avenue’ may represent both real and imagined worlds for the children. They are free to express where and how they situate the violence that they have experienced in their lives.

We have found that the children often give quite graphic visual descriptions of violence that has occurred in their homes and their feelings of anger (particularly when encouraged by their peers’ work). They do, however, struggle to make sense of these experiences particularly when the violence has been perpetrated by somebody they love.

Aggro Avenue



It is imperative that children are not left emotionally vulnerable and in a state of heightened arousal. This is counter-therapeutic and irresponsible practice. Activities such as ‘Aggro Avenue’, can directly tap into traumatic memories and experiences. These memories and experiences need to be acknowledged and responded to thoughtfully. As facilitators we need to create room for exploration and play, remaining present to the material being offered, available to change our tempo to match and then moderate the affective states of the children and always building on their resources, resisting our urge to generate an outcome we think is in their best interest over them discovering their own. This is not to suggest that we are espousing an ‘anything goes mentality’. Group generated rules and/or expectations should be established from the outset of any group work program in order to keep participants psychologically and physically safe (see chapter thirteen).

In our group work, we endeavour to create sufficient safety to walk and talk through what the children may be seeing, feeling and thinking. At times, it may be important for the facilitator to give voice to this: *“That must have felt very frightening”*, *“I wonder if you felt like nobody could stop what was happening”*, *“It may be confusing to still love someone who has hurt someone you love”* or *“I wonder if it feels like this is enough now and we need a rest from our work”*. This involves being alert to the children’s feelings and listening to what they are telling you both verbally and non-verbally, rather than imposing what you think or feel they should be experiencing. Knowing when and how to speak for children, and when and how not to, sometimes comes down to practice wisdom and experience. However, a good guide for returning to a space of safety means bringing the children back to the here and now, and assisting them to safely engage with their own defense mechanisms. Toward this end, activities that are positive and fun also go a long way.

As noted in other chapters, supervision, debriefing with co-facilitators and critical self reflection are paramount. These processes support sound therapeutic judgement around when it is helpful to give voice or meaning to significant experiences evoked for our clients. Returning to a level of safety and emotional functioning means assisting that person and/or the group to walk out of the session feeling they are able to adequately undertake whatever commitments or activities they have planned once the group is finished for the week.

Aggro Avenue



As with other activities undertaken in parkas, we often take the children's work into the mothers group (see chapter two). With 'Aggro Avenue', the mothers were shown the children's mural before they were required to respond with their own art making. This allowed the mother's time to absorb and reflect on what they saw. We then invited the mothers to directly contribute to the poster, adding what they saw fit and then discussed the experience. The mural was taken back to the children's group the following week for viewing and reflection.

Naming experience: The Cycle of Violence

A well known educative tool widely used in family violence prevention work is the '*Cycle of violence*' (initially conceptualised by Lenore Walker, 1979). In more recent times it has been criticised for failing to capture the complexities inherent in domestic violence. Nevertheless, it is still an accessible and helpful construct in psycho-educational treatment groups given its capacity to explain the cyclical, non-random pattern of the violence within intimate relationships (Hughes 2000). In our group work, the 'cycle of violence' has offered a visual and helpful way of exploring and naming relational patterns that operate in the children's families. We first introduced the 'cycle of violence' to a parents group as a way of supporting the parent's understanding of patterns inherent in relational violence. We then decided to bring this conceptual framework into

the children's group as well, given the reciprocal approach utilised in parkas (for further explanation, see Chapter Two). We had also previously noted the children's attempts to language the pattern of events that occurred within their homes.

On a large piece of butchers paper or cardboard, the 'cycle of violence' is laid out for the whole group to see. Adopting child friendly language, we invite each child to think about the things that may have been happening at each stage of the cycle in their family (see figure 5.2). In doing so, we recreate the cycle of violence from the children's perspective. One child for example re-defined what he thought the 'buyback phase' of the cycle really meant, as 'sucking up'.

Allowing the children to have some ownership over the cycle has enhanced their capacity to make sense of it in their own language and from their own perspective. Exploring the 'cycle of violence' in our children's groups highlighted how highly attuned children can be to the different dynamics that occur in situations of family violence. The children were well able to identify the shifts in relationships within their environment, as well as in their own feelings and behaviour. Figure 5.2 displays some of the contributions that children have given in recent groups about what they remember happening at different stages of the cycle.

Further questions that we asked the children to consider were, "*What kinds of things were you doing at the different stages of the cycle? What were you feeling at those times?*" These questions aimed to help the children develop a more comprehensive personal story regarding the violence, with an increased awareness of themselves within it. Figure 5.3 highlights some of the children's feelings and actions, as they located them on the cycle.

In keeping with the parkas model, we filtered this activity back and forth between the children's and mother's groups. Doing so assisted the parents to better understand their children's experiences of family violence. We also protected the anonymity of the children's material, believing this was an important feature in the openness and potency stimulated within the activity. It is worth noting that for many of the parents we see, their involvement in parkas may be their first experience of group work. Similarly, the 'cycle of violence' often represents

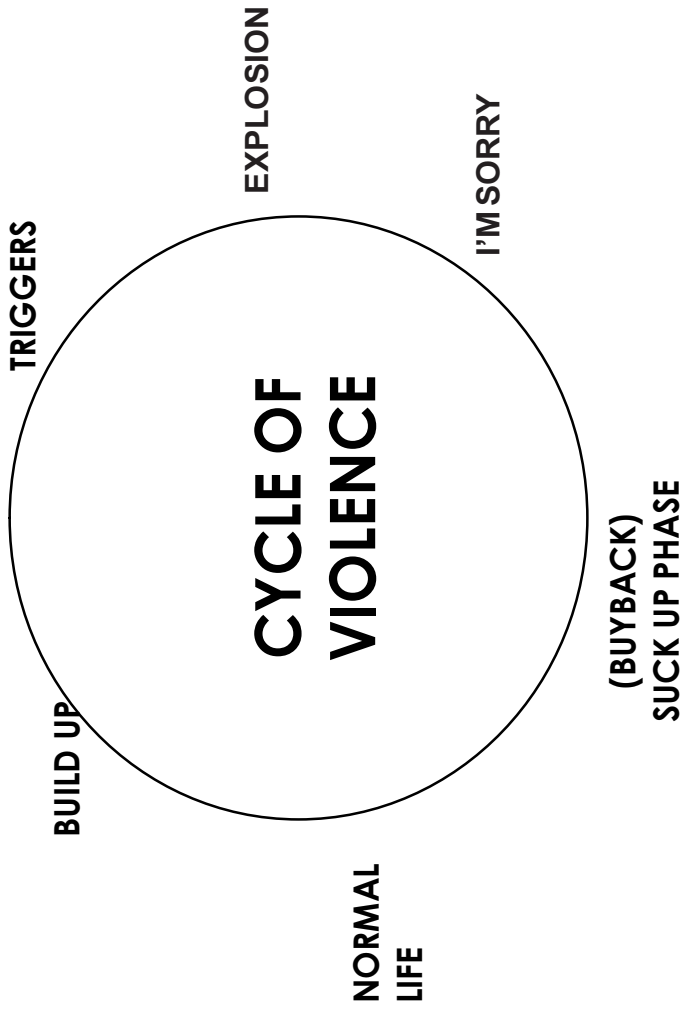
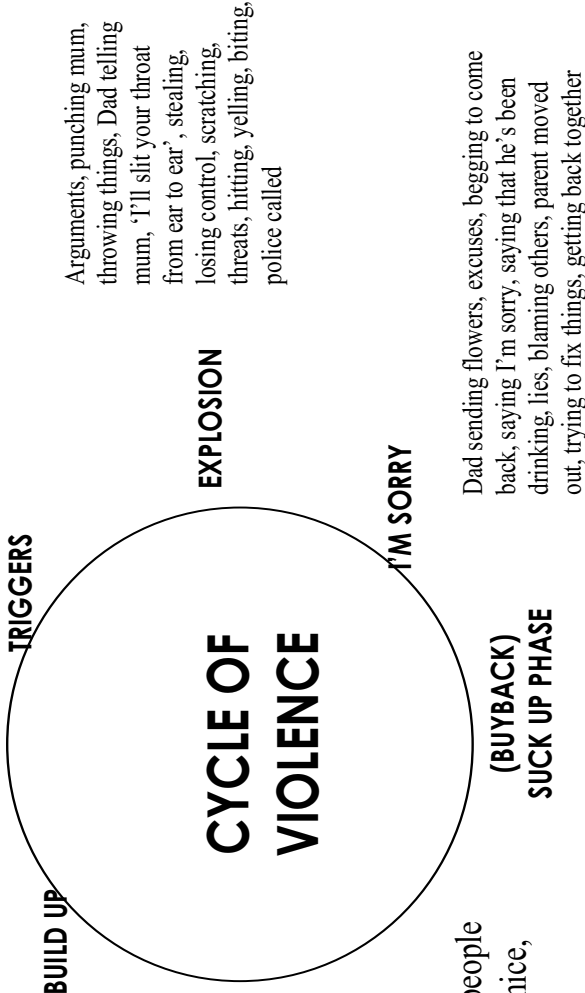


Figure 5.2 *Cycle of Violence as described by children in group*

Little arguments, dad starting to get grumpy/moody, breaking toys & teddy bear, started drinking and getting angry, mum and dad getting jealous of each other, coming home drunk, fighting over access



NORMAL LIFE

Weird because people are trying to be nice,

Figure 5.3. *Some of the kids experience of the cycle in their words*

their first exposure to a framework that attempts to make sense of the way in which relational patterns may have happened in their lives. Therefore, before showing parents the cycle created by their children, we spent time processing the ‘cycle of violence’ from their own perspective, identifying core precepts, acknowledging the cycle’s limitations, and the fact that stages do not necessarily occur sequentially or in discrete phases.

Following this discussion, we ask the parents to consider the cycle from their child’s perspective: “*What was your child doing at each stage of the cycle? What do you think they were thinking and feeling at each stage?*” In the first parent group where this cycle activity was used, they had only just commenced their journey of healing. As such, they had experienced little time to work through their own experiences of broken and disrupted relationships. Initially, their capacity to reflect on their child’s experience throughout the cycle tended to be limited. However, the mutual process of discovery facilitated by the exchange between the mother’s and children’s groups seemed to accelerate the mother’s ability to hold their own and their child’s experience. The ‘cycle of violence’ appeared to offer a language for what had previously seemed incomprehensible and inaccessible. Figure 5.4 displays parental responses regarding their child’s point of view, and is derived from a selection of groups where we have used the cycle of violence over the years.

Showing the parents what the children have produced in response to the ‘cycle of violence’ is hard hitting and evocative. The intention is not to overwhelm or shame these parents. They already carry guilt and shame in bucket loads. It is to ‘hold’ them while they digest and process what it is their children are sharing of themselves. As intolerable as some of these words are to hear, their children’s naming of their experiences ‘puts it out there’, available for reflection, consideration, acknowledgement and restoration. We believe this process of asking the parents to imagine the world from their child’s perspective invites a shift in their thinking, engaging them in thoughtful consideration of ‘what it might be like to be in their shoes’.

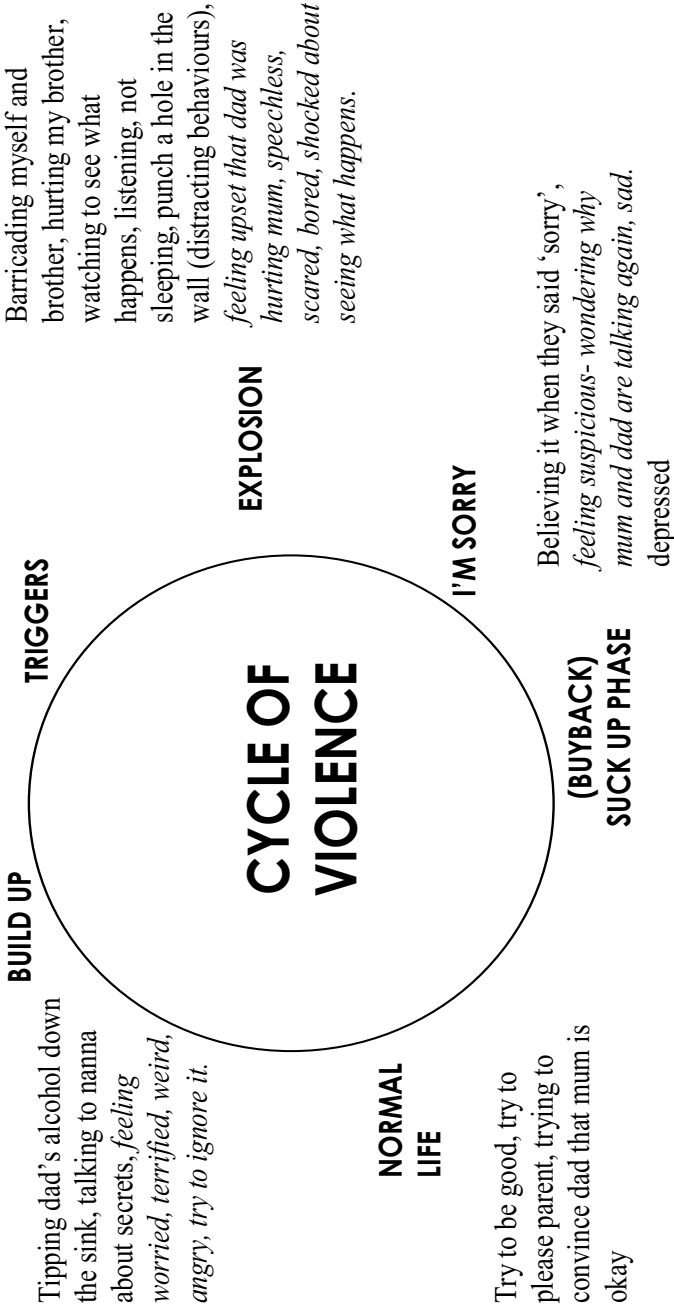


Figure 5.4. *What the kids were doing and feeling at the different stages*

Language for feelings- Body Maps

The use of *body maps* is not new. Generally they are used to support linkages between the emotional and physiological, facilitating an understanding of bodily sensations in connection with different feelings. In the context of our family violence work, children are invited to consider the kinds of feelings and sensations they experienced in their bodies when violence was happening in their family. These bodily experiences are located on body outlines drawn on large pieces of card or butcher's paper. Depending on our assessment of the children's sense of body violation or body-image, we may pre-draw rather than outline their bodies straight on to the paper.

This activity provides an opportunity to explore and reflect upon the relationship between a child's internal states and their external experiences. In many instances, this activity highlights the level of congruence between what a child's body is telling them and how their emotional world processes this information. For children who have not formed a language for their emotional states, this activity may give some clues as to what mechanisms they have adopted for survival. One young boy was unable to locate his feelings in his body at all. The inside space of his body map was completely void. Instead, he drew symbols and words inside a briefcase carried in one hand. For this boy, a briefcase appeared a much safer proposition than experiencing the sensations and feelings in his body. The impact of trauma can impair children's capacity for emotional self awareness as their abilities to make connections between mind and body have been significantly disrupted, as reflected in the above example.

Body maps as an activity facilitate a process through which children may develop words and reference points for the feeling states and sensations in their bodies. The activity allows for exploration into a range of feelings associated with the experience of family violence, including sadness, anger, depression, isolation, loneliness, humiliation, nervousness and fear. Thoughtful questioning may include, "*What was happening in your stomach/head/heart at the time?*", or "*Where did you feel scared/angry/sad in your body?*" Assisting children to develop a visual and verbal language for their experience, aims to create congruency between the meaning of their thoughts, feelings and bodily sensations. This process works towards helping children to be reflective, to develop capacity

for problem solving, (eg. *what might I do in situations where I feel unsafe, nervous, embarrassed etc?*) and perhaps give pause for ‘review’ over ‘reaction’.

Meaningful narratives

Facilitators need to mediate all these activities through offering reflections and interpretations back that help evolve some meaningful narratives about the children’s experiences. For example, noting the incongruence that sometimes emerges in a child’s body map may not be enough. Exploring why this might be so, and affirming the necessity of those defences in certain situations is critical. For some children, it makes enormous sense to hold a barrage of potentially explosive emotions in your briefcase rather than in your body. There may be other times, however, when it is safe enough for these emotions to be held in the body. Other children can depict high arousal and fear in their body maps, while drawing a happy smiling face. Their body map simultaneously expresses joy, sadness and anger. Such children may need assistance in unpacking these mixed or even fragmented expressions.

Our practice experience shows that when given tools and support, children are well able to explore aspects of themselves and their lives. In the presence of others who have had similar experiences, children are often less inhibited and tend to form a camaraderie with the other children. However, undertaking complex trauma work within a group work setting does have some risks.

What of the issue of contagion? When children come into our groups, they present with varying levels of exposure to, and experience of violence. They also come with different capacities to express and tolerate these experiences. Does listening to the stories of others help them to access, share and integrate their own experiences, or are they simply being exposed to more traumatising material, some of which may infiltrate and become part of their story too, potentially frightening them even more (Cunningham & Baker, 2004). These are important dilemmas to consider, not just in the assessment stage and group selection, but also throughout the course of the program. As facilitators, we must continue to monitor and manage the volatility of the material we are presented with.

Conclusion

This discussion has aimed to provide a practical commentary on just four interventions that we use to explore children's experiences of family violence. These interventions sit alongside other activities that guide our work with children, including exploration of the children's further experiences of other personal strengths, positive relationships, trust, safety, body boundaries, dreams and hopes, and managing strong feelings. When conducted with sensitivity and attunement, these activities can facilitate powerful opportunities for realignment both within the parent-child relationship, and the child themselves.

The challenge for us as facilitators is sitting with, processing and making sense of what the children have given us both in the moment, and then in our own 'holding space' of weekly supervision. We too need assistance with unpacking the 'sub text' of the group and its emotional trajectory in order to understand our own responses, and how these insights can further inform our work.

Many of the children who participate in our groups have an emotional readiness to explore and talk about their experiences of violence. Our aim is to assist these children and their parent to develop healthier emotional self regulation, to encourage and facilitate a tolerable awareness and alertness to their internal and external world, and to develop meaningful narratives around their experiences of trauma. The challenge is not only helping them to find healing ways of accessing and communicating their experiences, but to provide a 'good enough' space in which their stories may be told.

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CHAPTER SIX

CREATIVE RE-CREATIONS: ADDRESSING THE IMPACT OF VIOLENCE IN CHILDREN'S LIVES THROUGH CREATIVE PLAY

ALEXANDRA HEYNATZ

Once upon a time...

“The butterfly was playing. She didn't know there was tornados and she got stuck in one. When it stopped, her wings were all broken”.

(Girl, aged 9).

“Once upon a time, there was a girl and a tornado came. She lived faraway and no one knew where she lived. She was crying for help and no one could hear her – and the tornado took her away”.

(Girl, aged 10).

Are there some destinations so ‘faraway’ that they seem inaccessible? How do we find someone when we don’t know where they live or how to get there? This article draws attention to a recent just for kids (jfk) group facilitated by Tara Pavlidis and myself, and the way that imaginative play provided a pathway into the world’s inhabited by the children. I believe that facilitating therapeutic engagement through creative modalities such as art, storytelling and games can stimulate an arena in which children can safely hold and acknowledge traumatic experiences; give voice to their hopes, desires and frustrations; and reframe their experiences in ways that allow broader possibilities for self and other.

Playing with metaphors

The metaphor of ‘tornados’ emerged spontaneously among the children of this particular jfk group through group art and story-making processes. ‘Tornados’ remained an enduring symbol during our time together, and came to embody some of the chaos, confusion, pain and fear that had often accompanied the children’s experience of family violence. As a group, the children quickly developed a shared understanding of this symbol’s meaning, and described the impact and nature of a ‘tornado’.

In the children’s drawing and stories, ‘tornados’ lingered and spiralled menacingly in the distance, just on the edge of awareness. They swirled up dust and people and precious things; they surrounded and broke down houses; and they made people invisible and inaudible. The ‘tornados’ that the children drew and told stories about were “frightening”. The facilitators learned that ‘tornados’ could “mess your feelings up”, particularly since “you can lose your family”. With such ‘tornados’, you could be “taken to a different place”, or would need to “go somewhere that no one knows”. Through their words, behaviour, and creative play within this jfk group, the children shared just how “lost in space” ‘tornados’ could make them feel.

The images and stories generated about ‘tornados’ emerged from the children’s rather than the facilitator’s frames of reference. A simple round robin exercise was initiated in which each child added one part to every other group member’s image. All group members described their final composite image to the group,

along with a made-up story about the image. This process was greeted with excitement. The children enthusiastically informed one another of the components they had contributed, and noticed with the facilitators how their markings had shaped the image and story that had emerged. After listening to all the stories, the images were spread out on the floor before us. Together, we remembered the different storylines that had been shared. We asked the children what attracted their attention. Had a new story now come into their mind, and would they like to create this individually? The children readily responded and began to work alone, however as they did so, we noted that one tornado appeared to have given birth to another, and another.

Playing with reality from a safe distance

From my perspective, and in keeping with much creative arts therapy literature, creative processes provided an astute mirror for the children's experience of self and other (Levine, 1999; Cattanach, 1994; Jennings, 1994). Art, storytelling and games provided a safe container within which the children could express and witness what was genuinely concerning, constraining or enjoyable within their lives. The imaginative frame offered by creative modalities however, provided a language that was sufficiently distant as to be tolerable to the children. As an intermediary and alternative reality to the literal world, imaginative play represented an in-between domain that could be claimed by the child as 'me' or 'not me'.

For some of the children, their 'real world' had perhaps been far more frightening than anything they could imagine. Yet, by intentionally framing an imaginative space in which the children could obliquely acknowledge and make sense of the painful realities of family violence, hidden aspects of self had a sanctioned time and space to be seen and heard. For some, this included their rage, fear or acute sense of powerlessness at the ongoing reality or threat of their mother re-partnering with the perpetrator of violence. When housed in a creative form, these vulnerable aspects of self could be protected and distanced from overwhelming and threatening psychological experience. Here, the children safely looked at "tornados", entertained fantasies of revenge, dreamed of a

“love family”, visioned a “crazy town”, and fought battles in which they imagined different winners and losers:

“There’s a dark cloud – it’s called the Rhino cloud, and it’s trying to take over the good. There’s two little aliens and they’re always good, and they kill the evil cloud” (Boy, aged 11).

In the guise of an ‘evil cloud’, ‘little alien’, ‘tornado’, or ‘butterfly’ for example, the children played out their rage, desires for protection, and the mixed loyalties they often experienced toward the perpetrator, and/or their other parent. The children could simply express what called out in their awareness (Cattanach, 1994). The symbolic language generated by the children implicitly seemed to address their own sensed feelings, concerns, beliefs and attitudes. Their play engaged us, as the groups’ facilitators, in their daily struggles, making visible their attempts to mediate the ongoing conflict they experienced internally. In this regard, as contended by Winnicott (1971),

“...it is good to remember that playing itself is a therapy... the basis of what we do is the patient’s playing, a creative experience taking up space and time, and intensely real for the patient... this observation helps us to understand how it is that psychotherapy of a deep-going kind may be done without interpretative work” (p. 50).

He asserts that it is only in playing that an individual is able to be creative and use the whole of the personality, and in turn, make discoveries about the self (Winnicott, 1971).

An exploration in play

One of the unique qualities that creative modalities offer in group therapy is their capacity to engender enjoyment and immersion. The process of learning to be with materials, exploring and making ‘mess’, struggling with how to express inner feeling and thought, and seeing one’s own image reflected back, may bring the client into a state of ‘being able to play’.

In week five of the jfk group, we moved our session outside to a large mandala shaped piece of paper on the grass. The children hurled paint at the wide space of paper in front of them. With much noise and energy, they squirted, sprayed, and splatted the paint. The children relished in the sounds and effects of their vigour, and delighted in the mess and blobs of colour. Later, the children moved from squirting the paint to smudging and mixing the colours directly onto the paper with their hands. They took up lots of space and time in the tactile messiness of this experience. Vivid colours soon disappeared beneath a murky mix of brown. However, new possibilities emerged when they discovered that scraping back the paint revealed earlier layers of colour. We asked the children “What do you see?”

Learning to See

Betensky (1995) highlights art therapy’s capacity to attend to and consciously support the “experience of seeing”. She explains that this “experience of seeing” occurs in art therapy in a two-fold way. In the first instance, an art expression is created. This is a direct experience. The appearance of the creative expression in a client’s vision and consciousness constitutes a second direct experience. According to Betensky (1995), clients typically require more help with this second experience, as they must learn to look ‘intentionally’ to see all that is visible in the creative expression. The concept of ‘intentionality’ underpins this experience. Intentionality refers to the “fundamental relational act whereby ‘consciousness’ reaches out, or extends to the ‘stimuli’ of the world in order to ‘bring them back to itself’ – or interpret them – as ‘meaningful things” (Spinelli, 1994, p.288).

The facilitators encouraged the children to describe the image, assisting them to notice the colours, lines, edges and textures visible. Together we remembered the different colours that had been used, and the way that the painting had developed. The children highlighted the “mess” before them, but also commented on the colours visible at certain points beneath the “mess”. We queried the associations this “mess” brought to mind in the children. In thinking about this, one child reflected that the image was like the “mess” that happens at home, and the “messy feelings” that trap the “good feelings” inside. The children felt that the “good feelings” might still be there underneath the layers, as in the painting, but covered over and “trapped”. This theme appeared to strike a chord with all the children, and in the individual artwork and stories that followed, we witnessed and heard more about this particular struggle, and their desire to rekindle enjoyment in their lives. When sharing a story about his artwork, one boy put it this way:

“The dark cloud is all around the place. There’s only little blobs of goodness coming out from the dark clouds and trying to fight the dark clouds. The orange is trying to beat the dark green” (Boy, aged 11).

Often, we wrote down the children’s stories as they were being told, reading back the children’s words when they had finished. The children were highly attentive in this process. They listened carefully to the words, and the way it was read. After this storytelling, we would enquire with the child whether we had told the story correctly. The children took their role as ‘author’ or ‘director’ very seriously, letting us know when something was not quite right. Often, they made new additions, and omitted or reshaped particular details in ways that were more satisfying. In doing so, they played with different possibilities, relishing their sense of authorship and control.

Travelling through important storyscapes

As facilitators, we often thought through ways that we could assist the children to digest and make sense of their experience. At times, we brought back significant group metaphors in a slightly different form for further exploration. For instance, we invited the children to loosely explore the fairytale, ‘The Wizard of Oz’ in response to the ‘tornados’ metaphor that they had presented. We shared how we had been reminded of the fairytale after seeing and hearing about their ‘tornados’. Together, the group brainstormed the themes they associated with Dorothy and her fellow travellers and enemies on the yellow brick road. We set up three mural stations, surrounded by relevant props, images and puppets. The children were invited on their own journey: from the volatile environments experienced in violent homes (“caught in tornados”) to considering what they needed or wanted (“If I only had a ...?”), to explorations regarding safety (“There’s no place like...?”).

As the children drew and talked together around the mural paper, they moved between being immersed in their drawing, to recollections about the fairytale, to stopping and listening, to direct descriptions of the family violence experienced. The children and the facilitators were highly engaged in this process. The children shared specific incidents about their family lives, and images and identifications with various symbols and characters that captured their imaginations. They became intrigued by their own creativity, ideas and thoughts, as well as those of the other children and facilitators.

In their own way, words and time, it seemed as though the children were beginning to unravel some of their questions about mums, dads and kids, anger, safety and trust. Within the contained space created, one girl commented, “If only I had a new dad”. Not her old dad, without the violence, but “a new dad”. In this instance, she clearly reflected what she wanted from a father, and her niggling doubts about her dad’s capacity to change his violent behaviour, in spite of all the words she was hearing from him. Another child – “If only I had a magic wand”. Empathy arose between the children as they touched upon what were often shared hopes, frustrations and disappointments.

Following the children's lead

In the jfk group, we brought our attention to the emotional, physiological and cognitive states of the children within different activities, and created spaces in which we could engage with and respond to the children's experience within the group. Travelling along the children's 'yellow brick road' required some lion-like courage, a well-oiled and feeling heart, and a thinking brain from both the children and the facilitators, as taught by the 'The Wizard of Oz' tale. At times within the group, the lion within each of us felt a bit (or a lot) scared, our hearts could feel a bit inaccessible like the tin-man's, or the brain a bit spongy and full of straw. When 'tornados' are about, it's not all that surprising is it? Such is the impact of trauma.

The facilitators' own monitoring of self, and the kinds of information we received about the group through listening to our own bodies was significant in this regard. Through listening to such observations and responses, we learned more about when and how to enquire about the children's thoughts, feelings and sensations. We also drew alongside the children, creating tales, characters, voices or actions in response to the themes and issues that we heard. In doing so, we hoped to provide accessible and broad opportunities for the children to make sense of their world.

As the group's facilitators, we endeavoured to remain attentive to the language and images offered, allowing the children and their metaphors to guide the pacing and development of the group. In this regard, we rarely fixed specific themes to follow. Instead, we tended to initiate a game or an art-making activity that offered possibilities for significant themes to arise. With the children, we noticed what captured their imagination or interests, either in their own work or that of others.

Playing with the unknown

Certainly, we held in mind our own theoretical models regarding family violence, trauma, group-work, and childhood development. However, our enquiries with the children focused upon the children's descriptions and understandings of their creative work. Spinelli (2001) offers caution against trying to transmute the client's statements in a manner that 'makes sense' within the confines of the therapist's preferred theoretical model. Instead, he encourages curiosity

and openness to the stories told, suggesting that it is only through such interest and attentiveness that the client's dialogue with the world may be seen and heard. In many ways, this sentiment mirrors Winnicott's (1971) contention that "...the significant moment is that at which the child surprises himself or herself" (p.51). From his perspective, it is not the moment of the therapist's clever interpretation that is most important. The following vignette comes to mind.

Throughout the session and within the group generally, this girl continued to tell us how stupid the things she made looked. She sought reassurance consistently, and someone to rescue her efforts to make her work appear, superficially at least, 'in order' and 'presentable' in her own eyes and in the eyes of those around her. While initially hesitant and uncertain in her commitment to paper, particularly in the messy medium of paint, she nonetheless started. In paint, her marks did not diminish against the background but were plainly visible for herself and others. She began to blow blobs of paint through a straw onto her paper, but found this experience frustrating. It was hard for her to control the paint and it blocked the straw in big globs. When the paint finally came out it splatted uncontrolled over her page, creating a sense of further frustration and helplessness. She told the following story about her image: "It's about happy people, then one day this big mean monster comes – it traps all the good feelings. People are his slaves". Disdainfully, she folded the painting in half so that the paint was caught in the centre. But when she re-opened the page again, the different colours of paint had merged in the centre. Her first expression was one of surprise and discovery. She looked carefully for a moment before telling the group, "It's a butterfly trying to get out". (Girl, aged 10).

The creative process above catalysed the possibility of this child seeing herself reflected in new ways. In this moment, she appeared to experience herself not so much as helpless and passive but as vital, with her own capacities and hope.

Her endeavour to build a relationship with the art materials (and her experience) was a struggle, evoking uncertainty and anxiety. Could we tolerate her anxiety with her? Could we hold the ‘unknown-ness’ that such play can generate in the child, and in doing so, trust the child’s process of discovery?

At times, the anxieties and concerns generated by themes related to ‘protection’ echoed loudly for us as facilitators. On these occasions we could be too quick to jump in and ‘rescue’ the children from the discomfort they sometimes experienced within the group. However in doing so, we perhaps left less space for their own thinking and learning to unfold. Reminding the children of our presence, and the safe and reassuring space they were in was often sufficient in these instances. There is clearly a balance in this work between creating space for children to review their experiences of family violence and the need to assist children in regulating some of their emotional responses.

Interestingly, the etymological roots of the word ‘play’ are connected to the roots of the word ‘dance’ or ‘stepping forward and backward and to the sides’ (Knill, Barba & Fuchs, 1996). As the children sought ways to trust themselves and the group process in jfk, we witnessed and experienced their ‘stepping forward and backward and to the sides’. As we sought ways to create both a safe and exploratory space for the children to make sense of the violence they had experienced, we too engaged in this delicate dance.

Playing with process

Where possible, we encouraged interpersonal connection between the children, supporting spaces in which they could listen and respond to one another’s stories, images and experiences. Often this process was engaged through simple means such as round robin drawings, and collective storytelling, which required each participant to add the next part of an image or tale. One basic game involved the whole group keeping balls on a moving cloth. This activity facilitated rich conversations with the children about our rhythm together as a team, being able to take the lead, and being able to follow. The facilitators enquired more broadly about these themes in the jfk group generally, and other areas of the children’s lives. Within this interaction, the children compared notes about the power they experienced as an older or younger sibling, and their perceptions about who was able to choose or lead what occurred in their home.

While the children expressed relief in speaking about their concerns and experiences, they also acknowledged that it was often hard and sad for them to do so, as was hearing other children's experiences of violence. Within the group itself, we consistently invited the children to consider aspects of the group that they liked and enjoyed, and aspects that they didn't enjoy or feel comfortable with. Sometimes, we offered our thoughts and observations out loud: "I wonder if anyone is feeling a bit uneasy after thinking about that", or "I wonder if anyone else feels like that but mightn't want to say". We hoped to give the children permission to let us know how interactions and activities within the group were affecting them, either within the group or privately; and to provide a space broad and patient enough to hold the diversity of offerings made by the children.

Playing with beginnings and endings

At the end of each session, we invited the children to write or draw something in their journals about their experience of the session. In the first instance, the journal became an important way to gauge and mediate the shared and different needs of the children in addressing family violence. The journal in this regard provided a distinct reference point from which to assess different ways of moving the group process forward. However, the journal also became a significant container for the children's worries, desperation, hopes, and joys. It seemed that experiences and pieces of themselves that could not be held within their day-to-day lives could sometimes reside in the journal, which was held by us until the following week. Each week, we would respond to what the children offered in their journals. Weekly sessions began with the children quietly reading the message they had received, before finding a safe place to store their journal until the end of the session. This ritual was a constant, and marked a distinct beginning and ending that anchored our weekly time together.

Conclusion

In undertaking this journey with the jfk group, we as the facilitators were challenged to explore our own personal relationships with safety, trust, and power. Within supervision, we have reflected upon how these themes are reflected, rebounded and held within our own relationship as a facilitation team. We step to and fro, as we experiment with learning how to play together. How

can we accommodate and relish our differences, and learn to negotiate power and question orthodoxies in our practice and thinking? How do we ‘hold’ one another if the group (and we) are feeling unsteady with the weight of sadness, anger, disappointment or powerlessness as so often evoked by family violence?

Before the attentive and patient mirror of our supervisor, we endeavour to look more directly at each other, our facilitating relationship, and the dynamics present within the group. This dance between us is not seamless, but draws us close to our own vulnerabilities and also strengths as professionals, and as human beings. Indeed, we step on each other’s toes, stumble, move with flow, and surprise ourselves. We guard against the tendency to utilise supervision as a space to commentate on the group, as though we are objective observers in this process. We are not. We seek to make use of our selves, our relationship, and our creativity in responding to the trauma, resilience and hope brought to us by the children of jfk.

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CHAPTER SEVEN

PEEK A BOO: HOW DO I FIND YOU?

NAOMI AUDETTE & LINDY HENRY

Introduction

This article is an attempt to share our journey of working with the mothers and babies in the second ‘Peek a Boo’ Club that ran in 2005. The ‘Peek a Boo’ Club is a specialist groupwork intervention for mothers and babies who have experienced family violence and is run by the Royal Children’s Hospital Mental Health Service (see chapter 4). While we recognise the detrimental impact of family violence on developing secure attachments, and the inter-generational nature of attachment styles, the purpose of this article is to explore specific baby/mother goals that emerged within this particular group. What follows is an attempt to elucidate each goal, share the interventions we used, and give examples of mother/baby dyads that responded to and engaged in new ways of relating.

Like babies taking their first tentative steps in the world, we too were just commencing our journey into this delicate and complex area of work with mothers and babies. As such we were grateful for the guidance and expertise situated in the Royal Children’s Hospital Infant Mental Health team (RCH-IMHT) and in particular, Frances Thomson Salo for her supervision of our work.

Facilitators of this group were Lindy Henry, a maternal and child health nurse with a Masters in infant mental health, Bez Robertson, a social worker and family violence networker for Western Metropolitan Melbourne, and Naomi Audette, a dance movement therapist and groupwork facilitator in the Addressing

Family Violence Programs (AFVP). All facilitators brought a rich pool of skills and observational lenses to the group. We were also supported by Merrin Hollyman, a social work intern with the AFVP.

The processes that shaped this group stemmed from our observations of what the mothers and babies were demonstrating in their attachment relationships each week, alongside weekly supervision and reflection. Our theoretical and developmental understandings of the impact of trauma on the mother/baby relationship also guided us in how to proceed with the group and what interventions to utilise. Within the Peek a Boo Club facilitators sought to intervene with the mother/baby on three levels. These were:

- Interacting and engaging with the baby in order to accurately mirror their internal states, as well as modelling for the mother that the infant's world was being seen, met and held in mind (Holmes, 1993).
- Facilitating attunement and increasing the positive attachment within the mother/baby dyad through shared activities which were mutually satisfying and pleasurable.
- To create a safe space for the mothers to be 'held' (Winnicott, 1971) through creating opportunities for reparation to occur in relation to their own experiences of being parented.

Specific Goals:

- *To foster enjoyment within the mother/baby relationship.*
- *To enhance the mother's capacity to respond to the baby's communicative signals.*
- *To facilitate eye contact and prolong affectionate gaze between the mother and baby.*
- *To facilitate shared rhythms (attunement).*
- *To facilitate a sense of 'containment' and being 'held'.*

To foster enjoyment within the mother/baby relationship

Play is a critical element in cultivating enjoyment in the mother/baby dyad. According to Trevarthan (2001), this element of play is of prime importance for the infant. “A need exists in infants for joyful dialogic companionship over and above any need for physical support, affectionate care, and protection” (Trevarthan, 2001, p.100). This may be the first element to disappear when violence is present in the home. Conversely, within families where trauma is trans-generational, play may never have been a feature of the infant’s development that was nourished or encouraged. In attending a group where facilitators took obvious delight in each of the mothers and their babies, their characteristics and progress over time, the mother’s were given permission to relax and find enjoyment in their child and sometimes even themselves. Members of the RCH-IMH Team write of their experiences with infants:

“We think that when the infant realises she is imitated by us as adults who are not under her control but willingly submit to this game, her joy becomes part of the experience and self-knowledge... in this way the child has the experience of being seen and related to in an integrated way. When the parents see the child playing there is a continued interactional effect in that as they respond, the child in turn responds to the changes in them” (Thomson Salo, Paul, Morgan, Jones, Jordan, Meehan, Morse & Walker, 2004, p.17).

Many of the activities in the group involved moving and expressing in spontaneous and playful ways that were initially unfamiliar and perhaps even uncomfortable for the mothers. Songs with actions, playing games, and moving to music were ways each mother could engage with their children in joyful and creative ways. Facilitators modelled and encouraged the freedom to be silly, to have fun, to laugh and act spontaneously in response to the babies, and in response to each other. In this way a culture of joyful curiosity was fostered

and co-created with the mothers and overflowed into the mother's daily experience with her baby.

The facilitators were also active participants in the play with the infants, taking opportunities when presented to joyfully connect, communicate and engage with them. As each mother witnessed the enjoyment we took in her baby, it opened up new possibilities of perceiving and being with her baby. She was able to recognise her baby as a separate being who could be in relationship with another in his/her own right.

Activities to foster enjoyment within the mother/baby relationship

- Baby massage
- Bubbles
- Singing
- Dancing
- Playing 'peek a boo' with material
- Follow the leader

Case Illustrations

Twins Ella and Titia¹

The twin's mother shifted dramatically in her ability to pick up on modelled play, finding the facilitator's enjoyment of her babies, and herself as something she could then access. It seemed that she literally had to be shown how to play. However, once given permission she was able to translate this into her interactions with her twins, not only in the group but at home as well, singing songs with them and dancing with them. She was able to enjoy her twins more and not feel so burdened by their demands. It also gave the twins a sense that

¹ Please note that all names have been changed to ensure confidentiality

they were being enjoyed and subsequently, the mother reflected that their requests for attention seemed less demanding.

Ella crawled determinedly and hyperactively around the room, seemingly unable to stop still to interact or engage with others. Many shifts occurred for little Ella in the group as she started realising that facilitators were playfully connecting with her in her world, crawling around with her and interacting in response to her initiations. She started responding and delighting in her awareness that her actions were being followed and enjoyed by all in the ‘follow the leader’ game. Ella took her first steps in the Peek a Boo Club, to the encouragement and applause of all. Her mastery in that moment was enjoyed and mirrored back to her, giving her a real sense of accomplishment, recognition and self-pleasure.

To enhance the mother’s capacity to respond to their baby’s communicative signals

When a mother is preoccupied with her own needs, or has developed a style of withdrawing from or being reactive to (a fight/flight response), rather than reflective about the world, her capacity to respond to her baby may be limited largely to addressing physical needs. She may miss the multitude of non-verbal signals and gestures that the baby is making in an attempt to communicate. A facilitator who takes the time to observe the baby, noticing body or facial gestures with the mother and then naming the baby’s attempts to attract her attention, can enable the mother to recognise that the baby is an active initiator of communication.

Assisting the mother’s understanding of the non-verbal signals that her baby uses; such as gestures, sound, expression and gaze, can help her to attribute meaning to actions that may otherwise be perceived as random or devoid of meaning. This can assist the mother to open up a dialogue with her baby through following the baby’s lead and mirroring his/her actions. At times facilitators can interpret the baby’s signals for the mother and ‘speak for the baby’, giving voice to the infant’s expression.

In their conceptualisation of infant work, the RCH IMH (Thomson Salo & Paul, 2004) suggest that a mother may be unable to see her baby as a ‘subject’, or to access ‘think space’ for her baby. In these instances, we (the therapists) may act as the eyes and the mind that assists the mother to find and become thoughtful about her baby and herself in relation to her baby. A change in the infant’s internal representations through a caring adult responding to them as a ‘subject’ may also change their mother’s internal representations.

Interventions/activities to enhance the mothers’ capacity to respond to their baby’s communicative signals

- Follow the leader, allowing one of the babies to take the lead in play.
- Use of songs that incorporate the baby’s responses, such as clapping hands, waving arms, and nodding their heads.
- ‘Giving voice’ to the baby’s communications.

Facilitators acted as a bridge for opening up an interactional flow between the mother and baby. Many opportunities arose in each session for mothers and facilitators to observe and derive meaning together from the baby’s expressions, vocalizations and actions. Facilitators encouraged this, commenting on the things the baby seemed to enjoy, e.g. “She really liked it when you were massaging her back”. We wondered aloud about the baby’s intention, “I wonder what it means when she kicks her legs around like that?” At other times, we encouraged responsiveness toward the baby, sometimes with direct words of praise or indirectly, sometimes talking to the baby, sometimes affirming the mother’s responsiveness. “Your Mum knew exactly what you needed.”

Case Illustrations

Carrie

Carrie, an eight-month old girl arrived leaning back in the pram with a hat and sunglasses on. Her mother was warmly welcomed by the group and

congratulated for the effort in coming. Carrie too enjoyed the welcome and admiration of the group but soon began waving her arms and kicking her legs from her position in the pram where she had been left. Her mother kept talking, looking at her baby but not recognizing her movements as having meaning. Hidden behind her sunglasses, Carrie's expressions could not be seen by her mother. One of the facilitators interpreted Carrie's actions as indicating her wish to get out of the pram and vocalised this question, "Would you like to come and join us Carrie?" She asked permission of her mother before taking off Carrie's sunglasses and using the opportunity for a game of 'peek a boo'. In this way, facilitators modelled responsive behaviour towards the infant.

Twins Ella and Titia

The mothers went outside for a cigarette in the break. The first week we observed that the twins noted their mother had departed but did not seem distressed and amused themselves until her return. In the second week, they pursued her out into the corridor and were upset not to see her straight away. We put their anxiety into words for their mother, "Where's mum going?" It became apparent in subsequent meetings that this mother became more aware and thoughtful of her baby's reactions to her coming and going. She started to consider and then hold them in her mind, understanding the importance of her proximity. This change was contagious with the other mothers sometimes telling the babies they would be back in a minute and making sure their baby was engaged with a facilitator.

To facilitate eye contact and prolong affectionate gaze between the mother and baby

"When I look I am seen, so I exist" (Winnicott, 1971, p.114).

What does a mother who has experienced family violence see when she looks at her baby? Who does s/he remind her of? Does s/he have his/her father's temper? Does the mother even see the baby as a subject needing their physical needs met when survival is her first and overriding priority? What does the baby understand when s/he sees the mother's face? Does it become too painful for the baby to look at the mother when what they see does not provide a safe reference point to mirror and understand their world?

Winnicott (1971) posed the question, “what does the baby see when he or she looks at the mother’s face? I am suggesting that ordinarily what the baby sees is him or herself” (Winnicott, 1971, p.112). Winnicott (1971) further elucidated the effects of a baby searching in the mother’s face for a mirror to its own world and finding it unresponsive.

“This brings a threat of chaos, and the baby will organize withdrawal, or will not look except to perceive, as a defense. A baby so treated will grow up puzzled about mirrors and what the mirror has to offer. If the mother’s face is unresponsive, then a mirror is a thing to be looked at but not to be looked into” (Winnicott, 1971, p.113).

Facilitating eye contact and prolonged and affectionate gaze between mother and baby is a significant aspect of promoting healthy attachment and interaction between mother and baby. Likewise the RCH-IMH Team elucidates the power of the unconditional gaze.

“Looking thoughtfully at an infant ...will most often be enough for the infant to feel they have received something of value, to introject as a good object. When the infant knows someone has come to look at them, trying to understand them, gaze becomes tremendously important in the development of self and other” (Thomson Salo, Paul, Morgan, Jones, Jordan, Meehan, Morse & Walker, 2004, p.16).

The babies had very special attention from each of the facilitators. Through our visual engagement with them we hoped to interact and mirror back a sense of their own significance in a world where their personhood had sometimes not been considered at all. This too we hoped to model for the mothers, our genuine interest and interaction with their babies. We sought to enable new ways of connection for each mother/baby dyad, encouraging sustained gaze between mother and baby that invited mutuality, a being together in the moment, an enjoyment of shared experience.

Interventions/Activities to facilitate eye contact and prolonged and affectionate gaze:

- Using the mirror assists the mother and baby to gently and curiously look at each other, to see themselves together, and for the baby to see themselves separately.
- Face painting to attract the mother's eye to the baby's face, and to hold the baby's face with their hands.
- Playing 'peek a boo' with fabric. This game was used in a variety of ways with fabric draped over the mother's head, over the baby or over both together, with facilitators asking for example, "Where's Carrie? The fabric is lifted revealing the infant/mother to the expressed delight of all, "There you are!" Transparent fabric was used to mediate the anxiety that this game could potentially produce, as well as other brightly coloured materials when the babies became more confident in playing this game.

Case Illustrations

Jamie

Jamie was a hypervigilant four-month old infant who avoided eye contact and did not look at his mother at all for the first session. When the group sang songs, his mother would turn him around to face the group rather than seat him on her lap to face her, as the other mothers had done with their babies. When she attempted to turn him around to face her, Jamie squirmed and wriggled and would not settle until he was facing the other direction. When she carried him, he would face outward from her hip. As the sessions progressed, he would maintain gaze with the facilitators through playing a game of 'peek a boo'. However, he did not reciprocate any of the pleasure that facilitators experienced in the interaction but maintained a wide curious stare. During the group Jamie began to return his mother's gaze but could not tolerate this for any prolonged period. Reciprocating this gaze was a small but important shift for this mother/baby dyad. Unfortunately we were not able to observe the ongoing impact of this change because they were unable complete group.

Twins Ella and Titia

The twin's mother described her life as "like living behind a mask", where she was on automatic pilot during the day, shutting off her thoughts and feelings. This mother had experienced many ongoing life crises and had a history of abuse and trauma. She did not seem to notice the twins, the state they were in, or make an attempt to attend to their needs. It was as if she 'saw them' but didn't 'look at them'. Perhaps because there were two, the babies had limited opportunity for one on one time with their mother. The group provided this triad with space and opportunities to share some moments of quiet mutual gaze, though the twins seemed to reflect their mother's pattern of being on automatic pilot, too busy to stop their constant exploring in order to just 'be' with one another.

To facilitate shared rhythms (attunement)

According to Winnicott (1971) attunement to the child's bodily needs and rhythms is a vital element in the mother/baby dyad. The way babies communicate is through their non-verbal signals and vocalisation – crying, tensing, reaching, eye contact, and facial expression. When a mother is unavailable or unresponsive to the baby's signals, the baby may initially increase their cries of protest, however if not responded to they will over time become passive (Schore, 2001., Winnicott, 1971). If the baby's crying is attended to by being held and rocked in a matched response, the baby will feel met and will respond by calming down and being soothed, allowing themselves to soften into the mother's rhythm (Lewis & Avstreich, 1984).

Facilitators observed the mothers in the group to be on a continuum, from passive through to chaotic in their daily life rhythms, replicating the adaptation mechanisms adopted to survive their own early life traumas. As such, they were not fully available to respond to their baby's rhythmic and bodily signals – their baby's need for variety, rest, play and safety mediated through their mother's touch and attunement to their physical movement and feeling states.

Opportunities for shared rhythms between mother and baby include feeding, rocking, sleep-time, playing, and settling times. These activities require the mother

to tune into her baby's rhythm as well as for the baby to meet the mother's rhythm in a mutually satisfying way. An example of this is the baby being lulled to sleep in their mother's arms, feeling safe and soothed hearing their mother's heart beat and matching her breathing chest. If the baby is constantly adapting to the mother, then the message that the baby is receiving is that their internal world is not being responded to. Their signals aren't being met. Their inner experiences are inconsistent with what the outside world is telling them (Lewis & Avstreich, 1984).

When the mother and baby are sharing a soothing rhythm together, there is attunement and harmony in their non-verbal interactions. "When mother and baby attune to each other's needs, empathy develops" (Kestenberg, J, 1977, p.344). Facilitating shared rhythms gives the mother and baby an experience of synchrony and a chance to learn how to attune to each other's needs.

Interventions/activities to facilitate shared rhythms (attunement)

- Rocking songs (examples: Row, row, row your boat, Hush a bye baby) in a circle of lycra². The mothers were asked to hold their baby on their lap and move with their child to the words of the song. Each mother was supported by the fabric, which facilitated a tangible as well as a symbolic sense of safety for her child and herself. In this activity, mother and baby were aligned through hearing the words and beat of the song, together feeling their bodies move in harmony and sharing the mutuality of this experience.
- Each mother holding their baby and dancing with them to the rhythm of the music. In this way the mother and baby experienced a shared rhythm and physicality that was mutually satisfying and enjoyable.
- 'Follow the leader' games to assist the mothers to enter into their child's world of movement and to connect with them where 'they are at'. When the mother matches her movements to the child, she is communicating to

² The lycra circle is made up of lycra stretch fabric, sewn together to create a circle in which the group can sit to sing songs and return to as a closing ritual at the end of each session.

the child that they are being seen, experienced, enjoyed and met in that moment.

Case Illustrations

Ella and Titia

This triad was an example of mismatched rhythms. The twins seemed to ‘swarm’ around the room as soon as they arrived, always on the go, with no sense of having ‘mum’ as a secure base to refer to, able to match or meet them, or keep them ‘in check’. The twin’s behaviour displayed an underlying sense of anxiety and absence of stillness, which seemed to mirror mum’s anxiety and lack of stillness.

The twins presented with a cycle of feeding and vomiting. They would gulp down food and drink in a fast, chaotic manner and in whatever fashion they could, unsupervised and unmodulated by their mother, only to vomit it all up again a few minutes later. There was no routine or shaping of the feeding time with a beginning, middle and end. Their mother seemed unable to engage in this experience in a mutually satisfying and nourishing way, reinforcing a potential sense of emotional as well as dietary malnourishment. They were not held or talked to, but given a bottle to feed themselves, and left to negotiate this process without regulation, unable to modulate their intake or tempo. The babies seemed to grasp at whatever was being offered, always looking for more. It appeared that their mother used food to compensate or perhaps assuage her guilt for her inability to connect intimately with them. Food appeared to act as a substitute for what she felt unable to provide. However, it only served to push the twins from her further, impacting on their own ability to appropriately self regulate.

A noticeable shift occurred in their behaviour as intervention measures aimed at creating containment and safety were set in place. Facilitators set up a special ‘eating space’, sitting the twins down, talking to them, naming what they were doing, creating a time for them to drink, and only allowing small pieces of food to be taken at a time. In this way, the twin’s behaviour was slowed down as they explored a different rhythm of feeding with their experience being named. Through modelling this behaviour the mother was then able to

follow our lead, creating a space for the twins to trust their environment in responding to and managing this process until they were able to do so for themselves.

As the group continued, this feeding/vomiting cycle subsided and the mother was able to connect with her twins in a more direct, contained and playful way, creating healthy boundaries around their eating routines. This also led to some mutually satisfying experiences as they sat in the lycra circle. The twins experienced shared rhythms through singing songs and being rocked by Mum, with their eyes following the material that was wafted up and down while singing ‘twinkle twinkle little star’.

To facilitate a holding and containing environment

Winnicott (1971) conceptualised the ‘holding environment’ as denoting “not just the physical holding of the baby by the mother but the entire psychophysiological system of protection, support, caring and containing that envelops the child, without which it would not survive physically or emotionally”(Holmes, J. 1993, p.74). This holding represents the mother’s capacity to identify with her child and provide security. As the mother attends to the child’s physical needs, her capacity to contain the child’s anxiety, rage and other internal workings develops (Symington, 1996).

The lack of safety, holding and containment in the mothers’ own histories through experiences of adoption, foster care, maternal mental illness and abuse left them with an impoverished capacity to provide a safe container and healthy boundaries in their own relationships. This included their relationships with their partners, their children and themselves.

Our aim was to provide a holding and containing environment for the mothers, enabling them to feel ‘held in mind’ and safe. Within the Peek a Boo Club, the containing process worked at three levels. Firstly, the group itself acted as a structure for belonging. The mothers acted as a support to one another, validating each other’s experiences and providing a freedom to share, knowing that what they had been through was a unique, but shared experiences of violence. Group leaders facilitated this support and encouragement but it was the women who

created the meaningful space within which their stories could be heard and acknowledged. This sharing of their stories also allowed for an honouring of their courage, strength and commitment to their children. The women also modelled different ways of responding to their babies, providing peer interactions and interventions in the group. Secondly, the aim was to facilitate and create a sense of being ‘held’ and ‘contained’ within each of the mother/baby dyads, through modelling, structure, play, consistency and mindful interventions and activities. Thirdly, the facilitators themselves were ‘contained’ in this process through supervision and post group reflection.

Interventions/activities to facilitate a sense of containment and holding

- The large lycra circle was used for the group to sit in as a means of offering physical support for the mothers while they physically supported their babies sitting in their laps. The lycra circle physically cocooned the mothers. As such, it acted as a symbolic and tangible container for the group creating a safe, holding environment. The malleability of the lycra material enabled a rocking and soothing sensation in the group, as it would move and yield to the weight and movement of the group while still creating a supportive boundary within which each of the mothers could relax.
- Mini material hammocks were used to enfold the baby’s bodies in a womblike manner while they were gently rocked to music. The mothers helped rock their babies or looked into the material to make eye contact with their child, assuring them that they were there and facilitating this containing experience. The babies felt their weight being taken and held through the material in a yielding yet supportive manner.
- Building a safe space for the mothers to come and to share their stories with facilitators, and with each other, with an assurance of confidentiality and acceptance. Finding common themes in the shared stories of trauma and pain that was difficult for the mothers to make sense of on their own.
- The mail out of a weekly newsletter to let the mothers know that facilitators were ‘holding’ them in mind during the week between each group session.

- Weekly supervision for facilitators providing guidance, reflection and processing of issues arising from the group.
- Photographs were taken each week and given to the mothers, providing them with a visual celebration of their journey and confirmation that their experiences were being seen and valued.

Case Illustrations

Twins Ella and Titia

Ella and Titia were part of a chaotic and disorganised attachment triad with their mother where there was little capacity for stillness or to ‘be held’ in a manner that would allow them to ‘let go’ of the anxiety and tension in their bodies. These twins had great difficulty in responding to their mother giving them a massage. It seemed that the twins associated touch as a function of being dressed or changed and weren’t used to being touched in a nurturing and loving way, finding it difficult to lie still and squirming in protest.

Titia was observed, however, to tangibly relax and let go of the muscular tension in her body as her weight was taken safely within the cocoon of the material in the individual hammock. She stopped ‘fighting,’ her weight being held and supported, and relaxed into a state of restful calm, something facilitators hadn’t observed until that point.

Ella, not tolerating the enclosed space of the individual hammock, traced the outward edge of the ‘holding’ lycra circle with her hands to ‘feel the boundaries’ which were firm yet flexible, seeming to enjoy the simultaneous support and freedom that it offered. For Ella, her sense of being held required the possibility of escape and disengagement. She explored this sense of ‘holding’ at her own pace, discovering the feeling of being safely ensconced.

Jamie

Jamie’s mother struggled to receive his cues. She would perch Jamie on her knee away from her torso, facing out towards the group. Occasionally Jamie

would be held close to his mother's torso but in a passive way, watching the group without the security of feeling the safety of his mother's torso shielding him. Facilitators observed that there was little shaping of the mother's body into Jamie, and vice versa, he didn't shape/mould/reach into her body when being held.

Their attachment relationship was comprised of a sense of separateness and disconnection. His mother fed him through a bottle as Jamie lay passively and somewhat precariously on her lap. It almost seemed as though Jamie would fall off, as she seemed unavailable to support or snuggle him closer. Her lap was provided and a bottle was put in his mouth. At its most basic level, Jamie's survival needs were being met, but little more.

Jamie presented as passive and depressed with a sense of having already 'given up'. In this mother/baby dyad, there was no flowing attunement, empathy or secure attachment. Rather a picture emerged of two separate entities: his mother, unable to 'see' Jamie perhaps because she herself had no experience of 'being seen', both in her early life, and in her subsequent violent adult relationships; and Jamie blank, unresponsive, avoiding eye contact, past crying, listless and grizzly, and already at four months, ceasing to expect his needs would be met.

When facilitators held Jamie he would become rigid, as if being held with affirming intent was not familiar and perhaps even scary. His eyes would become weary and heavy but he remained wary and hyper-vigilant. He couldn't let his body relax or settle when embraced by facilitators unless we 'half let him go'. This presentation was consistent with the proposition that "faulty holding produces a sense of disintegration, of 'going to pieces', feelings of 'falling forever', of a sense that there is nobody to hold the self together" (Sutherland, 1980, p.849). This type of trauma already seemed present in this little baby.

Through the familiarity and consistency created over a number of weeks, Jamie was able to fall asleep in one of the facilitator's arms. Some positive connection was mediated in the mother/baby dyad when his mother held him in the lycra circle and they began rocking together. Jamie had the physical sensation of being safely held and rocked in his mother's arms, the movement and sound in harmony. Unfortunately the very real and chaotic volatility of this woman's life

saw her having to move away. As mentioned previously, this dyad was unable to finish the group, cutting short an intervention where she and her child were starting to create and build new patterns together.

Conclusion

At its simplest level, the ‘Peek a Boo’ Club offered an experience for the mothers to be able to come along and connect with other mothers who had been through similar experiences, and to overcome their sense of isolation and aloneness. The group offered the women a space to chat, belong, be supported and support each other; to increase the quality of their connection with their baby, to have their baby enjoyed by the group, and to be held in positive regard by the facilitators.

Our desire, at its most complex, was to create a space of safety and containment in order to provide a positive ‘holding’ experience for the mothers that was so poorly lacking in their own relational history. The mother’s personal reparation work needed to be commenced in order for them to translate their new experience of ‘holding’ back into their relationship with their child.

In considering the babies as integral members of the group, the process of change was recognised to be equally baby-led, with each baby’s personality and attributes impacting on the dynamic of the group. Facilitators took every opportunity to engage, mirror and affirm the internal states of the child as an entry point into facilitating positive shifts within the baby/mother relationship. As the facilitators formed connections with the babies, a new perspective was enabled for each mother to see her baby as an active participant in relationships. As the mothers felt safe and relaxed, the babies mirrored this ease and the whole group seemed to be able to ‘sink into itself’, allowing new patterns of relating and being seen and held to emerge for the mother/baby dyads.

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CHAPTER EIGHT

SHARK BITES? A SHARED STORY

BY THE CHILDREN OF JUST FOR KIDS

The following story was created by three children within an earlier ‘just for kids’ group, as they shaped and moulded play-dough creatures around a kitchen table. Up until this point in the group, the facilitators had struggled to engage the children’s interest, attention and trust. It appeared almost intolerable for the children to remain in the room, to be with one another, and to be with us. Their anxiety overwhelmed them, and we too became increasingly anxious about how we could support these children, and assist them through their journey in the group. Certainty and careful session plans disintegrated into confusion and doubt. How could we hold these children?

In this instance, we stopped trying to ‘get anywhere’ in particular with the children. We gave up our session plan and looked simply to contain the children’s anxiety through an activity that was distanced, enjoyable and familiar. What did we do? We made chocolate truffles of course! Together, each child and adult rolled, shaped and patted the small truffle balls. There was something soothing about these tactile actions and repetitive gestures, and for the first time in this group, the children appeared comfortable in the space.

When placing the truffles in the fridge, the children discovered play-dough. So we continued this sensory play, making coloured shapes and creatures. Soon, there was a house, a shark, a fish... The children began moving these creatures together and apart, examining them from different perspectives, and looking at one another’s work. Through the creatures on the table, the children began to make contact with one another and with us. And when offered the traditional beginning for important tales, “Once upon a time”, the children began their story, each adding lines when an idea occurred to them.

The story was written down verbatim by one of the facilitators, and read back to the children. Following the creation of this story, the children appeared more certain in our ability to hold them, and more comfortable in their interactions with us and one another. Moving to a sensory activity provided an alternative entry point to what was most pressing in their worlds, enabling its safe passage into consciousness.

Once upon a time...

“...the man went to look for the magic fish under the water. Then the shark bites his scuba tank and bites the man’s balls off. The man screams like a little girl.

He runs to the house but it is really not a house. The door is the mouth of the shark. It is very dark in there. He looks for a light and pulls something that is actually the shark’s tooth.

He runs out of the house and there is a lifeguard, but the shark rips his nuts off. Then the shark kills (smashes) the man.

No magic fish... The shark eats everything.

The magic fish bites the shark’s tail and pees on the shark. His pee is acid. The little fish would piss himself.

He hides in the seaweed but it’s no good because he is blue and the seaweed is green”.

(Authors: girl, aged 8; boy, aged 9, boy, aged 9 from a ‘just for kids’ group).

CHAPTER NINE

'A PARKAS (GRIM) FAIRYTALE'

PETA MILLARD

Foreword

'A parkas (grim) fairytale' emerged as one of the most powerful and memorable experiences within my time working at the AFVP. The fairytale's storyline is based on a play that the children in one of our parkas groups developed and then performed for their parents in the final parkas joint therapy session. The children's performance was videotaped, with a copy given to all group members as a memento of their participation. It wasn't until after the group had finished that the facilitators sat down to watch the performance again on video and felt its full impact. Therefore, the tale you will read in this chapter is my attempt to capture and honour the nuances of the children's play, as it was told through its varied phases of development, preparation and performance.

The fairytale lends itself to multiple interpretations. However, we were most attuned to the fairytale's capacity to speak to the cycle of violence, gendered relationships and learned helplessness within domestic violence. From our perspective, the storyline highlights this group's internalised 'relational' working maps, saying much about how the children perceived relationships, and the allure, dangers, treachery and fatalism of intimacy among adults. Consequently, we have found it useful to explore 'A parkas (grim) fairytale' when training other professionals about the impact of family violence on children.

The more we watched the videotape of the children's performance and read the fairytale aloud, the less we felt we had really processed and unpacked the enormity of the play and performance with the children themselves. The

reflective process that this fairytale prompted within our team engaged many questions. Could we have managed this group's ending better? Was it simply enough that the children's parents and the facilitators were there to bear witness to the children's story, or was this an example of 'traumatic play' which we then left unattended? We believe 'A parkas grim fairytale' is worthy of sharing with others for what it can teach us about these children's experience and understanding of the world around them.

This is a pretty story about a prince, a princess and a villain. This is a pretty grim story...

A parkas (grim) fairytale

Once upon a time there lived a fair Princess, a Princess of such elegance and beauty that she was the object of many charmed suitor's affections. The Princess' heart, however, belonged to one only. This was a Prince known to many for his bravery and courage as well as his undying devotion to the fair Princess, and with whom he was to be married. He was fondly known as 'The Prince of One Thousand Warriors'.

One day, as the fair Princess wandered though the forest taking in the splendour of budding flowers and the playful songs of the birds, she was taken captive by an evil villain. The Princess struggled against the villain, but was too weak to overcome his strength. The villain tied the Princess up and took her to his dark dungeon where she was put in a cold, lonely cavern for what seemed like an eternity.

Years passed as the Princess longingly stared out between iron bars that held her captive. She would sing dreamily as she longed for her beloved Prince to save her from her doom.

Then one day, just as the Princess knew he would, the 'Prince of One Thousand Warriors' appeared, to rescue her from the evil villain. With his strength, he was able to bend the iron bars and free the Princess into the forest so she could run back to her village.

The evil villain had, however, heard the Princes' approach and lurked behind the brave warrior ready to attack him. As the Prince fled the dungeon after the Princess, the villain pounced, challenging him to battle. The Prince was skilled and determined, and so the battle was a sweet victory for him as he watched the villain slump to the ground in bloody defeat.

As the Princess ran desperately through the forest, she discovered she was lost and could not find her way back to her village. In despair, she sat weeping for her Prince. She knew she could not make it back to the village and alone in the forest she would surely die. So, the Princess decided to return to the dungeon.

As she approached the dungeon, she heard a pained murmur coming from the bushes. She saw it was the evil villain lying injured. He cried out to the Princess for help. The Princess responded, "Why should I help you? You have kept me a prisoner for many years, away from my village and my family. You have kept me in a dark and lonely dungeon, and now you ask me for help?"

The villain, in his desperation, pleaded with the princess, "Princess, have I not kept you fed? Have I not bought you blankets to shield against the cold? Have I not sat with you in your times of loneliness? I never intended any harm to befall you; I only ever wanted your friendship, and perhaps one day, your love".

The Princess stood shocked at the villain's admissions, unsure whether to believe him. The villain continued, "I heard townsfolk talk of a reward for your discovery and return to the village. Your Prince has come only to claim his reward. Don't you think he would have rescued you before now if he really loved you?"

The Princess fell to the ground, weeping and confused. Looking at the injured and weary villain she realised that he had saved her from returning to humiliation amongst her townspeople, and he had done so because he loved her.

As the Princess sat sobbing, head in hands, footsteps approached from the forest. When she raised her tear stained face, she saw standing there her once loved Prince. Staggering to his feet, the villain rose to challenge the Prince. "You may be the Prince of One Thousand Warriors, but you are no longer the Prince of this fair Princess' heart. She is now mine, and you will need to fight me to take her".

The Prince was drawn once again to fight for his honour and his love. "Let us fight then villain, for the Princess is mine and we are to be married". The villain and the Prince danced as their swords sliced the forest air, gashing each other's arms and cheeks. The villain, already weakened became clumsy and the Prince, with each strike of his sword, wore the villain to defeat.

The villain collapsed once more injured and bloodied. The Prince, with his sword pressed to the villain's neck, looked upon him declaring, "You are not worth the strength I'd need to kill you", and he threw down his sword in disgust, turning to leave the villain to die. Suddenly, with what must have been the villain's last morsel of strength, the villain rose to his feet. With the swift movement of two swords, the villain beheaded the Prince.

Falling to the Princess' feet, the villain spoke softly, "Princess, I'm sorry that you had to see your once loved Prince die this way. Let us now leave the darkness of this day behind where it cannot hurt you any longer". The Princess gazed sadly but acceptingly into the villain's eyes, as she realised for the first time that he was not a villain at all. "You are the Prince I have been waiting for all these years," smiled the Princess.

The Princess tended nurturingly to the villain's wounds, bandaging the gashes in his arms and legs and reassuring him that she would never leave him alone. She helped the villain to his unsteady feet to guide him back to the dungeon where she would care for him. As she stooped forward to pick up his torn cape, a sudden piercing pain shattered her thoughts and her body. As the Princess fell limp to the ground, two swords sliced effortlessly through her body, taking her mind and life. The villain spared neither a thought nor a look, and strode off into the forest.

CHAPTER TEN

A TALE OF TORNADOS AND BUTTERFLIES

TARA PAVLIDIS

Foreword

Over the past seven years, I have had the privilege of being involved in the facilitation of many group work programs that address the impact of family violence on children and their mothers/carers. As I reflect upon this experience, it has often felt like being on an emotional roller coaster. I have engaged with the sadness and the anger expressed by many of these children, being privy to some of their deepest thoughts, fears, and secrets, while encouraging their laughter and celebrating their feelings of joy and hope for a brighter future. Each new group brings new children with a different story to tell. However, there often appears to be a common sensation; something akin to being caught in a tornado, thrown about like a butterfly who simply wishes to be set free.

The following piece, 'A tale of Tornados and Butterflies' is my own personal response and creative reflection on the metaphors children use to describe and express their feelings and experiences. It was written as a way of making sense of the stories and experiences I have heard while doing these groups, and as an imaginative way of honouring the voices of the many children I have worked with.

And so the story begins...

*Swirling uncontrollably as the wind picks up a steady pace.
Beginning to thrash about, the shell of the cocoon thick, yet*

not enough to protect from the full force of the damage. Suddenly a gust so strong picks up the cocoon...spinning, spinning, caught in the swirl. Just as suddenly the spinning stops, the cocoon crashes to the ground. At first no movement, only waiting in dark silence. The silence is eerie, yet intriguing. Scratching begins from the inside out, slowly, slowly, until there is room to break through.

A butterfly appears. Soft and delicate, it begins to stretch its wings towards the rays of the sun peering from between the settling particles of dust. The storm is over, or so it seems. The butterfly begins to explore the surrounding environment, ever so slowly for something seems wrong, but what?

The air becomes thick, it's hard to breathe. The dust again begins to rise, the rays of the sun become hidden. Darkness surrounds the butterfly. Lifting up at a steady pace, swirling uncontrollably, spinning, spinning. Caught in a fast and furious wind like nothing ever before. Ferocity so strong the butterfly is thrown to and fro, unable to stop. Alas it is not simply a strong wind, but a tornado.

The butterfly tries to escape, tries to flee but to no avail. The butterfly is trying to reason with the tornado but is left with fear and confusion, as the tornado cannot see how it can be held responsible. Surely the butterfly knows that anything can set off the tornado, the butterfly should have stayed out of its way. The tornado will not be told. And so it runs its path accordingly, leaving the butterfly in its wake.

The butterfly must wait until the spinning stops. It crashes to the ground. Waiting in a dark silence until the dust settles and the rays of the sun again peer through. The butterfly tries to move, only to find its soft, delicate wings have been broken. Will it ever fly again?

Much time goes by, seeming ever so slow. A bright shimmering light is coming nearer and nearer and suddenly blinds the butterfly. Whatever can it be? Fearing the worst, the butterfly tries to escape. But the damage to its wings prevents it from moving. Out of the light comes a voice, not heard before. Soft and gentle, reassuring. The light soon surrounds the butterfly, the fear dissipates, slowly replaced by a sense of safety and trust. The voice acknowledges the journey of the butterfly unquestionably. The voice reassures the butterfly that it is not to blame, that the tornado makes choices about when it will arrive, and who it will capture in its wake. With these words the butterfly allows the voice to lift it up into the light and be carried to a place where it will meet many more caught in the rip of a tornado.

Soon the butterfly held within the light comes to a place, where there is no dust. The eerie silence replaced by excitable sound. The butterfly is cautious and at first tries to hide. The voice encourages the butterfly to take its time and to meet the others when it is ready. The others too, have soft, delicate wings, some broken, damaged in a tornado. Some are still caught inside their cocoon, not yet sure if it is safe to come out. The butterfly slowly moves towards the others. Their wings now outstretched as if to welcome the latest arrival.

Slowly, ever so slowly, the butterfly shares its tale with its new friends. They in return tell of journeys so similar that there is an automatic, unspoken acceptance of the butterfly. Suddenly it begins to feel some strength coming back into its delicate wings, a kind of healing that only the other butterflies could provide. It too begins to stretch out its wings preparing for flight into something yet unknown.

For some, their future journey appears too dark, too scary and too lonely. They find themselves helplessly sucked back into the vortex of the tornado unable to break free, their future marred with repetition and they are unable to even begin to

contemplate a life other than that which already exists. The light was bright for a moment, but now is but a bare haze somewhere off in the distance, and the voice that had been so strong and reaffirming...now barely audible, seemingly beyond reach.

For many others the light and its soft voice remains in reach and offers a journey of healing...most often this only happens when they have been moved far enough away from the tornado and can be exposed to the safe warm rays of the sun. They have found a warm wind that allows their dance with the many other butterflies to continue. The light and the voice do not take away the butterflies experiences of the past, though it does provide a sense of worthiness and an experience of self like none before. This experience gives life to a future that offers freedom to grow, and freedom to fly.

CHAPTER ELEVEN

LISTENING TO THE CHILDREN WITH MY EYES: MY LEARNING EXPERIENCE AS A SOCIAL WORK INTERN WITHIN THE PEEK A BOO CLUB

STEPHANIE PEI-YIN LAI



As a new graduate social worker I have been fortunate to pursue my interest in working in the mental health field, and with children. I came into the program with limited experience in group work and no direct experience in working with children who have experienced family violence. I was new, fresh, full of enthusiasm and impatient to grow into my role as a mental health clinician. The journey has been full of challenges, excitement and learning. During my second

term with the AFVP, I was privileged to be part of the facilitation team running the third Peek a Boo Club, working with infants and mothers who had experienced family violence. This team consisted of Naomi Audette, Robyn Baumann, Rebecca Ellis and myself. In this article, I will be writing from my experience as an intern involved in the Peek a Boo Club, sharing my observations, posing questions and reflecting on what I learned during the seven week program.

My role in Peek a Boo Club

As the fourth person in the facilitation team, I had a particular role that involved helping out with video taping the session, taking photos and being with the children while the mothers were involved in discussions (see chapter four for ‘how and why’ videotaping is used in this work). This role put me in a different position to the other facilitators, as I spent a lot of time observing the babies from a distance as well as more closely when interacting directly with them. From the position of observer, I learnt to follow the babies with my eyes, seeing and experiencing what they might be experiencing, just being and playing with them. They taught me about and showed me their world, and gave me some insight into what it might have been like for them to experience family violence. As I think back, this is what I saw, what I thought and what I felt.

A boy’s loving but hurting behaviour

One little boy in the group is physically stronger and bigger than the other kids. He often presents as a highly agitated child, and cannot stop moving around. When he is in the group, he runs to hug and kiss the other children, but he often knocks them over at the same time. This ‘knocking over’ behaviour sometimes seems like an accident. However, sometimes it also seems like a violent attack on the other children. He gets ‘up and close’ to others showing love and affection, but this is accompanied with force or a push. It almost feels as though he is playing a trick on others. Does he understand what love is and what hurt is? Can he differentiate the two, or are they the same thing for him? Is this what he learnt and observed in his parent’s relationship, or is he showing what he feels about how others relate to him? I often feel agitated and anxious around this little boy because it is as though there are accidents waiting to happen. I never know what he will do, and I am unsure if this is a behaviour that should be stopped. Do you stop him showing his love altogether?

If I am to intervene, at what point should I do so? It is hard to tell at what point his behaviour will become hurtful to others. Is this why sometimes it is so hard for a woman to decide at what point her partner’s behaviour becomes abusive

and to determine when it becomes hurtful? Is being unable to control oneself and playing tricks just an excuse? I follow him with my eyes from place to place and my agitation and anxiety rise and fall according to his actions. I find it hard to feel calm and still with this boy, and I often feel exhausted after the session. Perhaps he teaches me about how he feels when there is potential danger in his environment?

A different way of containment

This child often finds it hard to feel calm and be still. There are often fights with other children, knocking over; falling down, protesting and high pitched screaming. In my observational role, I notice that he loves the bright coloured plastic balls we bring into the room. He looks for them or grabs them from other children, which then creates another fight. I start to follow him so as to stop him from grabbing other children's coloured balls. When he starts fighting, I quickly find another ball to grab his attention. I gently tap the ball to keep it up. I roll the ball on the ground for him to follow and then before he reaches it, I push and change the direction of the ball. I walk along on my knees and join in to trace the ball with him. We move from one side of the room to the other. I notice the excitement on his face, sharing those moments of being so close in reaching the ball, being next to him, and cheering as he wins our game. Once he gets the ball, he starts to hand it over to me so we can then start this process again.

The plastic ball becomes so precious to him and me during this time. This is the first time his attention is on one thing for so long, and the first time I am able to have some influence over which direction he takes. I find myself enjoying playing with him rather than wanting to stop an 'accident'. Even though it is physically tiring we find a rhythm together, back and forth, leading, guiding and following. The ball's constant change of direction seems somehow to match his constant changes in attention. At this point, I find myself and him to be the only people moving around in the room. All other babies are resting and listening; the mother's group is having a soft but quite deep discussion about their childhood.

There is this calmness and peaceful feeling in the room. Everyone seems contained and this little boy is contained too, in his own way.

The frozen behaviour

When one of the baby girls walks into the room for the first time, she is met by this energetic boy. Before she has time to look around, the boy has run toward her to hug her and knocks her over. She falls stiffly backwards and hits her head on the ground. I go over with others, expecting a burst of crying, some protest or for her to hit back. Instead, there is silence. The child does not move or cry but lies on the ground with her eyes staring into mid air. People are standing around these two babies. Her mother is across the room and everyone is frozen like the small girl. Does she feel pain? Does she feel hurt? The boy puts his head on the girl's body. The girl looks like she is playing dead.

How do you comfort a child who shows no outward sign of distress in a situation such as this? What can you do when verbal communication is not yet available? At this point, I walk away, because I do not know what to do, and it is my job to try and film this important moment. It is painful to leave and watch it through the lens of the video camera as others attend to this little girl's safety. I do not understand what is happening for this child or what might have caused her behaviour. I feel helpless as though there is nothing that I can offer. I feel like a child. I do not understand and do not have the words for what is happening, witnessing it from a distance and unable to speak. I still have this image in my head. I wonder if this is the same for the children who witness family violence, where they know something is not quite right but are only able to observe, unable to make sense of what they see, left only with the feeling and image in their mind?

Prior to my involvement in the Peek a Boo club, I had little knowledge of family violence. I have learnt from these children through observing them both at a distance and by being with them. They have shown me the confused connection between love and hurt, different ways of being, and what it might be like for them to live in their world with the experiences they have had.

CHAPTER TWELVE

ONCE WE WERE CHILDREN: FATHERING WITH OUR CHILDREN'S FUTURE IN MIND¹

WENDY BUNSTON

Your past

No matter how far, how fast or how hard we run, our childhood follows us. To a lesser or greater extent, we are all a product of our past. Situations, events, certain people and even certain moments in life can act as conscious and even unconscious reminders that suddenly take us back in time, to an earlier age, to a different place. For some, the past and in particular childhood was a time of freedom, discovery and adventure. For others, it may have been a mixture of sweetness and sadness. Some people struggle to clearly recall their earliest memories, while others struggle to forget. What are those earliest memories for you?

When you recall the face of your mother or father while growing up, are you overwhelmed with feelings of love, rage, security, fear, indifference, or hate? Maybe you feel a mixture of emotions. Maybe you lived with extended family or a step-parent or in institutional care. Who was important to you, who made you feel special, who was it in your life that made you feel safe, and who was the person you went to when you were scared?

¹ This paper was originally written for fathers attending men's behaviour change programs.

Now you are the parent. How do your children view you? When you look into their eyes, do you see love, do you see fear, do you see confusion or maybe you just haven't really looked. A famous doctor that specialised in working with infants and children said, when a baby looks into the eyes of their parent what they see is themselves (Winnicott, 1971). That is, how we view ourselves, particularly when growing up, comes from how we believe others view us. As an infant, child and young person, it is the world around us that teaches us who we are, what we believe and how we should act. As a parent, we are the first mirror that our child looks into.

Their present

How you relate to your children, what environment you provide for them, whether you are the person they go to when frightened or whether you are the person that causes their fear will have huge consequences. As a parent, you have tremendous significance in shaping the lives of your children. Infants and children form very strong attachments to fathers and to mothers, whether or not those attachments prove to be positive or damaging. You are instrumental in laying either a strong, healthy, flexible and solid foundation in their emerging personalities, or contributing to a fragile, uncertain, or distrustful basis for how they think about themselves, others and you.

Living in an environment where there is ongoing violence is traumatising to infants and children. Depending on the length and extent of their exposure to violence, children can experience a range of disturbing symptoms. These can include depression, low self esteem, eating problems, sleep disorders, bedwetting, self-destructive or avoidant behaviours, poor concentration, flashbacks, aggressive or antisocial behaviours, and learning difficulties (Fletcher, 1996). The list is lengthy and not at all encouraging.

When the trauma experienced by a child is perpetrated by an outsider or stranger to a child's family, the impact can be devastating. However, the trauma experienced may be counter balanced by the protective, healing capacity provided by the child's family or carer (Pynoos & Nader, 1993). When the perpetrator of the trauma is within the child's family, the child may have few, if any, other places to run for protection.

When an infant or young child is in great distress, they will almost inevitably seek out their parent or carer so as to be physically connected to another human being. The terrifying dilemma for some children is that it may be this very parent or carer who has created their fear and alarm in the first place (Schore, 2001). Children will continue to seek out a relationship with their parent, even if they are the perpetrator of violence. It is not often the relationship that a child wants stopped, it is the violence.

How children develop

So why is a family environment where there is violence so damaging for infants and children? The brain begins to grow within the womb and is not fully formed at birth. In fact, there is a huge growth spurt in the first two years of life which continues to a lesser degree up until around sixteen to eighteen years of age (Greenfield, 1997). Most people would now be aware that physically shaking a young infant can cause irreparable brain damage. What is not so well known is the emerging scientific data that indicates early emotional trauma also damages the developing brain (Teicher, 2002).

The brain is a sophisticated and complex organism that at its most basic is responsible for ensuring survival. Humans differ from other animal species in that we are totally dependent on others for our care in the first few years of life. As we develop, we are capable of wonderful creativity, complicated problem solving and thoughtful reflection. To ensure we develop to our full capacity though, we need a healthy diet, and this involves more than just eating nutritious food.

A brain needs a diet of healthy relationships to assist us in reaching our full potential. If the infant's world is dominated by stressful and terrifying experiences then all the resources they have at their disposal are preoccupied with sheer survival. The brain secretes specific chemicals during times of severe stress. These chemicals are there to protect the brain by 'numbing out' and reducing pain, or by increasing levels of arousal and the capacity to respond and take action (Schore, 2003b, 2001).

When in extreme fear or pain, an infant can do little other than cry out in protest. Should an infant's environment consistently fail to respond and offer protection, the infant may cease to protest and move from an excited state into one that becomes silent (Schore, 2003b, 2001). It has been argued that it is as though the infant is willing itself to become 'invisible' (Schore, 2003b, 2001).

When men and women recall the events that have occurred during a violent episode in their relationship, the child/children, if they are not being used as a shield or an object in the conflict, often seem to be invisible. The parent/s or step-parent may struggle to remember where the children were while the violence was occurring. A common statement in these circumstances is, "the kids were in bed and didn't hear a thing".

When you ask older children what they remember about the same event, their ability to recall every single moment of the episode can sometimes be staggering. The younger the child, the less they may recall consciously. However, as our research and knowledge into the brain expands, many experts believe that at a pre-verbal level, our body stores and remembers traumatic events (Perry, 1977; Streeck-Fischer & Van der Kolk, 2000).

The longer an infant or child is forced into extreme states of arousal in an effort to regulate incredibly stressful emotional events, the more likely it is that these emotional states will become intertwined into their emerging personalities as traits (Perry, Pollard, Blakely & Vigilante, 1995). An unprotected or unsupported child is left to manage their stress reactions alone. The more they are left to manage this by themselves, the more they may adopt primitive ways of coping, for example, to psychologically disappear, to attack before being attacked or over-responding to even the smallest amount of conflict. This means as they mature they may revert back to this habitual response with an unhealthy level of withdrawal, over-reaction or a mixture of both during times of high arousal.

Our future

The job of the carer is to provide the infant with a secure, safe and responsive environment that soothes the infant when distressed, listens when they cry and

ensures the developing infant can healthily attach to others as they mature in life.

It is the interaction between the caregiver (the mother and/or father) and the infant that slowly builds the little personality that grows within the child (Rossman, Hughes & Rosenberg, 2000). These relationships can either deprive or provide an infant with the food needed for their emotional world and the brain's development. A mother as well as a father contributes to their child's capacity to cope with tough times, to feel safe enough to ask questions, and to know that that they are loved and special.

The magic thing about humans is our capacity to change, grow and learn, even when we are old and grey. Any sustained, respectful and caring relationship with another person provides good emotional, psychological and neurological nourishment (Cozolino, 2005 & 2006; Schore, 2003a; Lonie, 1999). Naturally, the earlier this starts in life, the better the emotional health of the individual. Good relationships with others can be healing and allow an opportunity to safely explore who we are and what we think without needing to resort to fearful, damaging and aggressive behaviours.

Children are traumatised by family violence. A violent environment focuses a child's attention in life on survival rather than on exploration, play, wonderment and growth. Children who live with or have access to family members who are violent don't necessarily want the relationship to stop. They want the violence to stop. They are powerless to choose alternative connections other than with those immediately around them. Good or bad, these relationships are very significant (Bunston, 2001). When your child reaches the age you are now, how do you want them to remember their childhood?

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CHAPTER THIRTEEN

PUTTING THE GRO INTO GROUP WORK¹

WENDY BUNSTON, TARA PAVLIDIS & PAUL LEYDEN

Introduction

Engaging in life demands participating in a complex set of social skills, negotiating your behaviour around, in response to, or in spite of others. Learning about the ‘other’ starts with learning about the self, and learning about the self is derived through our relationships with others (Crapuchettes, 1997).

Therapeutic group work emulates life, and as such offers a tremendous opportunity for enhancing the individual’s experience of intra and inter-personal experiences. However, no particular model, theoretical framework or group work manual is the ultimate authority on how to run a good group. As Douglas (1976) notes,

“the purity of the theoretical approach(es), while perhaps providing welcome guidelines through the maze of complexities which comprises group interaction, probably achieves success at the cost of limiting perception” (p.1).

This paper concerns itself with what we believe “makes for successful group work” (Doel & Sawdon, 2001, p. 437). It reflects our confidence in the value of group work as a therapeutic intervention and identifies what we consider to be some important practice principles underpinning effective group work. Our intention is to offer some inspiration and encouragement to those who are currently, or may in the future, run groups.

¹ This article was first published in Australian Social Work, Vol.56. No.1. pp39-48. This current paper is a slightly revised version.

A little background

The Community Group Program (CGP), is a joint Mental Health and Education initiative. Over the past six years we have provided (and evaluated) over 300 different types of groups (Community Group Program 1999, 2000, 2001, 2003) for children and young people and their families within Western and North Western Metropolitan Melbourne. In addition, the mental health members of the CGP also run specialist group work interventions for children and mothers/carers, and more recently babies and their mothers, affected by family violence. These latter programs are run under the banner of Addressing Family Violence Programs (AFVP) and are generally run within the mental health service or community health centres. The venues for CGP groups are predominantly schools and sometimes within community health centres.

All of our group work programs operate across a school term, with some running for as little as one and half-hours per week, while others may be a whole day, culminating with a three-day camp. One program extends to four days per week per school term (Operation Newstart, 2001). Apart from utilising traditional behavioural and insight orientated therapeutic frameworks, we make use of a range of alternative and creative mediums to engage group participants. These include such things as art, music, dance and movement, adventure-based counselling activities, bike riding and drama.

Growthful Relational Opportunities (GRO)

We operate from an assumption that group work can offer children and adolescents a powerful therapeutic arena in which they can explore and experiment with a range of different situations that mirror the delicate and often difficult dynamics that operate within families and other intimate relationships (Hamori & Hodi, 1996). As one's image of self is more often than not derived from the reflection we see in the eyes of others, group work therapy can offer a very creative, intensive and personally exciting way of enhancing and strengthening one's sense of self. Enabling children and young people to have Growthful Relational Opportunities (GRO), is what we believe group work is all about.

The intensity of the group work experience can offer an opportunity to tolerate and sometimes transcend the political intimacy that group dynamics can bring to bear, as well as potentially offer a chance for some level of relational reparation. The security or ‘holding’ we strive to create for these participants (James, 1984) begins with ourselves as facilitators, the supervision provided for staff, the faith and regard we have for each other as a team, and the support the two respective systems provide for this innovative program.

Whatever the purpose, style, or format of a group, our intention is to link children, young people and families into a process that enhances their self-esteem, while creating a space for them to constructively and safely manage and express their thoughts and emotions. Devising programs that meet kids ‘where they are at’, allows for an experience of being ‘held’ and ‘heard’ (James, 1984; Winnicott, 1971). These are the types of relational experiences that encourage growth tendencies. Irrespective of the type or format of the group on offer, we believe that encompassing certain key principles promotes growth.

Principles of Growth enhancing practices in group work

Creating safety

First and foremost growth occurs when safety occurs. This requires emotional, physical, social and spiritual safety that allows the self to be seen, respected and celebrated. Undertaking prior assessment sessions that are up-front, honest and transparent gives participants an opportunity to find out what the group is about, what is expected of them, and most importantly, a chance to check you out (Sklare, Keener & Mas, 1990). Giving children and young people ‘a choice’ to attend, places them in a position of strength, and naturally enough, has a positive impact on their motivation levels.

In addition, assessment sessions can provide the cornerstone from which the emotional field of the group is created. It is this emotional field that operates as the culture of the group and one which effectively regulates “to varying degrees, the attitudes and behaviour of the group members toward one another” (Kerr, 1984, p.4). Just as parents or the primary carer/s act as the anchor that securely or insecurely holds the ship in the storm, so too do the facilitators of the group.

All group members' contributing to the creation of 'collective group rules' in the first session goes some way towards placing the responsibility for 'safety in the group with the group'. However, ensuring these rules are usefully adhered to ultimately rests with the facilitator.

Ensuring you work well with co-facilitators adds weight to the emotional strength you bring to a group. This not only offers an ideal opportunity to model some of the wonderful relational wisdoms (about how to engage with and relate well to others) that you are imparting within sessions, but also allows you to operate as a tag team when needed. Developing rhythm between facilitators is a marvellous thing to experience and provides a capacity to complement each other's styles and reinforce the strength of the anchor holding the group together.

A facilitation team that does not work well can be inhibiting but not necessarily disastrous. For example, a facilitation team that can tolerate and transcend its own relational conflict, by osmosis, offers the group a powerful and healthy experience. Conflict is a necessary part of life and managed skilfully models the ability to recognise and work with difference rather than respond with fear, and feel driven to annihilate it (Douglas, 1976). We would contend that it is within the arena of supervision that these conflicts can best be 'held' while the goal of ensuring the safe passage of your group participants is achieved.

Commitment to supervision

Be it within an individual or group context, supervision is just that – 'supervision'. It is the chance to enlarge your field of vision regarding your work through the eyes of a more knowledgeable professional. Just as the facilitator provides a holding space for clients to grow, so too supervision is intended to create a place in which you broaden your knowledge base and extend your skills (Kahn, 1979). Regular supervision can create a habit of mindfulness that should over time, extend beyond the supervision session to create a constant state of therapeutic curiosity about your own responses and that of others.

Group supervision for those who run groups offers fascinating opportunities to explore the parallels between how the group process operates when you move from the role of the facilitator to that of a participant within a group. Reflecting

on what makes you feel safe and heard, and what encourages your growth is a direct experiential insight and reminder of what you may or may not be bringing to your clients.

Use of self and others

As group work facilitators, we place much emphasis on observing and analysing the dynamics of the group, but unless we are vigilant, we may put much less emphasis on observing and analysing ourselves. How we experience the participants in our groups, and how we find ourselves in turn responding to that experience gives us rich information about not only the participant/s, but also ourselves. Within that dynamic, discerning what belongs to us, to them, and the connection formed between others and ourselves (and in group work that means many ‘others’) is an ongoing process.

This almost equates to assuming a constant but confident position of ‘not knowing’ but ‘seeking to find out’. This is a hard developmental task for a group facilitator. It does not mean leaving certain behaviour unchallenged or denied, or not trusting ourselves to respond, but calls for alertness to our own internal dialogue. Remaining curious as to why we chose to make a certain comment in relation to a certain event, or what might lie behind a certain participant’s behaviours can lead us to new and liberating ways of perceiving ourselves and others.

It was week one for a group of eight primary school aged children who exhibited poor impulse control and had trouble making friends. One boy in particular had immense difficulty settling down within the group and his obnoxious behaviour soon alienated him from his peers and the facilitators. One facilitator in particular experienced a very strong reaction towards this boy and post group discussed either his expulsion from the group or bringing stringent measures to bear within the group to ensure his behaviour was managed. Within supervision we unpacked the layers of meaning constructed around the dynamics created by and between this boy and others. Revisiting the information gathered from the referral

and during the assessment, it wasn't hard to move to a space where we could appreciate the litany of losses this boy had already experienced in his short life, and how the imminent arrival of a half-sibling would soon usher in one more.

The facilitator herself had been in the leadership team of a number of groups similar to this one, but as a co-facilitator. This was the first time she considered herself, as did the other two co-facilitators, the most experienced and thus lead facilitator. At some levels, both this facilitator and the young boy were competing for the title of 'most anxious one here'. Connecting with what may be one way of understanding their behaviour opened up new possibilities for connecting. Moving the analysis beyond this boy to herself led to her attending to her own anxiety, and unblocked her capacity to see this little boy's anxiety. Their relationship altered significantly (for the better), as did his behaviour in subsequent groups. Rather than seeking to expel this boy from the group, facilitators developed some creative strategies that promoted his inclusion within the group.

Understanding ourselves as a therapeutic filter through which all manner of diverse intra-psychic material will be processed is fundamental to good group work. It is our capacity to not just react to what is happening, but digesting its meaning and delivering it back to the group in a palatable and nutritious form is what offers them an experience of difference. All groups will test limits. It is 'how' we respond that will either repeat past injustices or affirm that there can be different ways of relating to others.

Attunement to process

Complementing and consolidating the 'use of self and others' is 'attunement to process'. There is a delicate balance between leading a group and being led by the group. Both are necessary ingredients for good group work. The skill is in

discerning when you need to ‘take over’ the helm, and when you need to sit back and let the participants steer. Some groups are much more task/content focused and require attending to certain specific material each session. Other group work is more psychodynamic and allows processes occurring within the group to take prominence over content. Irrespective of the model or therapeutic approach, the group will develop its own unique language and communication style. Learning to hear what the group is telling you requires listening beyond that which is spoken.

Week four into a group for children who had been exposed to and/or experienced family violence, the facilitation team decided to introduce an activity that specifically explored the impact of family violence. A few minutes into the activity, a girl asked if she could go the toilet. Seconds later another hand shot up and another, until every child in the group was being accompanied to the toilets. The first reaction of the facilitation team was to think that the children were simply mucking about with them. This however was quite out of character for this particular group. It quickly dawned on the team that this activity, while of great interest to them as therapists, was incredibly anxiety producing for the children, and a topic that they were not yet overtly ready to explore.

The trip to the toilets gave the team time to reflect on what had just occurred. They were in agreement that if they persisted with this activity, they might risk re-traumatising some if not all of the children. When the children returned, the team shared with the children their thoughts that maybe this activity might have felt too painful. The children responded in agreement and the group moved on to a new, more light-hearted activity. The group did not return to this activity again. However, the leadership team noted a depth of connectedness between the children that seemed as though the children had indeed shared the commonality of their own individual stories that day without uttering a single word.

Recognising resistance within a group is one thing. Using resistance as a catalyst for change is another. If we are too quick to respond to overt behaviours, and fail to see the underlying communication we may well jeopardise future opportunities to use the relationship. Our capacity to be attuned to the processes occurring within a group can be hampered by our performance anxiety, our need to be ‘in control’, or our obsession with getting through all the content during each session.

Holding the individual ‘in mind’ within the group

Building on the previous two principles is the notion of neither forsaking the individual needs over that of the group’s, nor allowing the group’s needs to oppress those of the individual. Learning what Taffel (1999) calls ‘peer smarts’ requires developing the ability to form intimate social connections with others as well as learning when to walk away when those connections are inviting you into harm’s way. The art of retaining one’s own individuality while in a group starts with being honoured for your own individuality by those whom you deem to be important in your life. While not being the parents, kin, or friends of the participants we work with, within the intimacy of a group we take on an important representational role. Salter Ainsworth (1991) suggests:

“there is a dearth of systemic investigation of children’s relationships with parent surrogates to whom they become attached, and who may play an important role in their lives, especially in the case of children who find in them the security they could not attain with their own parents” (p.36).

We should never underestimate the impact we can have on children’s and young people’s lives (Forte, Barrett & Campbell, 1996). We occupy a privileged position in relation to our clients, often possessing very personal information about their backgrounds. We usually enter their lives at times when they are vulnerable, and within the group setting can be part of what is often a very intense emotional experience. Wanting to feel connected to the group, as well as wanting to feel special in the eyes of the facilitator is a normal part of group process.

Additionally, as facilitators and as adults, we are more powerful than the participants within our group. How we use that power may mesh with or stand apart from how other adults have used power in relation to that individual within a group context. How the individual is regarded within a group setting (be that a sibling group, peer group, foster care home, classroom or any other setting where they are one of many), shapes their sense of self in relation to others. Furthermore, how you respond to an individual is keenly observed by other group members and again contributes to their internal working map of how the world operates.

Identifying something unique in each of the participants can assist with keeping the individual ‘in mind’ within the group. If this proves difficult, reflecting on what information this may tell you about the struggles of that child leads you to creating a space for thoughtfulness within your mind about that particular participant.

All manner of strategies, humour and incentives had been utilised in an effort to entice Jay into joining the group at the worktable. He had been referred into this social skills group with a history of violence towards his siblings and peers and of running away from school. Every week without fail he would stay standing in the door way, assuming an air of indifference to the activities of the group. The fact that he continued to turn up each week led the facilitator to feel he was getting something out of attending so he (the facilitator) continued to invite Jay to join in when he felt able to. The facilitator also encouraged other members of the group to invite Jay to join in on different occasions.

The facilitator was taken aback at the conclusion of week six to learn from Jay’s mother that she felt the group was having a huge impact on her son’s confidence. According to her, his behaviour had improved dramatically and Jay talked incessantly about this facilitator to her each week after group. The facilitator checked with her that she had indeed got the right person, and she too noted her surprise that the group and the facilitator in particular seemed to have made such a

huge impact on her son. The following week Jay joined in with the group activities and continued to do so in subsequent sessions. He remained somewhat quiet, but his enhanced confidence was apparent.

There is no empirical evidence to prove that this boy's change was directly connected to this experience of an adult holding him 'in mind' within this group. However practice wisdom led us to conclude that he felt good about himself because others maintained an interest in inviting him into a connection with them. When others are mindful of our feelings and pay us positive attention we might just be tempted to bask in the warmth of their emotional glow.

Recognising the importance of play

The capacity to play is critical in understanding and working with children, young people and adults alike. Play provides children with an important transitional space through which they can explore the fit between their internal and external world, as well as developing their capacity for reflection, abstract thinking and creative problem solving (McMahon, 1992). It is the space in which the sense of self emerges and as we develop in life, ushers in what Armstrong (1981 cited in Meares, 1993) calls our 'introspective consciousness'. That is our ability to know that we exist as an autonomous self. Young people, as do adults, often crave the permission to be invited into 'legitimate play'. This might be in the guise of outdoor adventure based activities, music therapy, art, word games, humorous interchanges or drama.

Children and young people who have been severely traumatised may however, be stuck in repetitious play that re-lives rather than relieves the trauma. The onus is then on the facilitators to be sensitive to the need to create a safe play space which has boundaries, assists in successful sensory integration, and which seeks to enable these children to process their experience.

“Transitional spaces for fantasy and creative thinking can only develop if there is a person who imposes him or herself between outer and inner reality, helping the child to develop

alternative realities besides the horrible realities of the trauma” (Streeck-Fischer & van der Kolk, 2000, p.915).

Play within the group context takes on an additional depth. The play space is occupied by others who may challenge or amplify the exciting possibilities that the imaginary world brings with it. It is also a chance to play at relationships. Our solitary flights into fantasy do not necessitate taking on the world-view of others. Group play offers clients a chance to sift through and experiment with the imagination of the other. For some, it may also be a chance to learn about what play is, how others play, and how to connect with others through play.

Stephanie was a mother attending our group for children who had lived with family violence. Her major goal was to retrieve the ‘close relationship’ she had enjoyed with her son prior to a three year relationship she had experienced with a man who had been violent. As part of the program’s emphasis on building bridges of connection between the children’s and mothers’ group, we ensured that each week we played at least one of the games we played with the children, in the mothers’ group. During our follow-up feedback session with Stephanie at the conclusion of the program, we asked what she felt had been the most useful part of the program. Stephanie fed-back that each week her son would excitedly ask her what games they had played during her session, and the two of them would make sure that at least once that week they would play the games they had learnt at the group with the rest of the family. Stephanie felt that their playing together had created an opportunity for them to start talking again.

The healthiness of play rests within its explorative, creative and restorative properties. It can be a safe place within which to ‘test the waters’ and a joyful way of connecting with ourselves and with others. Unfortunately, we can sometimes become so caught up in the seriousness of our ‘therapeutic work’ that we leave no time for play.

Surrendering your territory

Learning to surrender one's territory, to trust that your co-facilitator has ideas, energy and skills that will enrich your learning requires faith and a capacity to reflect on what might be achieved if you can allow each other turns in leading the dance. Any foray into group work models that use co-facilitation requires an acknowledgement of the strengths and limitations of collaboration. Not all collaborations work well, but those that do usually rest on a mutual regard for the other and the establishment of common goals. Transcending any internal systemic issues that may lead to an implosion is usually achieved through harnessing our energies towards keeping in-step with, rather than stepping over one another.

Conclusion

Clearly an article of this scope can not hope to cover every element important to good group work, but can illustrate those that we consider fundamental. What has become increasingly apparent in our experience is the closely interwoven nature of the principles that guide our work.

Understanding 'self' is fundamental to how we work and a core ingredient of what we offer to any groups we facilitate. Understanding 'other' is imperative to our role as clinicians who have been entrusted with the psychological care of our clients. Preparedness to reflect on 'what we do' and 'why we do' leads to a robust and growth enhancing approach to group work that has the potential to offer clients transformative experiences. A commitment to learning and seeking support through supervision, as well as working collaboratively with others, contributes to building our own secure base as professionals. This mirrors the process we endeavour to create within the emotional field of a group's relational dynamics. This is further complemented through the use of play and attunement to process as we work towards creating a safe environment, which in turn is conducive to each participant's learning and reflection.

The challenge for the group work facilitator is to sit with the rich and varied dynamics that accompany working with groups, to respond to the immense opportunities that this then provides us in understanding what constitutes

‘growthful’ encounters, and to integrate our learning with our practice. Group work offers us intensely therapeutic and often emotional relational experiences with our clients. This privilege demands that we look to ourselves as much as to our clients for opportunities to affirm, challenge and extend who we are and what we can yet become.

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CHAPTER FOURTEEN

UNDERSTANDING THE LIFE OF A GROUP: AN EXTENDED DEVELOPMENTAL PERSPECTIVE¹

WENDY BUNSTON & PETA MILLARD

Preamble

Those who run groups know that groups take on a life of their own. However, they can also appear to move through certain discernable stages. These stages can sometimes, though not always, occur within a specific sequence. This paper extends the popular model of stages first identified decades ago by Tuckman (1965), to include a pre-group *warming* stage as well as a post-group *transforming* stage. Issues regarding the compatibility of the co-facilitation team, as well as their therapeutic intent both before and after the group, are considered. Inherent in these reflections is a belief in the transformative power of group work.

We believe that good group work, irrespective of what theoretical approach is being employed, is dependent on good practice principles. These include: ‘creating safety’, ‘commitment to supervision’, ‘use of self and others’, ‘attunement to process’, ‘holding the individual in mind within the group’, ‘recognising the importance of play’ and ‘surrendering your territory’ (Bunston, Pavlidis & Leyden, 2003). These principles underpin the planning, processes and procedures put in place to deliver a well-tuned, flexible and growthful

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therapeutic encounter for group participants. In addition to these principles, however, is keeping in mind what can be a useful ‘road map’ or ‘guide book’ to make sense of the curious and seemingly distinct stages that can occur during the life of a group. A developmental perspective can offer the facilitator a useful psychological anchor with which to ground themselves when navigating the sometimes treacherous, seldom tedious, but often tremendous terrain that accompanies one’s journey through and within a group.

Within the Royal Children’s Hospital Mental Health Service, we are a team with a particular work place focus. Essentially, group work is the life blood and livelihood of our team. We do not typically do individual work. However, when issues spill out over the boundaries of a group, the occasional individual, couple or family session may be necessary. It is within this context that we offer our reflections on group work. We recognise that there are many other work place contexts where professionals run groups, some in addition to their many other roles, while others may be employed solely for this purpose.

We provide a ‘train the trainer’ component to our delivery of groups and as such have worked collaboratively with a multitude of education, community and mental health professionals over the past seven years. We have some flexibility around who facilitates with whom, and as we often co-facilitate with a range of different professionals, we have generally been able to mix and match facilitation teams in an endeavour to find the right fit. We acknowledge right from the outset that not all organisations have this luxury, but would argue that continued use of mismatched facilitation teams come at a therapeutic cost. Alongside our already established programs we put aside the time and space to develop a small number of new groups each year.

Introduction

Over the past six years the Community Group Program has run and evaluated well over 400 groups. We are a child and adolescent mental health team that runs specialist family violence prevention group work programs (under the banner of AFVP - Addressing Family Violence Programs), as well as more generalist self esteem and mental health promotion initiatives with the education department. The groups we run have a therapeutic and/or skills based focus,

have a closed membership, and typically run for up to two hours a week, over 8 to 10 weeks. The menu of groups we offer (about 20 different types of groups in total) cater for a client group that is predominately 5 to 15 years of age. However, we also run parent groups and infant/mother groups.

As counsellors and therapists, we are required to have some insight into the complexities of the lives of the individuals we work with. When facilitating a group, a different level of complexity is required, demanding an appreciation of not just the individual, but the collection of individuals who form their own unique identity as a group. And groups do, we assure you, have a collective 'life of their own'. One of our programs called 'Feeling is Thinking' (FisT), deals with how children manage their strong emotions (Pavlidis & Bunston, 2004), and has been run over 60 times. No two FisT groups have ever been the same, even though the goals for this particular intervention program generally remain constant.

With each unique presentation of the eight individual children that make up one of our group work programs, comes the distinctive 'group identity' that forms within and between this collection of disparate little, and big personalities (including those of the facilitators). As each group takes on some sort of collective form, whether this is one that is fragmented, enmeshed, coherent, disorganised or otherwise, we have learned a few things about what transpires throughout the life of a group. As group work facilitators, how we hold these peculiarities in mind is imperative to how we steady our course.

Our experience suggests that group development is considerably less 'well ordered' than Tuckman's (1965) well known and popularly used 'life stages of a group'. Nevertheless, there is a discernable pathway that groups do seem to move through. We would argue that an extension of the life stages model, as well as a review of its apparent sequential order, is long overdue.

Theoretical parameters

As distinctly diverse as any other group, our multidisciplinary team works from a range of differing theoretical paradigms. These approaches include Psychodynamic (Corey & Corey, 2002; Klien, Bernard & Singer, 1992) and

Cognitive Behavioural Therapy (Petti & Kronenberger, 2002), through to Narrative (Morgan, 2000), Systems Theory (Magen, 1995) and Process Experiential (Greenberg, Watson & Lietaer, 1998), just to name a few. We are also immensely interested in interpersonal neurobiology, the important role relationships play in our day to day functioning, and how therapy (and in our case, group therapy) may offer reparative experiences (Cozolino, 2006, 2005; Siegel, 2006). These bodies of knowledge help frame our focus and fine tune our thinking about what occurs within a group, how to reflect upon our reactions and eventually how to use these insights to inform how we deliver our interventions. There is not the space in this article to do justice to these varied approaches, nor is it the purpose of this article to examine their application in groupwork.

However, an understanding of the thematic journey that groups can take during the course of their life can be incredibly helpful, if only to alleviate our anxiety about the interesting developmental phases that groups can often move through. This allows the facilitator to hold a broad brushstroke conceptualisation of what group behaviours are likely to occur when putting a group of participants together in such an emotionally intense and intimate environment. And, as with the psychological journey of the individual, the developmental path of the group can become stuck, can regress or may never be fully realised, depending on the complexity and psychological mix of the group's members.

Narrative paradigms, 'recovery models' used in groups dealing with addictions, and even psychoanalytic thinking sees the necessity of non-sequential progression. This is the need to, and the normalcy of, reverting back or revisiting earlier developmental phases in order to successfully move forward again. Different authors on group work have offered different accounts of what phases or stages occur over the course of a group (Corey & Corey, 2002; Yalom, 1995; Whittaker, 1980). A common thread through each model is the movement of a group from fragmentation to some form of integration, moving from a place of ambiguity through to attaining a sense of mastery and of closure.

It is however, the generic description of what occurs throughout the life a group, first identified by Tuckman (1965) with some further refinement by Crawley (1978) and Brown (1992) that we have found to be the most accessible, neat and easily integrated, particularly for those who are newcomers to running

groups. These stages are not definitive. However, they do provide a way of normalising what can appear at first overwhelming and confusing to both the new as well as the experienced facilitator.

Identifying five specific phases, and easy to recall because the title of each stage rhymes, are what have been described as *forming*, *storming*, *norming*, *performing* and *mourning*. However, we have found that two other critical phases or stages also exist. These are a pre-group planning stage we call *warming*, and the integrative process that occurs post-group, which we call *transforming*. Like a steadfast pair of matching bookends, the *warming* and *transforming* stages hold the rich and diverse stories of the group together in some sort of colourful and congruent manner. These additional stages ensure that whatever order the books are returned to the bookshelf in, they are held upright.

Warming

Running group work programs is our core business. Building a strong foundation upon which to rest our therapeutic interventions is crucial to our success. Like the old adage ‘start off how you intend to finish’, we put an immense amount of energy into the *warming* stage, particularly when we design new groups. Beginning with the seed of an idea, mapping out what resources and skills are required, and attending to those first tentative steps in the delicate dance between co-facilitators is a critical foundation to lay before any group can even commence *forming*. Getting ready for a group entails a ‘needs analysis’: why this particular group, where will the referrals come from, what is the group’s therapeutic purpose (and thus which therapeutic paradigm will best inform our interventions), and what type of activities might we undertake to achieve this.

Not everyone has the luxury of choosing their co-facilitator/s. However, getting a ‘good enough’ match can make the difference between delivering a powerful therapeutic intervention and delivering very little, or at worst something counter-therapeutic. Like a strong marriage, a strong facilitation team is more likely to weather the storms. Taking this *warming* stage seriously means attending to the groundwork that will give your group a starting point that significantly increases the odds of succeeding. Forming a facilitation team based solely on

who's available to run a group is a marriage of convenience, and gambles with the value you offer your participants. In this *warming* stage, even a facilitation team that appears compatible needs to be conscious of sifting through how they distribute tasks, what their expectations are of one another, and how they function as a little sub-group that will be the anchor for the group as a whole. The following example, while describing a particularly lengthy *warming* process, details well the conception through to birth of a group.

An Example of Warming: The Peek a Boo Club

Recently, we piloted two baby/mother groups called the Peek a Boo Club, (Bunston, 2006). While the groups themselves were run over two terms (and we are planning to now run more), our pre-group preparation time was significantly longer. There was in fact a lengthy incubation period involved with the idea of running an intervention group for infants. Over many years we had run groups for children and mothers affected by family violence (Bunston & Crean with Thomson-Salo 1999). During this time, our assessment sessions consistently revealed that family violence experienced by the children and in some cases also by their mothers started from birth and even conception. In our training of other professionals regarding the impact of family violence on children, we present current neurological evidence which supports the notion that early relational trauma has a significant and damaging effect on the infant's developing brain (Schore, 2003a, 2003a; Teicher, 2002; Streeck-Fischer & van der Kolk, 2000; Perry et al., 1995).

It was only 18 months ago, however, that the idea of intervening therapeutically with infants reached consciousness and we began planning. While pulling together a submission for funding this initiative, we started to consider the facilitation team. Not having previously worked with infants, we asked the Royal Children's Hospital Infant Mental Health team (RCH

IMH) to recommend a suitable professional to join our facilitation team. This was a child and maternal health nurse (who was also completing her infant mental health masters degree). At the same time, we wanted a community based women's domestic violence support worker to assist with the community links and resource support that we hoped to facilitate from this intervention. We approached a colleague from another agency with whom we had established a good rapport over many years.

As a group, we initially discussed the possibilities of what this intervention might look like and got to know each other over a series of meetings regarding the funding submission. We also discussed and decided, openly and frankly, whether we felt we were a good match as a facilitation team. We organised supervision with a RCH IMH clinician and began planning. We met perhaps half a dozen times over a six month period and slowly got to know one another. Our initial ideas about what we would be able to provide within this intervention were very grand, and involved a very comprehensive delivery model. We were not successful, however, with our submission. This naturally gave us pause for reflection, and we regrouped to consider if we should even proceed.

Our enthusiasm for the Peek a Boo Club initiative outweighed our disappointment and we went back to the drawing board, reconfiguring what we could offer within our existing budget and resources. Additionally, we approached our local Department of Human Services Child Protection - High Risk Infant Team to assist with referrals and some input regarding ideas and links to other specialist infant services. We also negotiated with the High Risk Infant Team to provide a small amount of funding, which covered the salary of our child and maternal health nurse. The lack of funding was an obvious setback, however the commitment and shared vision of the facilitation team, and our respective organisations, enabled this albeit modified intervention to proceed. The time, care and

effort we put into this project paid off. The result was a 'stand out' experience for all involved. Incredible learning was gained from this new group work intervention, alongside immense enjoyment of one another as a facilitation team and of the participants within the group.

It is our belief that the very hope, energy, imagination and passion we invest in the preliminary *warming* stages of a group conveys itself to potential group members. As facilitators, we project our skill, confidence and enthusiasm into possible participants and others who may wish to refer clients into the group. Attendance at our groups is voluntary, although we recognise that a child's power to say no to adults (parents, teachers or even us) is limited. We do, however, make every endeavour to honour their right to decline being involved in our groups. Even in groups where the participants have been classified as involuntary, our thoughtful attention to the *warming* stage has managed to convey energy that is infectious. It is as though we have made room in our minds and hearts to welcome in those weary travellers who have not yet known they would be our guests.

The pre-group assessment session falls somewhere between this and the next stage. All our family violence prevention programs involve individual (or parent/child) assessments. The formation of the groups is thus incremental, with each assessment session building towards the final group configuration. Within these assessment sessions, the clients as well as facilitators check out the fit between one another, with the facilitators considering the selection of the group as a whole. The assessment process provides another crucial plank in the foundation being built. This process heralds the facilitators' capacity to hold the participants' often horrific stories before the group even starts, as if testing the strength of a room's floorboards to see if it can hold their weight. Our other groups (usually those within a school setting) sometimes involve a whole of group assessment session. Sequentially, where our *warming* stage finishes is where Tuckman's model (1965) commences.

Forming	This refers to the formative phase of the group process, where facilitators are now joined by group members. Together all commence their joining as a group. From our experience, this stage is the birth rather than the conception of the group, and entails the engagement of the group as 'a group'. Anxiety levels are usually high (ours as well as the participants), relationships are tentative and curiosity about others is at its peak. This could be on occasion be described as the 'honeymoon' period in the group.
Storming	This stage could be described as the 'reactionary phase'. The honeymoon has ended and group members may be engaging in challenging behaviours, as well as asking, "what are we actually here to do?". This stage, including that of the preceding 'forming' stage resonates with what Melanie Klein described as the 'paranoid-schizoid position'. This refers to a position within "the individual psyche dominated by persecutory mechanisms and mechanisms of splitting". (Wright 1992:191)
Norming	Reaching a general agreement is the focus of this stage, as is the establishment of group norms, roles, and common goals (whether spoken or unspoken). While group rules and/or expectations have actually been established in the forming stage, they may require revisiting or refining at this juncture. This stage is an important precursor to the next.
Performing	This could be described, at least on the surface, as the most industrious period in the group. Members work hard to establish goals, ideally as an integrated unit, or as often occurs, as smaller groups or even individually. This phase, as with the subsequent phase, could be seen as akin to Klein's "depressive position" in so far as the group psyche works towards integrating and tolerating the 'good' and 'bad' aspects of themselves as a collective entity.
Mourning	The 'ending stage' involves a myriad of responses, including reflecting on and evaluating the group's progress, and experiencing relief or even back to earlier phases (storming or a quick rush to perform) in an effort to disqualify any hurt, anger sadness at leaving one another. The 'depressive' elements of this stage may incorporate the creation of transitional objects as a means of tempering and tolerating the emotions aroused by terminating something that has potentially been very powerful and special to the group participants.

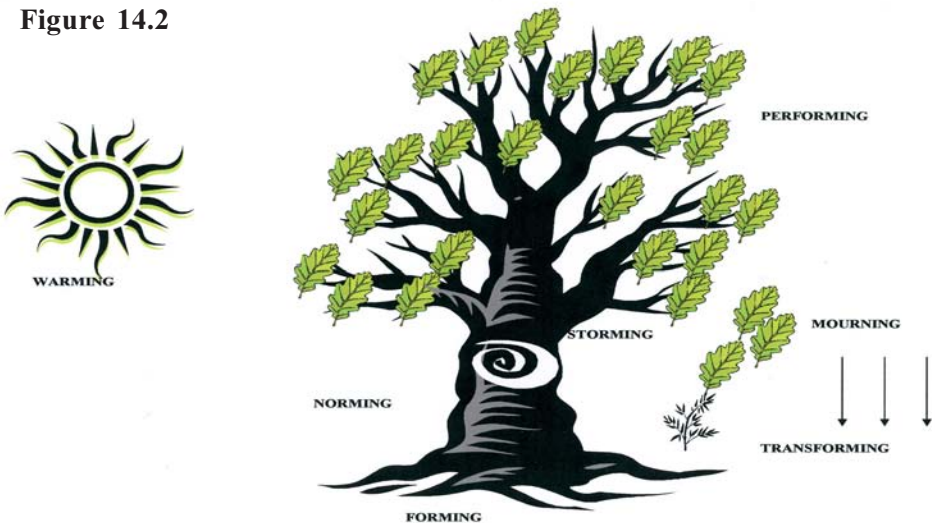
Figure 14.1 Tuckman's Model (1965)

Transforming

Finally, we identify this last, rather ethereal stage that we call *transforming*. More elusive in substance, but the equal and important “matching bookend” to *warming*, this stage involves both a psychological intent and at times concrete expression of on-going growth and integration (see figure 14.2). The cyclical nature of groupwork, as with any intensive therapeutic intervention, extends well beyond the termination of treatment, for better or for worse. In some of our groups (specifically our addressing family violence programs) we have children and families return two months post-group for a reunion, an event they have known about from their very first meeting with us. The ongoing transformative power of groupwork is evident in these reunions, with families taking great delight in showing off what changes they have made. Therapeutically, we find this time post-group allows for an integration of new narratives, with participants developing what we hope will be new scripts of affiliation and attachment.

Reunions, we find, set up an important psychological anchor in the participants’ future, where they are ‘held’, and ‘hold’ each other in mind (Bunston et al, 2003). Coming together again some time after a group may in fact serve as an important intrapsychic marker for integrating an experience of being ‘contained’.

Figure 14.2



This is not unlike clients who post-counselling revisit their therapist sporadically, just to check that they exist (themselves and the therapist) and that there is someone of significance able to validate and bear witness to their growth.

Additionally, the nature of our service delivery program (Community Group Program, 2004) allows for additional referrals into further groups. Some children have moved through three or four of our programs over some two to three years and in most cases, with a continuity of facilitators. Marking their progress over a number of groups gives the therapist an opportunity first hand to see the transforming within, as well as between different groups. The following vignette highlights a program that stayed within the mind of this article's authors well past the cessation of the program. To our great delight, this group experience also stayed within the minds of the participants.

An example of transforming: a 'Girls in Art' group

Certain groups remain fondly etched in your mind long after a group has finished. For many reasons, this particular group was special for the children and the facilitators. A school based 'Girls in Art' group conducted nearly two years ago is one of those groups. As part of the mourning stage within this group, we made flower pots for each other, within which we each planted a handmade, pipe cleaner stemmed tissue paper flower with a message attached (in total there were eleven flowers in each pot). The messages were written on teardrop shaped gift cards. We spoke to the girls not only about how the tears represented our sadness at finishing the group, but also about the symbolism of tears, and how moisture is needed for flowers to grow. Our positive messages of farewell represented the nutrients needed to sustain our growth long after the group finished. These messages and the beautiful pot of flowers we had created could remain as a tangible reminder of our special experience as a group. Not only did we gift a part of ourselves to each other in this ritual, but we created transitional objects

for the girls and ourselves to take forward with us into the future.

Twelve months later, we arranged to go back to meet with these girls in order to capture some of their memories on videotape for our program's five year progress report. We met together again as a group and were overwhelmed with emotion as the girls fondly remembered details of the group and us. They all talked about their flower pots and where they had them in their rooms, and how they still looked at them and remembered the group. We as facilitators still have the flower pots sitting in our offices, and they are often looked at. Both the girls and the experience are remembered with fondness. They told us how they had changed since the group, growing in confidence and better able to make friendships. The eleventh member of this group (and our third co-facilitator) was the assistant principal of the school where we ran the group. To this day he still talks glowingly of 'that art group' we ran out at this school, and how he formed positive relationships with the girls in the group that lasted out their time at his primary school.

Groups stay in your mind, as well as in the mind of the participants. This is not just due to the post-group glow, but because of the '*transformative moments*' that have occurred throughout a program. Even groups you deem less than successful or just 'damn hard work' leave a residue that may work its way through your psyche over weeks, or maybe even years. As we rub up against each other through the intensity of group work, we find we are left with a part of that person, as they are with us. Similarly, as therapists, we may leave a residue that is reparative and hopeful.

Irrespective of whether we may or may not have cause to reunite with past participants at some time in their future, it is important to anticipate and give some attention within the last stages of the group to the memories (implicit and explicit) that may well linger on. Cozolino (2006) suggests that we all have the

relational capacity of activating the neuroplastic processes in the brain in order to alter patterning of behaviour, feelings and implicit memories: “The transformative power of intimacy has its roots in the evolution and development of the brain through parenting, friendship, and love. This same power is used in psychotherapy, education and ministry” (p.16). We firmly believe group work should be added to this list.

Conclusion

The stages of group life as offered by Tuckman (1965), Crawley (1978), Brown (1992) and others (Corey & Corey 2002; Yalom, 1995; Whittaker 1980), and which we have extended, offer a rough, humble and tentative guide to what you might expect to transpire throughout the life of a group. As with life, not everything occurs in sequence, or at all it may seem. Some stages seem to dominate or occur before their time, while others may pass by in the flicker of an eye. Just when you thought you’d weathered the storm, there can be a thunderous collapse within the group that seems to be a particular stage announcing, “I’m back”.

Why we find this rough guide useful is that it does seem to capture the essence of the differing cycles that groups do often move through, and as such offers a degree of reassurance to the facilitator. If we hold fast to our ‘good practice principles’ (Bunston, Pavlidis & Leyden, 2003) and intent, we will usually achieve and sometimes surpass something akin to a ‘growthful’ journey within a group. When working with client groups that have undergone significant emotional, psychological and familial trauma and loss, a broad theoretical framework through which to understand the volatility or submissiveness that may play out within the group’s dynamics is mighty reassuring.

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CHAPTER FIFTEEN

LAST BUT NEVER LEAST: EVALUATION

WENDY BUNSTON & JOHN DILEO

Evaluating our practice

Evidenced based practice is a reality of life. Just thinking you are doing great work does not necessarily prove that you are. Measures are often imperfect, but they do strive to capture progress. The RCH MHS Addressing Family Violence Programs (parkas, jfk and Peek a Boo Club) have used a variety of evaluation tools. Of course none of them are a perfect fit, able to adequately measure intrapsychic change, but they do offer some feedback about a client's progress and areas where we can continually improve.

The parkas program was first evaluated between 1997 and 2000 using simple qualitative pre and post questionnaires designed by the original facilitation team (Bunston & Crean, 1999). The children's questionnaire focused on how they felt about family, school and self, and their thoughts about coming to parkas. The mothers' questionnaire focused on how they viewed the quality of their life, the quality of their relationship with their child, their child's behaviour and their understanding of the way that family violence had impacted on their child.

With the appropriate consent, teachers were also contacted by the group leaders before and after the program to gauge any changes at school. This involved an unstructured interview focusing on the child's academic ability, their behaviour at school and the quality of their peer relationships.

Approximately sixty children/mothers participated in the five groups evaluated and of those, only 15% did not complete the entire program. Those who dropped

out were contacted to identify what had contributed to their withdrawal, and if any further assistance was required. Withdrawal was usually due to a combination of factors, and in particular family stresses. Questionnaires completed by the participants who fully completed the program revealed that 85% found the group useful and the remaining 15% reported some disappointment. Negative feedback was usually associated with the format of the group or lack of improvement in their child's behaviour (Bunston, 2001).

Commencing in 1999, a clinically validated 25 item measure known as the *Strengths and Difficulties Questionnaire (SDQ)* - Goodman, 1999) was also introduced. Due to its psychometric qualities and ease of use, the SDQ has gone on to become the predominant evaluative measure for our programs. Data from parent and teacher evaluations of children's behaviour has been analysed. As illustrated in Figure 15.0, 50% of parents and 74% of teachers reported participating children as having overall emotional and behavioural difficulties in the abnormal or clinical range before AFVP. There are some discrepancies between parent and teacher reports. Overall however, peer

Figure 15.0 - *Percentage of AFVP participants who met the abnormal range on the SDQ as infromed by Parent and Teacher reports*

Subscale	Parent Report (n=28)	Teacher Report (n=23)
Emotional Symptoms	54%	26%
Conduct Problems	43%	30%
Hyperactivity	29%	35%
Peer Problems	75%	35%
Prosocial Behaviour	18%	35%
Total Difficulties	50%	74%

Figure 15.1 - Parent Report (n=18) Teacher Report (n=12)

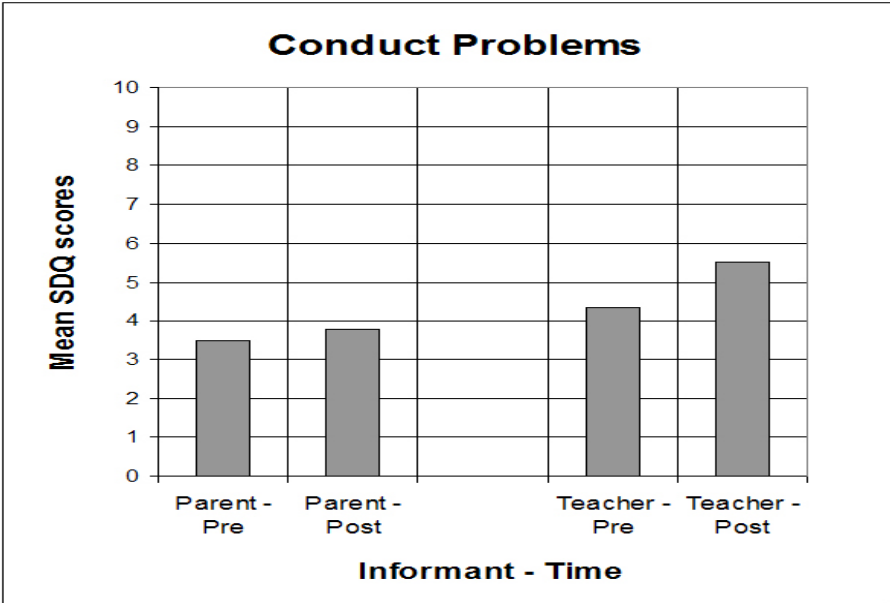


Figure 15.2 - Parent Report (n=18) Teacher Report (n=12)

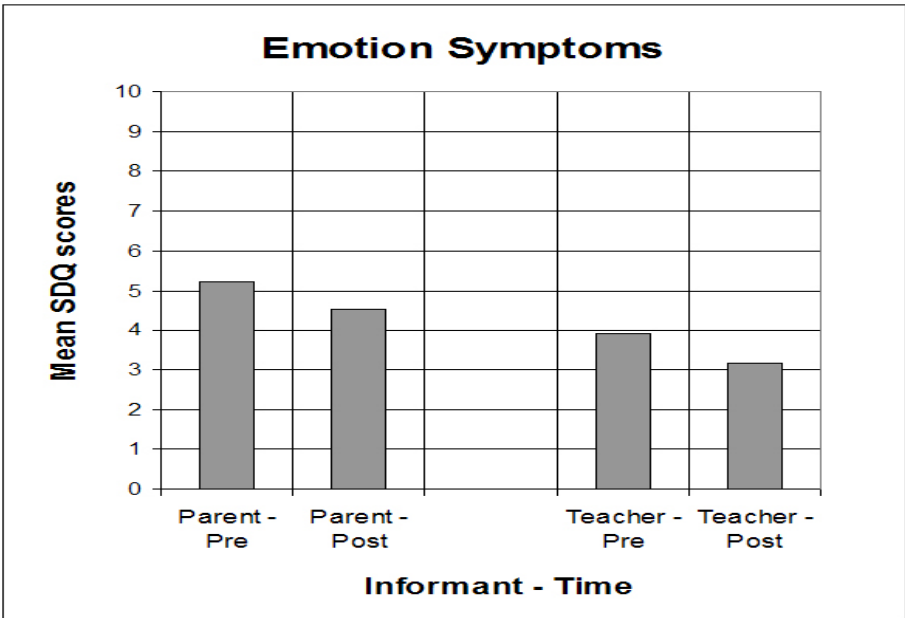


Figure 15.3 - Parent Report (n=18) Teacher Report (n=12)

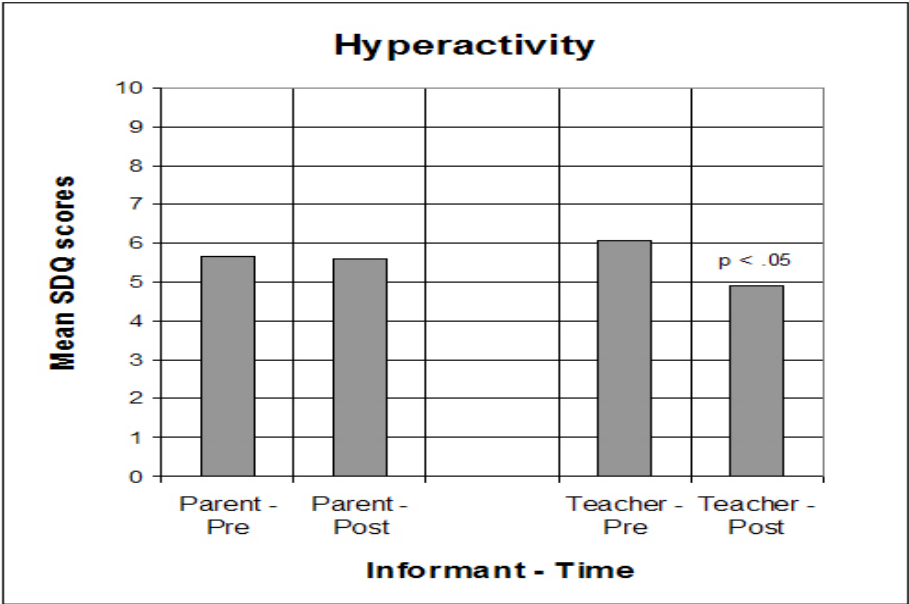


Figure 15.4 - Parent Report (n=18) Teacher Report (n=12)

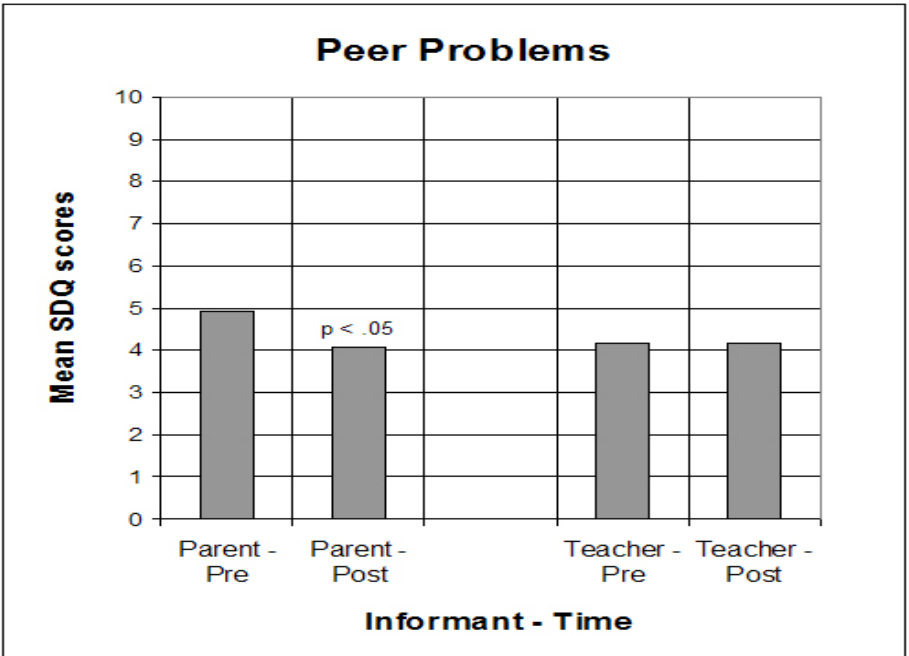


Figure 15.5 - Parent Report (n=18) Teacher Report (n=12)

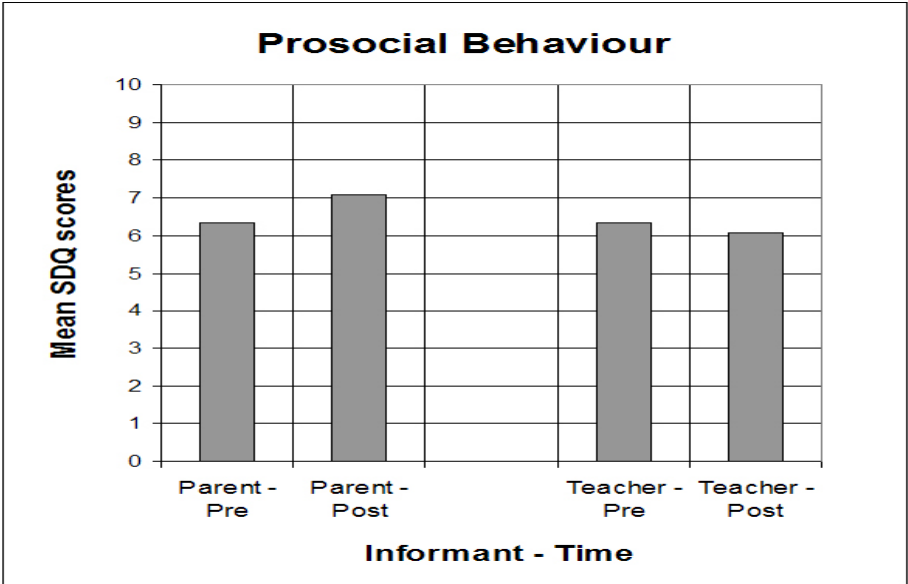
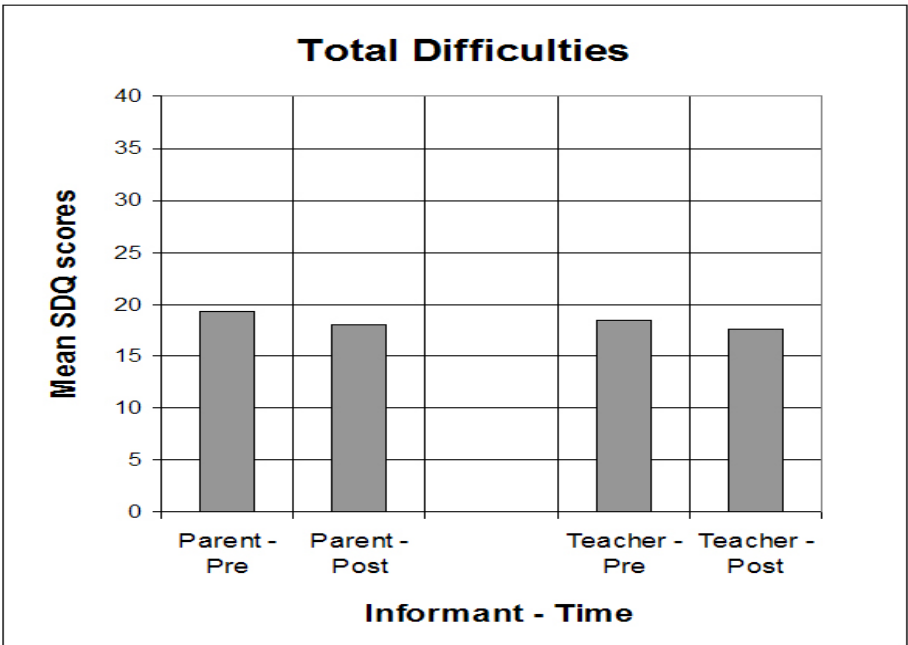


Figure 15.6 - Parent Report (n=18) Teacher Report (n=12)



problems are the most significant difficulty reported, followed by emotional problems, conduct problems and hyperactivity.

Statistical analysis of mean SDQ scores as reported by parents and teachers before and after AFVP programs (Figures 15.1 to 15.6) found an overall improvement in total difficulties. Both parents and teachers reported a reduction in emotional symptoms. Teachers reported a significant improvement in hyperactivity, ($t(11) = 2.55, p = .03$), and parents reported significantly less peer problems, ($t(17) = 2.65, p = .01$). Both parents and teachers reported a significant increase in conduct problems after AFVP. While only two statistical tests found significant results, this is largely influenced by the small sample. The decrease in emotional symptoms and increase in conduct problems is consistent with a program that aims to ameliorate traumatic symptoms and enhance affect regulation over the behavioural modification of the participants. The movement from internalising feelings to the more overt expression of strong emotions as reflected in the results relating to conduct may in fact suggest a move away from avoidance and a 'coming to life'.

Evaluation of parkas showed a significant improvement for children in peer relationships following participation in the group. This finding has particular significance given research indicators suggest that survivors of family violence often have greater difficulty in initiating and maintaining peer relationships (Rossman, Hughes & Rosenberg, 2000). This may offer some indication of the effectiveness of group work as a useful medium for treatment.

Specific family violence measures

Since the first half of 2005 further measures have been used in addition to the SDQ. The *Trauma Symptom Checklist for Children (TSCC - Briere, 1996)* is a well-validated measure of trauma symptoms in children, and has been used to assess 12 participants in our programs. Preliminary descriptive analysis of data from these children suggests that this is a group of children who experience a range of serious trauma symptoms.

The TSCC highlights *critical items* marked by children on this measure. That is, statements that are considered serious enough to require immediate

intervention. Of the 8 critical items on this scale children enrolled in the parkas and jfk programs marked an average of 4 items, with 3 children marking 7 items. Six children said that they regularly thought about getting into fights, 5 children suggested that they felt afraid that someone might kill them, and 4 children marked responses related to thoughts of hurting others and being scared of men. While this is a small sample, it gives an impression of the children's experience and the immediate need for therapeutic intervention.

While greater numbers of participants are required to conduct statistical analysis of pre and post-test group data, a case study of findings on the TSCC provides some indication of change in trauma symptoms following participation in AFVP groups. For example, the pre-test questionnaire of one child highlighted thoughts, feeling, and behaviours on 6 critical items, and elevated scores on measures of anxiety, depression, and anger. Following participation in the parkas and jfk groups, this child's post-test scores showed a decrease in the number of critical items reported and a decrease in anxiety, depression, and anger.

We have also included another two measures, a self-report measure of parent-child attachment and a child behaviour checklist, as part of our routine evaluation of these programs. The Security Scale (Kerns, 2000) is one of few available measures of attachment for children in middle childhood. The Child Behavioural Checklist (CBCL, Achenbach, 2001) is a well validated broadband behavioural measure that has been widely used in developmental and clinical research to assess a range of internalising and externalising symptoms. The Security Scale, TSCC, SDQ and CBCL are currently being used in an evaluation of the AFVP groups that is being run over an 18 month period for a comprehensive analysis by 2007.

The Peek a Boo Club uses different measurement tools. As a program, it is still in its own infancy so we currently have only small numbers, prohibiting any sound statistical analysis and conclusions. To date however, we have administered the Parent-Infant Attachment Scale (Condon & Corkindale, 1998) pre and post group. As indicated in Figure 15.7 (below overpage), the very early data indicates positive shifts made by the mothers in their attachment with their children and a reduction in their feelings of hostility toward their infant, post group.

MATERNAL INFANT ATTACHMENT SCALE: 'PEEK-A-BOO CLUB'

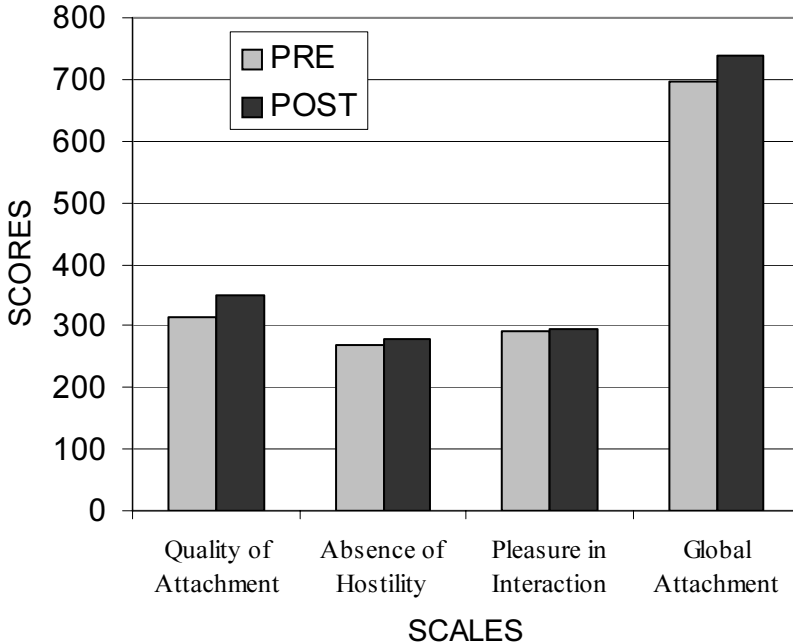


Figure 15.7 *Total scores 'pre' and 'post' of three "Peek-a-Boo Club" programs (n=10)*

We have also asked the mothers to fill in qualitative questionnaires post group. These have been extremely positive with regards to the relational aspects of the group (including forming relationships, infants bonding, learning new ways of relating) and the fun and relaxed environment provided. The most consistent difficulty they faced was getting to the venue, and on time (Bunston, 2006).

Constraints

Undertaking an evaluation of any sort is difficult as so many variables need to be taken into account to ensure that the analysis performed is reliable and

valid. The most basic requirement is ensuring that we gather complete and appropriately administered sets of data (pre and post).

For the families and children we work with, completing questionnaires does not rate as a priority, particularly when faced with the often complex and stressful issues involved in extricating oneself from familial violence. As we have endeavoured to increase the sophistication of the measurement tools used, the number of measures has also increased. This has presented us with some very real practice dilemmas. When does the need for evaluation override our therapeutic duty not to create undue stress through a process that is at the very least challenging, and at most confronting? Our answer is that it never should, yet we also know how important it is to strive for evidence based practice.

Situated within a mental health setting, we are fortunate to have knowledge about and access to a range of clinically validated and reliable measures. However, there are some limitations we must contend with. Firstly, many of these measures are designed to be administered, scored and interpreted by trained psychologists. Secondly, several of these measures are expensive. Given the high attrition rates and difficulty with which such measures are completed by our participants and their parents, it is sometimes difficult to justify expenditure. Finally, we do not have qualified staff to conduct the necessary group analysis and provide meaningful evaluation reports that are empirically supported. Engaging external consultants to conduct such work has been difficult due to challenges related to the transfer of the knowledge, and the level of missing data often found in our databases.

Conclusion

It is no surprise that a number of the children attending our groups present with difficulties in learning and comprehension. Sitting the children and their mothers down to fill in a pile of paperwork is not the most conducive pathway to engagement. We struggle with resistance (ours and theirs) to a process that we hope justifies its necessity. In the last session of our most recent jfk program, one child refused to continue filling in sheet after sheet, complaining that he couldn't do it and it made him feel stupid.

Our first rule of thumb is to ‘do no harm’. We certainly do not want to replicate a dynamic that says to our participants, ‘you must do this, because we want you to’. That has been their life story and the job of our intervention is to challenge a culture that compels compliance. Conversely, participants have a right to expect ‘good practice’ and transparency, and to be invited into a process that calls us as practitioners into account.

We take great care in how we administer our evaluation, and ensure that we fully explain why we undertake this process. We strive for informed consent, recognising that these are families who know well how to say yes when they really feel they have little choice. We have ongoing debates about the appropriateness of the measurement tools we are using and have a long way to go in terms of finding what are the best measures and the best way to use them in our work. There are no easy answers to delivering effective evaluation, but plenty of good reasons to question how and why and what we do as practitioners.

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* These measures are available from ACER press.

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Other publications by the Royal Children’s Hospital Mental Health Service’s Addressing Family Violence Programs:

- The ‘Peek a Boo’ Club. Therapeutic group work for Infants and Mothers affected by Family Violence: A reflective practice guide. (Available in 2009)
- Therapeutic Use of Games in Groupwork Manual (2006)
- FisT (Feeling is Thinking) Manual (2004)
- parkas - Parents Accepting Responsibility Kids are Safe Manual (2001)
- Supporting children and young people affected by Family Violence, parkas - Parents Accepting Responsibility Kids are Safe (1999)

Awards received in relation to our ROYAL CHILDREN’S HOSPITAL MENTAL HEALTH SERVICE Addressing Family Violence Programs:

- **AUSTRALIAN CRIME AND VIOLENCE PREVENTION AWARDS 2006** - Certificate of Merit for the AFVP.
- **GOLD AWARD 2006** – ‘Infant, Child & Adolescent Program Category’ for the Feeling is Thinking (FisT) Group Work Treatment Program, awarded by The Mental Health Services Conference Inc. of Australia and New Zealand (TheMHS).
- **HIGHLY COMMENDED 2005** - National Child Abuse Awards for Responding to Child Abuse and Neglect.
- **GOLD AWARD 2004** - Australian Infant, Child, Adolescent & Family Mental Health Association and The Mental Health Services in Child and Adolescent Mental Health Service Provision.
- **CERTIFICATE OF MERIT 2003** - Australian Crime and Violence Prevention Awards
- **GOLD AWARD 2002** – ‘Mental Health Promotion or Mental Illness Prevention’ for the Community Group Program, awarded by The Mental Health Services Conference Inc. of Australia and New Zealand (TheMHS).
- **MERITORIOUS SERVICE AWARD 2000** – awarded by Djerriwarrah Health Services.