INTENSIVE FILIAL THERAPY WITH BRAZILIAN MOTHERS AND THEIR CHILDREN, VICTIMS OF FAMILY VIOLENCE

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Helen R. Gedge

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UNIVERSITY OF SALFORD
School of Health and Society

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And most of all Richard, Bethany and Reuben who have all made huge sacrifices to support their wife and mother to reach the end of this adventure.

'Obrigada de todo meu coração.'

List of Abbreviations

<table>
<tr><td>FPO</td><td>The Family Play Observation devised by VanFleet (2005).

During the analysis phase of the study guidelines by Rye and Jäger (2007) were used in analysing the FPOs.

Please note: Any mention of the FPO in the thesis will refer to back to the work of VanFleet (2005) unless otherwise stated.</td></tr>
<tr><td>MEACI</td><td>The Measurement of Empathy in Adult-Child Interaction (MEACI) is a standardized assessment tool originally developed by Stover, Guerney and O’Connell (1971). It was later formalized into the current MEACI format by Bratton (1993).

Please note: Any mention of the MEACI in the thesis will refer back to the work of Bratton (1993) unless otherwise stated.</td></tr>
<tr><td>CPRT</td><td>The Child Parent Relationship Therapy model as devised by Bratton, Landreth, Kellam and Blackard (2006)

Please note: Any mention of the CPRT as a model with refer back to the work of Bratton, Landreth, Kellam and Blackard (2006) unless otherwise stated.</td></tr>
<tr><td>VIG</td><td>Video Interactive Guidance (Kennedy, H., Ball, K. & Barlow, J., 2017)</td></tr>
</table>

Abstract:

The shelter home where this research project took place is a charity founded in 2000 in Curitiba, Southern Brazil. The charity houses an average of 40 single mother families with their children per year in two residential care homes. The families are sent via the municipal social services and law courts and come from situations of domestic and territorial violence as well as homelessness or extreme poverty. At the very heart of the project is their prime objective: to strengthen the family attachments and relationships thus enabling children to remain with their mothers and within the family structure. They seek to empower the mother, helping to develop her own support systems and independence so that she can be integrated into society along with her children.

To further promote and accomplish this primary focus, this research study proposed the introduction and development of filial play therapy within the work of the shelter home. Mixed methods in design and using a multiple case study methodology, evidence was collated to examine the efficacy of this intervention within this particular context.

Data analysis showed a significant increase in empathy in the mother-child interactions mid-intervention with an unexpected drop in the post-intervention measurements. The results of the final interviews following the intervention reveal changes in the mother's understanding of the importance of play and its benefits for her child, herself and the relationship between them. The results are discussed, a key finding being the importance of the role of the therapist in holding the mother's process affording her the embodied experience of empathy herself so that she is enabled and empowered to provide this more fully for her child. Widening and expanding the therapist's capacity to offer this holding has significant implications for practice and training which are then considered.

Chapter 1 – Awakening to the Landscape

1.1. A Changing Landscape

The floors were hard, cold concrete. A large dark living area held only a few sofas, sparse of any comforts, no pictures on the grey, uniform walls. Long corridors led away to bedrooms or dormitories, tightly packed with bunkbeds upon which were worn mattresses, grey blankets and the odd pillow. Shared washrooms and laundry areas were available as part of the daily timetable of activities and chores. The odour of many bodies living within too small a space permeated the air. In this uninviting space, lived 60 girls, prepubescent through to those reaching into their adulthood of eighteen years of age. Should you walk in as a visitor, as the researcher herself did in 1991, you would be surrounded by eager faces hungry for contact, affirmation and affection. Overwhelming.

An orphanage in Brazil in the late 1980s for 'street children', situated in the middle of the countryside, on a farm on the outskirts of Brasília, the country's capital. Family breakdown and poverty had either placed these children on the streets or they had been at high risk of becoming another statistic in this category. At that time the orphanage provided a safe refuge for just under 150 at risk children. The United Nations (2017) defines the term "children in street situations" as comprising:

> '(a) children who depend on the streets to live and/or work, whether alone, with peers or with family; and (b) a wider population of children who have formed strong connections with public spaces and for whom the street plays a vital role in their everyday lives and identities.' (United Nations General Comment 21:9).

Contrast this to the present day. A shelter home founded as a charity in 2000 in the city of Curitiba in southern Brazil, has housed on average 40 single mother families with their children per year in two residential care homes. The families seek refuge from situations of domestic and territorial violence as well as homelessness and poverty. Indeed, one of the 'casas' or 'homes' is at an undisclosed address for the protection of those who are under continued threat of violence or death. The prime objective is to keep the children with their mothers and within the family structure by strengthening the family attachments

and relationships whilst housed in the homes. They seek to empower the mother, helping her to develop her own support systems and independence so that she can be reintegrated into society along with her children (personal communication with Founder and Director on visits to the project; Santos, 2015a; 2015b).

These two divergent real-life scenarios illustrate the progress that has been made within Brazil over the last thirty years to ensure both the rights of the child as an individual human being but also therefore to growing up within the structure of a family. Having witnessed and been impacted by the changes in provision for Brazilian children at risk during this time frame, the researcher chose to position her research project within the context of this vital work. To further promote and accomplish the primary objectives inbuilt to the work of the shelter home, the research study proposed to introduce and develop filial play therapy with families housed within. Using a multiple case study methodology, evidence was collated to examine the efficacy of this intervention within this particular context.

1.2. From Policy to Practice

Brazil has a long history of institutional care for children who are orphaned, abandoned, considered 'delinquent' or those who have run away from family violence and whose family situation is one of extreme poverty. Rizzini and Rizzini (2004) describe the 'culture of institutionalization' that finds its roots in the Brazilian governmental and religious response to needy children. In the late 19th century and into the 20th century, these children became categorised as 'menores' or 'minors' or even 'desvalidos', literally children without value, to whom special laws applied as they were not able to exercise their rights as citizens. They were considered to be under the legal control either of the family or other responsible persons (Rizzini and Rizzini, 2004).

In 1989 the United Nations Convention for the Rights of the Child prompted reform in the way childhood was conceptualised, establishing that children and adolescents were the subjects of rights. Brazil's own Statute of the Child and Adolescent in 1990 (Estatuto da Criança e do Adolescente, ECA) created a new vision for assisting low income and

vulnerable children. Two key changes were the rejection of practices which deprived children of their liberty and that of separating them from their families and communities.

> 'Ė dever da família, da comunidade, da sociedade em geral e do poder público assegurar, com absoluta prioridade, a efetivação dos direitos referentes à vida, à saúde, a alimentação, à educação, ao esporte, ao lazer, à profissionalização, à cultura, à dignidade, ao respeito, à liberdade e à convivência familiar e comunitária'. (Art. 4, Estatuto da Criança e do Adolescente, 1990).
>
> 'It is the family's responsibility, and that of the community, society in general and the public powers to assure, with absolute priority, the enforcements of rights relating to life, health, nutrition, education, sport, leisure, professionalisation, culture, dignity, respect, liberty and family and community coexistence.' (Art. 4, Statute of the Child and Adolescent, 1990).

The ECA drew a line in the sand as it were, establishing a new understanding about the importance of the family unit to the healthy development of the child. It was the catalyst mobilizing a national effort towards finding new ways to support vulnerable children away from institutionalisation and more preventative work with families. Indeed, the priority of keeping mother and child together became integrated into law in Brazil to protect against the trauma of separation and the breaking of attachment bonds. Article 19 in the ECA affirms the rights of children and adolescents to live within a family unit and a community, in first place their family of origin and exceptionally in a substitute family.

The Associação Brasileira Terra dos Homens (ABTH) (2017) states that Brazil has since been considered a worldwide reference on this journey towards promoting the rights of the child to live within the family and community. It describes how different sectors and organisations have been involved in constructing and disseminating new understanding, knowledge and practice. Table 1.1 outlines the major developments in this process which have led to significant changes in practice for families and children.

Year	**Major Developments in Care Policy and Child Rights in Brazil**
2004	A new intersectoral committee commissioned to construct a national Alternative Care Plan. (Plano Nacional Convivência Familiar e Comunitária) President Lula da Silva (2002 - 2009)
2005	A national working-group on alternative care policy formed in partnership between UNICEF and Associação Brasileira Terra dos Homens (ABTH).

2006	The Brazilian Alternative Care Plan entitled the National Plan for the Rights of Children and Adolescents to Family and Community Living launched in Brazil.
2006-2008	Dissemination and implementation of the national plan.
2009	Launch of technical guidelines for alternative care services by the Ministry of Social Welfare (MDS) based upon the findings and discussions of the national working-group. (Orientações Técnicas para Funcionamento de Serviços de Acolhimento, 2008)
2010-2011	Disseminating the technical guidelines across Brazil with representatives from the government, NGO's, universities, judiciary services, unions, rights councils and tutorial councils amongst others. President Dilma Rousseff (2011 - 2016)
2012	Launch of the National Forum of Child's Rights to Live in Family and Community to continue developing and mobilising the work of non-governmental organisations involved with Alternative Care. This was a joint project between ABTH and the National Council for the Rights of the Child and Adolescent (CONANDA).
2013	Practical implementation of new findings and guidance resulting from forum.
2014	Establishment of the NGO led National Movement for the Rights of the Child and Adolescent to Family and Community Living.
2015	Mobilisation and Dissemination of the National Movement.
2016	Approval of the Internal Statutes and Action Plan of the National Movement. President Michel Temer (2016 - 2018)
2017	New National Secretary appointed to the National Movement for the Rights of the Child and Adolescent to Family and Community Living.
2018	Launch of the Campaign - Alternative Care National Priority as a Brazilian reply to the 73rd session of the United Nations General Assembly: Rights of the Child, 17th December 2018 – reviewing and reaffirming the International Alternative Care Guidelines of 1989. President Jair Bolsonaro (2019 - 2022)
2019	Design and structuring the process of qualitative/quantitative evaluation of the 2006 National Plan (see above) by the National Movement for the Rights of the Child and Adolescent to Family and Community Living and the Ministry of Social Welfare of the Brazilian federal government. The evaluation used the three underlying principles of: prevention, good quality care practice and child-centred adoption.
2020	Formation of the Foster Care Coalition and the research and development of Foster Care Guides. The National Movement undertakes two National Surveys: My Life on the Outside: Listening to Young Care Leavers and a National Survey of Institutional Care Services in times of Covid-19.

2021	National Seminar on Alternative Care online launching the Report of Participatory Workshops for the Evaluation of the Brazilian National Alternative Care Plan. Publication of the Foster Care Guidelines and the website familiaacolhedora.org.br
2022	Publication of the Pedagogical Guides of the Joint Protective Care Shelters for Children, Adolescents with their Mothers of the shelter home.

Table 1:1 Major Developments: Policy to Practice in Brazil

The above table (adapted and translated from ABTH, 2017) with additions from personal communication with the National Secretary of the National Movement for the Rights of the Child/Adolescent to Family and Community Living, (15th October 2021; 26th July 2022) tracks the various stages during the last 15-20 years as working parties have been established to ensure the rights of the child to live where possible within the family structure and their local community. This has involved research into the existing institutions, the furthering of knowledge and understanding of best practice, disseminating results of research and new learning, implementing new practices, consultative processes and regular reviews. New councils, working parties and bodies, both governmental and non-governmental working for the rights of the child and adolescent have shared knowledge and practice to ensure that children and adolescents are guaranteed the rights outlined in the Statute of 1990. They have also informed the review and new resolutions adopted by the 73ª United Nations General Assembly on 17th December 2018.

The technical guidelines that were launched in 2009 (Orientações Técnicas para Funcionamento de Serviços de Acolhimento, 2008) promoted the alternative care provisions for children and young people who were assessed as at significant or extreme risk if remaining with their families. This was to now be the exception rather than the go-to solution (ECA: Art. 92, Art.101) and four different provisions were outlined. Two types of short term stay in smaller, more familial units, within local residential communities, seek to provide the children with a more secure, intimate and stable experience, maintaining contact with family members where possible, until the child or young person can return to the family unit or the wider family members. One of these was still described as a shelter or institution whilst the other a ‘casa lar’ or home with ‘house-parents’ rather than staff or carers to look after them. Another short-term alternative is the foster care provision (see below) with either eventual return to family or adoption as alternative longer-term

provisions. Finally, a 'república' or home for vulnerable young adults 18–21-year-old offers a supervised safe place whilst building self-autonomy and independence skills for re-integration into the community.

The orphanage near Brasília described in the opening paragraph of this chapter, was one example of a large institution created initially to rescue and care for a group of vulnerable and abused children being kept and used as slaves by an Argentinian landowner. Its funding, like that of the majority of institutions and care provision for vulnerable children, was not provided by the government but rather by charities and in particular religious groups within and from outside of Brazil (Garcia and Fernandez, 2009). With the Statute for the Rights of the Child and Adolescent (1990) and the technical guidelines (2008) the structure of the orphanage had to change and find its own funding to do so. The children were no longer housed in large dormitories but instead placed within 'casa lares' or 'homes' with house parents and no more than 20 children, keeping siblings together. Where possible they returned more regularly to visit family members and these were encouraged to visit the children at the orphanage, acknowledging the importance of the attachment relationships to their wellbeing.

As policy and practice have continued to change, the three key areas identified by both governmental bodies and NGOs working for the rights of the child and adolescent, are preventative practices, quality family-based care provision and child-centred adoption. The work of Valente (2013) for example, in implementing foster care as an alternative to institutional care, has illustrated in practice how provision can ensure the needs of young people can be met under protective measures. She highlights that the responsibility lies with the state, the family and society to provide the best possible environment to nurture each child's on-going development.

Indeed, Garcia and Fernandez (2009) highlight that there are many structural tasks that are still essential to overcoming harmful tendencies and practices still present in the Brazilian context as it seeks to improve the quality and care provided by institutions that care for and shelter children and adolescents and in the promotion of their rights. They point to embedded issues such as the combatting of poverty, the stimulation of employment and opportunities in income, the consolidation of democracy and the defence of human rights

and the combat of discrimination and prejudice to name just a few. The task is vast and complex.

<u>1.2.1. An Alternative Care Plan</u>

The work of the shelter home where this research project took place in 2018, has been evolving over the last twenty years with the country's unique challenges and the policy and practice described above as its backdrop and context. Unique, it stands out as an example of both intervention *and* preventative care, that is, it seeks to keep the family unit united as together mother and child/children are protected from situations of poverty, homelessness and in particular domestic violence. Acknowledging the harm done to children and adolescents when separated from their families, the resulting trauma, subsequent maladaptive behaviours and likely repetitions of the cycles of violence for instance, they offer one of the only provisions where mothers can remain with their children (Associação Beneficiente Encontro com Deus, 2023).

Indeed, the shelter home have recently published a steering document describing their provision as a flagship for national policy, with the aim that their learning may be adopted by other institutions and refuges seeking to provide help to children and their families in cities across the country. The document reveals how the focus which had originally primarily been on supporting the mother, enabling her to become self-sustaining and independent so that she can then provide the care and nurture for her own children, has now widened to encompass providing tailored care and intervention for the children, adolescents and family as a whole. This includes psychological assessment and provision, and excitingly highlights the importance of play for the healthy development of children and the building of strong attachments between family members (Associação Beneficiente Encontro com Deus, 2022).

The criteria for becoming a resident include:

- vulnerability - due to abandonment as a result of domestic violence, homelessness, loss of work, lack of family support, addiction or recovery, release from prison, immigrant families or refugees without support within Brazil

- domestic violence- either physical or psychological on the most part by family members
- neglect – of children, adolescents and mothers who are incapable of caring for themselves.
- territorial violence and death threats.

During the years 2017-2021, 53.7% of the mothers that became residents came because of vulnerability or risk, 40.1% due to domestic violence, 3.4% neglect and 2.8% territorial violence or threat. 725 individuals, including mothers (297) and children (428), were taken in during that time. 616 on being discharged were assessed to be no longer at risk, whilst 109 were discharged deemed still at continued risk, mostly by choosing to return to live the aggressor.

In acknowledging that keeping the children with the mother, who herself for the most part is a victim, interventions can be implemented to develop protective factors, promote autonomy and reintegration into society. This involves not just providing shelter and safety for the family and support for the children, but rather also appropriate and responsive interventions to foster the mother's physical, mental, social and emotional wellbeing, as well as life and parenting skills, so that she is better equipped to provide care for her own children. The focus is on 'convivência', that is, 'coexistence', or how to live well together as a family (Associação Beneficiente Encontro com Deus, 2023).

Two other forms of services exist in Brazil for women in situations of risk, vulnerability and violence. These provide safety, shelter and social assistance but do not address the psycho-social-emotional well-being of the mother and her children, and therefore the development of stronger attachment bonds which can act as protective factors for the family once discharged. The 'Casa de Passagem' (House of Passage) provides a temporary place to live until they can find somewhere safe for the vulnerable adults and their families. The 'Abrigo de Mulheres' are women's shelters, with or without children, temporary safe havens for women escaping domestic violence, enabling them to break free from the cycle of family violence (Associação Beneficiente Encontro com Deus, 2023).

The project itself also maintains a community centre that serves vulnerable children and families in the local area. Children attend school either in the morning or afternoon in

Brazil. The community centre provides educational activities for the children whilst not in school, keeping them off the streets whilst parents or other family members from the local community or from the two shelter homes are at work.

The Founder and Director of the shelter home has been committed to and involved in developing policy and practice at both a national and international level. With the onset of the Covid-19 pandemic he partnered with the Brazilian Ministry of Social Welfare and FICE, the Fédération Internationale des Communautés Educatives, on the impact to the care and provision for children in residential care and continues to contribute to the discussion. FICE was established post World War II by the United Nations in response to the many orphans resulting from the war. As the pandemic hit Brazil, more families found themselves vulnerable and in situations of unemployment, poverty and homelessness. The shelter home opened another unit to house families that needed to quarantine. Although this unit is no longer needed, the capacity has subsequently increased to 50 families a year.

It is within this cultural context (pre-pandemic) that the Director invited the researcher to carry out her project at the shelter home. Acknowledging that at that time, the more interventional work currently was with the mothers, the Director and his staff team were keen to continue promoting and developing the attachments between mother and child, and thus to mitigate against future family breakdown. They were becoming increasingly aware of the value and importance of play within this process.

This work will now introduce play therapy and filial therapy, reflecting on the possible contribution to the aims of the shelter home.

1.3. Play Therapy: A Definition

Play Therapy helps children to explore their feelings, to express themselves and to make sense of their life experiences through their natural medium of play (Axline, 1989; Cattanach, 1992, 1994; Jennings, 1993, 1999).

Young children may find it difficult or threatening to communicate their feelings, hurts and experiences through language, a form they have not yet fully mastered. Play on the other

hand, is an activity which comes naturally and spontaneously to children. It is one where she is in charge and she can play out and create any situation she desires, where the outcome is her choice. Through play the child works through new information, situations she can't understand, feelings and relationships that may have confused her and so she makes sense of her world.

> "Play...is a spontaneous and active process in which thinking, feeling and doing can flourish since they are separated from the fear of failure or disastrous consequences. The player is free to be inventive and creative. Play is a way of assimilating new information and making it a part of ourselves and our view of the world. We dare to change because our autonomy is not challenged or threatened. On the contrary, the process of playing gives the glorious sensation of increased autonomy. Play can be deeply satisfying." (McMahon 1992:1)

Dating back to the psychoanalysts, play became seen as a safe and natural medium for therapy with children. In particular, the work of Anna Freud (1928: cited Dorfman 1951), Melanie Klein (1975) and Donald Winnicott (1971) significantly influenced the developing body of knowledge and understanding about harnessing play as therapy. For Winnicott play therapy offered the child who was experiencing anxiety and disturbances in his inner world, an enjoyable situation where these anxieties could be mastered and contained. He believed that the dramatization of the child's inner world enabled him to experience and play with those fantasies which most disturb him. This should be done within a safe setting created by the therapist. The child may transfer his difficulties and frustrations onto the therapist who should accept these and bring them to life by enacting the various roles allotted to her (Winnicott, C. 1977).

Virginia Axline's (1989) work was pivotal to the development of non-directive play therapy basing it on the principles of non-directive psychotherapy developed by Carl Rogers. Unlike the psychoanalysts, Axline stood against making interpretations of the children's play and behaviour as for instance in Winnicott's 'The Piggle' (1977). Taking into account that play is 'the child's natural medium for expression' (1989:16), the underlying philosophy in non-directive psychotherapy is that human beings, whether children or adults, are motivated by a drive for self-realisation or self-actualisation. That is, when given the opportunity to express themselves freely, children will play through their conflicts and find a solution to these for themselves.

The role of the Play Therapist therefore is to provide a safe and trusting environment and freedom of expression for the child, respecting his own ability to 'self-actualise' through his own resources (Axline, 1989). This safe space, be it a specially designed playroom or on a mat in a school library, offers a variety of toys reflecting the stages of development of play from which the child chooses what he wants to play with and the issues he wants to bring out and deal with. The therapist accompanies him on this journey building up a relationship of trust between herself and the child. She communicates acceptance and unconditional positive regard, empathy and congruence. She keeps the child safe through minimal yet consistent boundaries. Axline's (1989) eight basic principles of non-directive play therapy provide the foundation for child-centred play therapy as it is practiced today. These can be found in Appendix 1 alongside VanFleet's (2006) adaptation of these for working with parents in filial therapy.

Sweeney and Landreth (2009: 161) describe the play therapist's objective as "to relate to the child in ways that will release the child's inner directional, constructive, forward-moving, creative, self-healing power".

Thus, the child is enabled to shift his or her perspective of difficulty or abuse so that he or she is unlikely to internalise shame and blame. In turn the child feels empowered and has increased self-esteem which can help him or her to cope with difficulties in the real world. Play therapy also helps the child to find healthier ways of communicating and to develop more fulfilling relationships (Cattanach, 1992, 1994; Landreth, 2012).

1.3.1. <u>The Development of Play Reflects the Development of the Self</u>

Erikson (1963) describes three broad stages of development in play. Firstly, the *autocosmic* stage or the world of self in which the child explores his own body and that of his mother or primary caregiver. It is characterised by a repetition of activity. The *microcosmic* stage covers a world of small manageable toys and objects in which there is solitary play and pleasure derived from gaining mastery of the toys. Finally, the *macrocosmic* stage is a world shared with others.

Cattanach (1994) likens Erickson's stages to three evolving developmental stages put forward by Jennings (1993, 1999). *Embodiment play* involves the first year of the child's life

when he explores himself and his environment through the senses. His body is the primary means of learning and his experiences are mainly sensory and physical. At this stage the child has no understanding of himself as a separate person and other 'people' and 'objects' are seen as an extension of their own body.

Initially physical contact with the carer is through nurturing and caring actions. Gradually more stimulating contact begins as the carer uses different forms of touch, varies her/his voice, talks to and answers on behalf of the child. The child's senses are stimulated and in turn explored. He investigates making sounds and rhythms, making marks on food, and learns to imitate, for example through games of peek-a-boo. Prendiville (2021) describes the child as forming his *physical identity* through the embodiment play and beginning to experience 'me' as a separate person. She proposes three sub-stages within the embodiment stage as the child explores the capacities and boundaries of his own physicality: I am, I can, and I am me/I am not you.

During the second stage, *projective play*, the child continues to gradually learn the boundaries of his/her own body experiencing the 'self' as separate from other 'people' and 'objects'. It is a transition from the child 'being the world' to 'being in the world'.

Once the child can walk, he can investigate his surroundings and begin to control objects and toys around him. Often this starts with sorting toys and objects and arranging these. For example, a child might choose to line up their toy cars in a row or sort some soft toys into big and small. The child's play then progresses to using toys, objects and other media such as paint and sand to represent their world. This can be seen when a child plays with small figures identifying them as family members for instance. The child also begins to use symbols to express feelings.

In projective play then, the child projects experiences, feelings, thoughts and wishes onto toys and other media. This then helps the child to express, integrate and make some sense of what is happening in his world. Here the child is developing their *emotional identity* which Prendiville (2021) describes as the ability to understand personal thoughts, feelings, intentions and to become aware of 'other'.

Finally, the child develops *dramatic or role play*. This begins at a very early age with imitating and mimicking of facial expression and echoing sounds. In the projective stage the child dramatises scenes with objects and takes on roles/characters by using different voices (eg. when playing with puppets).

As the child grows older, he takes on more roles with increasingly complex stories and in which the outcome is important. This consists firstly of family play and the restructuring of real-life events. It then develops into the enactment of the child's own stories and other stories or dramatic material known to the child. The child also develops social skills such as turn taking, sharing, organising who is to play which role and the fictional identities of objects and actions. Thus, imaginative and interactive play increase, as others also take on roles. The child is learning to have relationships and to develop empathy by developing the ability to see the world from another person's viewpoint. That is, they are developing their role identity (Prendiville, 2021).

As the child progresses through these stages then, he explores what is 'me', what is 'not me', what is 'my role' in different social situations. In other words, he explores 'what is my self' and so he develops a self-awareness and self-concept within a social world. As described, this enables the child to form his personal identity, physical, emotional and role, for it is only in being in relationship with others that he can discover his own identity. Indeed, it has become increasingly recognised that the healthy development of a young child is dependent on the quality and reliability of his relationships with the important people in his life, both within and outside the family. Also, as discussed below, the study of neuroscience has continued to point to the development of a child's brain architecture being dependent on the establishment of these relationships.

1.3.2. Tracking Progress in Play Therapy

The embodiment-projection-role (EPR) paradigm (Jennings, 2011) informs the choice of toys that are offered in the play therapy session. These are selected to reflect all stages of development of play. The choices that the child makes in deciding which toys to play with and the way in which the child engages with those toys and with the therapist, offer the latter much information about the child's 'emotional' stage of development and the conflicts that he may be grappling with. The EPR paradigm can also be used as a way of

tracking the child's progress and development in the therapy process (Wilson, Kendrick and Ryan, 2001; Jennings, 2011).

A child's typical stages of movement and progression in play therapy involve four steps. Firstly, one of exploring the space and toys and gaining trust in the play therapist. Secondly, more aggressive play emerges as the child releases supressed frustration and conflicts. This is followed by regressive play, where the child explores issues of independence and dependence. Finally, she moves to mastery play involving a growing self-confidence, stronger sense of self and a mastery of her own feelings and expression of these (Landreth, 2012; Ryan and Edge, 2011). The rate at which the child moves through these stages depends very much on the difficulties she is trying to resolve and her life experiences thus far. For instance, if a child has not been able to develop a trusting and secure attachment to a parent figure, she will take longer to establish a trusting relationship with the therapist in the initial phase of therapy. (See Table 1.2 Erikson's Stages of Development below.)

Erikson (1963) proposed that children pass through different stages of development each with a 'life crisis' to confront either with a favourable or unfavourable outcome. The role of an 'important other' is emphasised in supporting and 'scaffolding' (Bruner cited in Bigge and Shermis, 1992) life's experiences for the child in managing and overcoming each crisis. These stages of development continue throughout adulthood into old age. Table 1.2 outlines the stages during childhood relevant to the current study and are included here as they can also be used both to assess where a child in therapy might be at developmentally (alongside EPR) and how the play therapy intervention has (or not) helped the child progress forward. Ryan and Edge (2011) consider themes in play that demonstrate the child's stage of development according to Erikson, including his possible 'stuckness' within one of the conflicts. This will be explained further and used within the research methodology and data analysis to assess and monitor the child's progress in the filial therapy process.

LIFE CRISIS	**FAVOURABLE OUTCOME**	**UNFAVOURABLE OUTCOME**
First Year **Trust-v-mistrust**	**Hope**	

The child needs consistent and stable care in order to develop feelings of security.	Trust in the environment and hope for the future.	Suspicion, insecurity, fear of the future.
<u>Second and Third Years</u> **Autonomy -v-shame and doubt** The child seeks a sense of independence from parents. Parental treatment should not be too rigid or harsh.	**Will** A sense of autonomy and self-esteem.	Feelings of shame and doubt about one's own capacity for self-control.
<u>Fourth and Fifth Years</u> **Initiative vs guilt** The child explores her environment and plans new activities. Sexual curiosity should be sympathetically handled by parents.	**Purpose** The ability to initiate activities and enjoy following them through.	Fear of punishment and guilt about one's own feelings.
<u>Seventh to Eleventh Years</u> **Industry/competence vs inferiority** Children learn to share interests, solve problems, cooperate and work with others. They develop skills in social relationships, academic work and leisure activities.	**Pleasure** The self as capable and competent both in engaging in activities and relationships with others.	Feeling lacking in ability and skills particularly in relation to others. Frustration, lack of satisfaction.

Table 1.2 Erikson's Stages of Psychosocial Development (1963)

How a child has navigated each arising conflict impacts the future conflicts, so that a child that has not learnt to trust others and develop secure attachments for example, will struggle then to become an autonomous and independent individual. He is more likely to experience feelings of guilt and shame (Wilson et al., 2001).

Play therapy as summarised above, is the very foundation upon which filial therapy is then constructed. In order to use filial therapy as an intervention with families, the therapist must be a trained and experienced play therapist and undergone accredited filial therapy training (VanFleet, 2005, 2009; Bratton et al., 2010; Guerney and Ryan, 2013). The following section will now consider filial therapy as an intervention.

1.4. Filial Therapy: A Definition

Filial therapy was conceived and developed by Bernard and Louise Guerney in the early 1960s (Guerney, 1964; Guerney, Stover and Andronico, 1967; Guerney and Guerney, 1987). It came initially as a response to the growing need and demand for professional intervention in child and family emotional difficulties and concerns. Rather than the therapist working with the individual child through child-centred play therapy, the parents were given training, supervision and support as they learned how to conduct therapeutic play sessions with their own children. The objective of filial therapy was therefore to use 'parents as therapeutic agents with their own children' (Guerney, 1964: 304) thus also strengthening the parent-child relationship and fostering the healthy psychosocial development of both child and family (Vanfleet, Ryan and Smith, 2005).

> 'Filial therapy involves the training of parents of young children (in groups of six to eight) to conduct play sessions with their own children in a very specific way. After training, parents continue to meet weekly with the therapist to discuss results, conclusions, and inferences about their children and themselves.' (Guerney, 1964: 305)

Guerney (1964) outlined the central intentions or aims of the filial therapy sessions. Firstly, these were to change the child's possible perceptions or misperceptions of the parent's feelings, attitudes or behaviour towards him. Secondly, the sessions were to offer the child a forum for communicating his own thoughts, needs and feelings to his parents which he may have previously kept from them. These often were out of the child's awareness and could be safely communicated through play, a child's natural medium of communication. It offered therefore a space where children could express and resolve anxiety-producing internalized conflicts and where repressions could be lifted. Finally, as the parents learnt and practiced new attitudes in relating to their child, the child could experience greater feelings of self-respect, self-worth and self-confidence. These parental 'attitudes' were reflected through techniques embedded in the Rogerian tradition, demonstrating unconditional positive regard, empathy and congruence.

Guerney (1964) also outlined three stages to describe the development of the therapy. In Stage 1 parents are introduced to the aims and rationale behind filial therapy. The goals of the sessions are interwoven with the discussing and learning of the techniques involved.

Rather than just ‘teaching’ the parents, attention is given to the parents’ feelings and responses, thus modelling the core conditions that they are learning to offer their children. The traditional Rogerian techniques of structuring, restatement of content and the clarification of feelings are demonstrated and practised. ‘Limit setting’ is taught so as to help children learn to see and accept responsibility for their actions. The therapist demonstrates the techniques and methods with a child whilst the parents observe behind a one-way screen. Toward the end of stage 1, parents themselves practise their skills with their own child or another parent’s child, whilst being observed and supervised by the therapist.

In Stage 2, beginning after 6-8 weeks, the parents begin sessions at home. They are given a play session kit to conduct the session in a suitable room and at a pre-set time when there are to be no interruptions. Parents take notes on a form following the session and if recording is possible, these can both be used for discussion with the therapist and group. In meeting back together with the group each week, the main focus of the supervision discussion is to consider the parents’ emotional reactions and those of the children during the session. The improvement of techniques is also observed and fostered.

Finally, in Stage 3 as the therapy succeeds to a place where help is no longer needed, the group reconvene together and the therapist initiates bringing their sessions to an end. The parents are encouraged to continue with the filial therapy sessions at home as a way to continue empowering the child- parent communication and relationship. The Guerneys had no prescribed length of time for the groups to end with some groups lasting for more than a year as some parents ended but others continued or groups merged.

Since the 1960s filial therapy has continued to be conducted and researched in a variety of formats. These include the original group model (VanFleet and Guerney, 2003; Guerney and Ryan 2013) although offered in a more time-limited format, with individual families (VanFleet, 2005; 2006) and in a 10-week group format (Bratton, Landreth, Kellam and Blackard, 2006). However, there is considerable agreement within these different adaptations on the principles, goals and basic methods of filial therapy. (VanFleet et al, 2005).

These principles include firstly, that the therapy is focused on the relationship that exists between parents and their children, rather than either the child or parent as an individual. Secondly parents are considered essential partners in the change process. Thirdly the therapist sees the parents as being able to learn new skills and attitudes, and finally there is a fundamental belief in the importance of parents in their children's lives (VanFleet et al., 2005).

1.4.1. Filial therapy as a theoretically integrative model

VanFleet (2009) has been instrumental in continuing to establish filial therapy and has particularly consolidated the model for working with individual families. She describes it as theoretically integrative, representing a true synthesis of key features from psychodynamic, humanistic, interpersonal and behavioural theories. It also draws in elements of cognitive and family systems approaches as well as developmental and attachment-based work.

For example, filial therapy incorporates the importance of the unconscious and defence mechanisms from *psychodynamic theory*, as well as the need for self-understanding in order for psychological growth to occur. As discussed above, children's play during non-directive play sessions is viewed as symbolic of their internal worlds. The play process can provide the catharsis (another psychodynamic concept), or the re-experiencing of supressed emotions, needed to release these emotions and so allow the child to work through their difficulties (VanFleet, 2009; VanFleet and Topham, 2016).

The demonstration of unconditional positive regard, acceptance, empathy and congruence by the therapist is a Rogerian or *humanistic concept*. By experiencing these qualities, the individual is more likely to lower their defences and be more able to explore feelings in an open manner that lead to resolution and growth (Rogers, 1951).

Learning new skills and behaviours through the teaching aspects of the filial therapy training and practising these, enable individuals to make changes to their lives. The filial therapist helps parents to learn new skills by modelling, encouraging behavioural rehearsal, prompting, reinforcing and shaping – all aspects of *behavioural theory* (VanFleet, 2009).

As parents learn about their child's play and its possible meanings, they often alter their views of the child and with help, are able to reframe the way that they interpret their child's behaviour and play. In turn they can reframe and change their own responses and understanding of their role as parents. This process is part of *cognitive theory*. Children are also enabled to change the way that they think about themselves, their parents and situations in their lives. They can come to understand how their thoughts can influence their feelings (VanFleet and Topham, 2016).

Interpersonal theory and *family systems theory* view each family as a whole and made up of individual members, dyadic relationships and whole family relationships. When change occurs for any part of the family is impacts on the entire family. Filial therapy encourages discussion on changes taking place at an interpersonal level and therefore at all levels of the family system. It also considers the broader systems that the family is embedded within their community (VanFleet, 2009).

Understanding *child development* and the importance of *attachments* within the family system is also key to filial therapy work. Indeed, it is an empowering method for creating healthy, reciprocal attachment relationships, through which other difficulties can then be resolved. VanFleet posits (2009: 214) that 'Even serious emotional, social, and behavioural problems related to histories of trauma and attachment disruption respond to FT interventions when conducted by a properly trained and experienced filial therapist.'

This psychoeducational model looks therefore at individual and interpersonal problems primarily as a result of lack of knowledge and skill rather than an inherent weakness, dysfunction or pathology. The goal of therapy is to improve psychosocial adjustment which can be accomplished by teaching and training individuals and providing them with the tools and skills that they need to overcome problems and prevent them from recurring (VanFleet, 2009).

This goal and the integrative nature of the model described above, are what make it a viable intervention for the families at the shelter home. The mothers and children at the residential home in Brazil where this current study takes place, will be or have recently become 'single parent families' as they seek refuge from situations of violence in their homes. Both mothers and children will be in a vulnerable place emotionally, mentally and

physically. The mothers may be feeling disempowered and lacking in skills in how to parent and communicate with their children. Filial therapy offers the opportunity to promote the well-being of the mother, empowering and equipping her with healthy parenting skills, whilst providing the emotional support that she needs. This in turn promotes the well-being of the family. Conducting filial therapy with homeless families living in refuges in the U.S., Kolos, Green and Crenshaw (2009) advocate filial therapy as serving a preventative and therapeutic function, as the skills the parents learn and implement can improve parent-child relationships, this relationship acting as a cornerstone for children's self-esteem and mental health. 'Filial therapy offers empowerment to the parent and safety and structure to the child during a time when they feel most disempowered.' (Kolos et al., 2009: 372)

Filial therapy then works not only as a model of intervention but also *prevention*, sitting therefore within the three key areas of focus identified as priorities by the governmental bodies and NGOs within Brazil working towards for the rights of the child and adolescent to family and community living.

1.4.2. Skills Taught in Filial Therapy

During the filial therapy training, parents are taught to use four basic skills in their child-centred and child-led play sessions. In alignment with Virginia Axline's (1989) eight principles, the four skills are structuring, empathic listening, child-centred imaginary play and limit-setting (VanFleet, 2005; 2006).

'Structuring' the play session with a clear introduction and ending indicates to the child that the play session is different to regular life. It is a special play time between the child and parent.

'Empathic listening' enables the parent to attune to the child's communication through play and their feelings thus showing acceptance and understanding of these.

In 'Child-centred imaginary play' the parent plays the roles that the child assigns to him/her and following the child's lead and direction.

‘Limit-setting’ provides clear boundaries and establishes the parent’s authority when necessary. The child is given a chance to self-correct his behaviour but should they not, the parent enforces the consequences. It involves a three-step limit-setting skill which is illustrated in Appendix 2.

As VanFleet (2009) explains, the four skills work together to create an atmosphere of safety and acceptance for the child. Children are given an extensive amount of choice and freedom within the boundaries held by the parent who is ultimately in charge of the play sessions.

Following the play sessions, the therapist also helps the parent to develop a fifth skill, that of interpreting the play themes. The parent is encouraged to learn to recognise and understand patterns of play which suggest possible deeper meanings for the child. Rather than provide definite ‘interpretations’ or answers, the emphasis is on considering possible explanations for the play and theories about what it could mean. These interpretations are not shared with the child but rather by understanding them, the parent can further understand their child’s feelings and behaviours and so improve their own reactions to the child and their child-rearing decisions (VanFleet, 2009).

1.4.3. Goals of Treatment

The goals as outlined by VanFleet (2005, 2006, 2009) of the filial therapy intervention are presented in Table 1.3. The goals for the family include both those outlined by VanFleet and the characteristics of strong families as identified by De Frain (1995) which VanFleet points out filial therapy helps to build and strengthen. These are the last 6 listed below.

Goals for Child	*Goals for Parent*	*Goals for Family*
To recognise and express their feelings more accurately and constructively.	To be able to set more realistic expectations of their children based on a better understanding of child development.	To reduce or eliminate the problems that brought the family to therapy.
To develop problem-solving skills and strategies.	To increase their understanding of their children’s feelings, thoughts and behaviours.	To help the family prevent future problems.

To increase their self-confidence and positive self-concept.	To recognise the importance of play in healthy development and relationships.	To strengthen the parent-child relationship.
To eliminate maladaptive behaviours.	To increase confidence in their parenting.	To provide the family with tools and ideas that they can use in the future.
To develop prosocial behaviours.	To develop close and more secure attachment relationships with their children.	To strengthen *commitment* between family members to encouraging each other's growth as individuals within the family.
To increase trust in their parents.	To increase trust in their children.	To encourage *appreciation* of each other where family members can express how much and what specifically they appreciate each other.
	To improve co-parenting.	To develop *communication* and *communication skills* as a priority in family life.
	To develop their abilities to show empathy and acceptance.	To spend *time together* and engage in fun, enjoyable activities together, including play times.
	To learn to set boundaries and to enforce these fairly and consistently.	To cultivate *spiritual wellness* as a family, a belief or sense of something greater than the ordinary daily life which help the family keep stressful situations in perspective.
	To communicate better with their children.	To improve *coping abilities* and *problem-solving* skills as a family.
	To play more regularly with their children.	

Table 1.3 Goals of Filial Therapy Intervention

The key outcomes for the child therefore are that he develops a more secure attachment with his parent/s and becomes more able to regulate his own behaviour and emotions. In learning and using the filial therapy skills, the parent becomes more competent in attuning to and accepting the emotions and behaviours of their child, thus validating the child's experience and building his self-concept, autonomy and ability to self-regulate (VanFleet and Topham, 2016).

1.5. <u>The Proposed Study Amidst the Evidence Base of Filial Therapy</u>

Since its conception in the 1960s, there has been an increasing evidence base for its efficacy in working with families presenting with a variety of difficulties and across cultures. This will be extensively explored in Chapter 2.

Suffice it to say here that to date, the researcher has found no evidence of the practice of filial therapy within Brazil and there have been no research studies either in Brazil or with Brazilian parents and families living in other nations. The current study is the first of its kind, integrating filial therapy into the work of the shelter home itself with a very specific client group, based within this unique Brazilian context and culture.

Through the multiple case study methodology, the research questions for this particular study are:

1. To what extent is the filial therapy intervention effective in bringing about change to the Brazilian mother's capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness?

2. What aspects of the intervention used by the therapist promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them?

The study hopes to contribute not only to this particular situation, but to consider whether the intervention is appropriate within the wider Brazilian context of care for vulnerable children and families and how it might be delivered and integrated within that context.

1.6. <u>Attachment Theory, Neuroscience and Filial Therapy</u>

The field of neuroscience is vast and beyond the scope of this work. However, there are several key concepts that are pertinent and relevant both to attachment theory and to therapy with vulnerable and potentially traumatised children and families. Firstly however, it is important to consider the role of attachment theory.

1.6.1. <u>What is attachment theory?</u>

Originated by John Bowlby (1979, 1988) attachment theory considers the need for of an individual's connection to others not just in childhood but throughout the lifespan. This need shapes the individual's neural architecture, his responses to stress, his everyday emotional life and the interpersonal dramas and dilemmas at heart of that life (Johnson, 2020).

Attachment describes then the state and quality of an individual's emotional ties to another whilst attachment behaviour is any type of behaviour that causes a person to 'attain or retain proximity to a preferred individual and that results in an increased sense of safety and security. It is initiated by a perceived separation or a perceived threat of separation from the attachment figure.' (Becker-Weidman & Shell, 2010:10)

A newborn infant arrives in the world already a social being, seeking to engage with his caregivers and his environment. The primary caregiver's willingness and ability to be emotionally responsive to the infant is key. This emotional responsiveness involves tuning in to an infant's non-verbal cues, the emotions being expressed, to be able to feel what the other is feeling and to communicate that the infant matters, that they are an important and a valuable human being (Gerhardt, 2004; Johnson, 2020).

A caring, nurturing, responsive adult enables a child to develop secure attachments, a trust that those around him will provide for his needs whether physical, emotional, mental or cognitive. In turn he can learn to trust himself as an autonomous and capable human being (Bowlby, 1979).

Four key concepts have arisen from the work of Dr Sue Johnson (2020) in how the bonds of attachment are created. Firstly, the *secure base* describes the attachment figure's ability to serve as a home base for their child to explore the world around them giving the message that 'the world is safe and I am here for you, to help and protect you'.

The *safe haven* encompasses the attachment figure's ability to give comfort and soothing to the child in the face of anxiety of threat. The relationship provides a safe haven to refuel, rest and repair, becoming the shelter for the child where he can seek out soothing and comfort. *Proximity maintenance* describes the desire to be physically close to the attachment figure who can provide security and soothing to a child's distress and anxiety.

Finally, *separation distress* is felt when a child is separated from the attachment figure. It is normal and healthy to experience some level of distress in face of a separation, reflecting the attachment and bond between the child and their attachment figure. No separation distress or extreme distress may indicate either a lack of attachment in the first case or an insecure relationship pattern occurring in the second.

In support of Johnson's (2020) concepts, Siegel and Bryson's (2020) work also describes 4 S's to secure attachment: Seen, Safe, Soothed and Secure. They argues that without these, which are formed in a sequential order, secure attachment cannot exist.

Being seen is critical to feeling loved and being loveable. It does not just refer to being seen visually by another but to being noticed, cared for and being valued by an attachment figure. When we are truly seen, we are at our most vulnerable state of being and loved even more because of this.

Feeling safe is a whole-body experience, a tangible, emotional and physical sensation. As a critical attachment need, an attachment figure creates safety by consistently meeting basic needs, and respecting and valuing the child's physical, sexual and emotional self. Creating soothing and co-regulation is another critical attachment need and can only occur if the child feels safe with the attachment figure. Helping parents learn these necessary skills in their parenting and interactions with their child is critical in repairing attachments.

When a child is seen, they feel safe in their relationship which allows them to experience soothing when distressed, and to feel secure and connected.

In contrast, insecure attachments arise when the caregiver's behaviour creates rather than reduces the anxiety in the child. The fundamental messages the child learns about themselves in the insecure attachment styles is that he or she is not worthy of love, the world and others are unsafe, untrustworthy and unpredictable. The child will still seek to remain connected to the caregiver, even in the face of unpredictable, rejecting or possibly harmful responses yet will develop coping strategies of either avoidant or ambivalent behaviours. *An insecure avoidant attachment* involves the child finding ways to minimise the need for contact to avoid painful feelings of rejection. They will keep a watchful, vigilant eye on their caregiver, even if from a distance (Main, 1991).

A child that develops an *insecure anxious or ambivalent attachment* will seek to maximise contact with the inconsistent caregiver but will show either submissive behaviours or a reversal of roles where they take on the role of caring for the caregiver. Main (1991) also identified a third insecure attachment category although less common, the *disorganised and/or chaotic attachment*. It involves a child who is unable to find a strategy to cope with the attachment related stress, demonstrating more severe and chaotic coping mechanisms. Bunston (2017) describes this as not uncommon in infants and children who live with ongoing and severe family violence.

Although the four categorizations of attachment, are helpful in identifying relational patterns, it is now argued that attachment flows along a spectrum (from 100% chaotic at one end to 100% secure at the other) and is unique to each individual relationship (Mellenthin, 2019). It is not uncommon to find therefore that a parent may have a secure attachment with one child but a more ambivalent attachment with another child. Therapists need to be aware and mindful of the uniqueness of each relationship and their individual patterns as well as the attachment pattern manifested in the family system. The 'ebb and flow' described by Mellenthin (2019:5) suggest a dynamic process rather than one that is static and fixed:

> "These patterns of attachment ebb and flow along the lines of the attachment spectrum depending upon the developmental stage of the child and family, the impact of trauma upon the system, as well as the nature and individual characteristics of each individual member of the family."

Mothers who have experienced the deprivation of a secure attachment themselves and trauma in their relationships will most likely not have developed the capacity and resources with which to offer empathy, attunement, affect regulation and emotional safety to their children. Their own attachment wounds and ruptures where they have not felt Seen, Safe, Soothed and Secure (Siegel and Bryson, 2020) will impact how they relate to and parent their children and unfortunately as research has increasingly shown, these are passed on not least through their parenting and attachment styles (Schore, 2001).

Indeed, attachment theory has been and continues to be a major focus for research. It has extended beyond the primary caregiver's role in influencing a child's attachment style, to exploring influences across the lifespan. The more adverse experiences (see section 1.6.4.)

and multiple deprivations that a child is exposed to, the more at risk he/she is to develop an insecure attachment style. For instance, underprivileged families were found to be further at risk due to social factors such as poverty, unemployment and cramped living conditions (Lieberman and Pawl, 1995).

More recent studies have considered the intergenerational transmission of attachment styles through epigenetics, as well as genetics, behavioural and symbolic systems (Jablonka and Lamb, 2007 & 2014; Darling et al., 2021; Youseff et al, 2022) particularly in light of the current and growing understanding of trauma and its intergenerational impact. As trauma is experienced and held within the body, it seems inevitable that this will be passed on to the next generation and forwards if healing does not take place.

The trauma of forced separation from mothers in the case of the original Brazilian response to children at risk, certainly was found to impact the children's and adolescents' individual development and consequently the ability to relate to others and form secure attachments. The children were found to believe the removal was a punishment, not understanding why the separation had occurred. They experienced feelings of guilt, abandonment, rejection, insecurity, frustration and injustice, becoming angry and aggressive and developing symptoms of trauma and emotional disturbances. Longer term they showed low self-esteem, lack of resilience, conforming behaviours, destructive behaviours including self-harm and suicide, abusive tendencies and relationships therefore were more likely to repeat the cycle of violence (Associação Beneficiente Encontro com Deus, 2023).

The place of filial therapy in supporting and aiding healing from trauma to take place feels paramount, seeking to enable and empower primary caregivers to respond with more empathy and attunement to their children, so that both can experience the co-regulation and become more securely attached.

1.6.2. The Interface of Neuroscience and Attachment Theory

Sunderland (2006) describes how the study of neuroscience has shown that when born, babies have in the region of 200 billion basic brain cells, or neurons, but have very few connections between these in their higher brain. Sunderland likens these to dangling wires in a computer. The infant brain begins to form connections at a very rapid rate so that 90%

of the growth in the human brain occurs in the first five years of life. Throughout these crucial years millions of brain connections are being formed, unformed and reformed, directly due to the influence of the child's life experiences and particularly the emotional experiences with the parent or main caregiver. By around age seven, this growth slows and the neurons are being myelinated, enabling better communication between them. The brain pathways are strengthened and they become more fixed in place.

Everything a child experiences with the parent will create connections between the neurons in the higher brain, responsible for reasoning and reflection, perception, problem-solving, creativity and imagination, planning, self-awareness, kindness, empathy and concern, and for the inhibition of inappropriate actions. This flexibility enables the brain to adapt to the environment in which it finds itself, working either for or against the well-being of the child. A child who experiences emotionally responsive parenting will have vital connections forming in his brain that will enable him to cope well with stress in later life, form fulfilling relationships, manage anger appropriately, be kind and compassionate to others, have the will and ambition to follow his dreams and ambitions, experience calm and be able to love another intimately and in peace (Sunderland, 2006; Baylin and Hughes, 2016). That is, he will be able to navigate the life crisis described above as proposed by Erikson (1963) and develop the positive qualities and attitudes at each stage.

In contrast a child who has a bullying or violent parent for instance, such as in homes where there is domestic violence, will start to adapt to living in this bullying environment. Unless mitigated by a secure attachment to a non-violent parent or another adult outside of the home, changes in brain structure and brain chemical systems will result in increased hypervigilance, heightened aggression or fear reactions, or heightened attack/defence responses in the reptilian part of his brain. He will be more fearful of interactions with others, disabling him to form healthy relationships. He will experience stress and be less competent at integrating and managing his emotions. He will be less able to show empathy and understanding for others. Self-survival will be at the forefront of his thinking and experiencing of the world (Van der Kolk, 2014; Perry and Szalavitz, 2006). He will struggle with each 'life crisis' and be more likely to develop the negative attitudes as described by Erikson (1963).

Research found that this process of being able to connect emotionally to another and their cues is activated through mirror neurons, found in the premotor cortex sitting within the frontal lobes of the human brain (Rizzolatti and Craighero (2004) cited in Van der Kolk, 2014). They exist from birth and are engaged through relationship with another. They 'mirror' to us the feelings of the other in the moment. As Van der Kolk (2014: 58) explains, they are found in the area of the brain that is responsible for 'aspects of the mind, such as empathy, imitation, synchrony, and even the development of language.' If what the child sees 'mirrored' in her parent's face is love and messages of worth and value, the child integrates into her experience that she is indeed seen, loved, worthy and valuable. In contrast a child that sees anger, rejection, disinterest, fear in the parent's face, will integrate these into a sense of being an unlovable, unworthy human being. This will also impact on the healthy development of his brain and in turn the capacity for empathy and the sense of self and other in future relationships. Johnson (2020) reflects that these early experiences create the visceral map of what the individual expects future relationships to be like, his attachment style.

However, Music (2017) advocates caution in respect to mirror neurons, highlighting that more recent research proposes that the claims made about them are over-blown, for instance by Hickock in 2014. Although mirror neurons form part of the picture and are an important discovery, Music points to findings that show the complexity of the brain mechanisms for empathy and understanding the minds of others (Decety et al., 2012, cited Music, 2017). More sophisticated forms of mentalizing have been shown to use different brain regions (Morelli et al., 2014, cited Music, 2017; Kawamichi et al., 2015, cited Music, 2017). However, as Music (2017) argues, receiving experiences of mentalization, mind-mindedness or attunement from caregivers has been shown to help develop empathy, the understanding of one's own and other people's experiences and the ability to regulate one's emotions.

Indeed, the work of Allan Schore (2005; 2010) has extended the research into and understanding of the 'mirroring' process. He has integrated ongoing scientific research studies and clinical data to construct his model of affect regulation and the right-hand brain development in infants. His model has highlighted the importance of the right-hand brain in the early development of infants, showing how attunement between child and caregiver

takes place through visual (emotion and face processing), tactile and auditory (including intonation) perceptions. His research proposes that this 'mirroring' takes place in the highest centres of the right-brain hemisphere, especially the orbitofrontal cortex, the locus of Bowlby's attachment system, which act as the brain's most complex affect and stress regulatory system (Schore, 2005, 2010).

By the end of the first year of life, the infant brain has built an internal working model of attachment which encodes strategies of affect regulation that unconsciously guide the individual through interpersonal contexts, not just in childhood but into adulthood and across the lifespan (Schore, 2010: 28). That is, they have unconscious expectations of the emotional availability of others during times of stress, experienced as 'gut feelings' or subjective right-brain affectively charged, embodied cognitions rather than left-brain conscious thoughts.

The primary caregiver's ability to offer the infant attunement, a 'secure base' and 'safe haven', has been shown to directly affect the maturation of the central nervous system limbic system that processes and regulates social-emotional stimuli and the autonomic nervous system. As described below, the ability to respond to perceived threat with an internal system that can adaptively regulate arousal, helps protect the child/individual from the negative effects of trauma (Schore, 2010).

Within this, it is important to consider the inevitable mis-attuned interactions between caregiver and child which can be seen as moments of rupture, and opportunities for repair, within the relationship. In the moment that the caregiver misreads the child's cue offering a mis-attuned response, it creates a rupture in the relationship between them, eliciting the dysregulation in the child. How the caregiver responds to this is key to the building of the attachment relationship and the child's ability to build resilience and the capacity to regulate himself in moments of stress. Should the caregiver be able to 'repair' the rupture by changing their response to meet the expressed need of the child, this strengthens the attachment as co-regulation and resonance are re-established, returning the child to a regulated state. This models and re-enforces that it is safe to reach out and needs will be attended to if at first mis-read (Schore, 2012; Siegel and Hartzell, 2014).

When ruptures are consistently not attended to and repairs not made, the child experiences that it is not safe to express needs or make mistakes. Emotional wounds are left open and raw. They feel rejected and in a chronic state of ambivalence about their worth. They are left alone to manage the uncomfortable feelings of mis-attunement and stress activation. This negatively impacts their own ability to manage and regulate strong emotions. Right-brain to right-brain attunement is not experienced, attachment wounds are embedded within implicit memory and impact the developing working internal model of attachment with a deep mistrust of others (Schore, 2012; Mellenthin, 2019)

The concepts of mirror neurons, the attunement process occurring through the right-hand brain connections and the dynamics of the child-caregiver attachment are fundamental to the relationship in both play therapy and filial therapy. How the child or parent relates to and attaches to the therapist will be indicative of the experiences that they have had. The therapist will attune to the child and/or parent using mirror neurons, right-brain to right-brain connection, communicating empathy and acceptance. She will also need to take care of herself and regulate her nervous system (see below) in response to feelings 'mirrored' that may overwhelm (Van der Kolk, 2014).

Important here is to draw attention to the brain's capacity to change, that is, its neuroplasticity. The neurons continue to grow and shift in response to life experience, and the way that they link with one another through synapses, forming new ones and pruning others allows for changes too. As described above, repetition of experience and behaviour increases the number and strength of the connections and associations between neurons, even as an adult. This has the drawback as seen, that repeated threat or trauma can make neurons more prone to form connections that respond to threat. However, it also means that new experiences and behaviours can reform those connections and bring change. In attachment theory, a previously insecure attachment pattern can be 're-designed' if the individual experiences a new attuned and secure attachment style through relationship (Perry and Szalavitz, 2006; Siegel and Bryson, 2012; Cozolino, 2014, 2017). This has particular relevance to the mothers at the shelter home, offering them the opportunity, perhaps for the first time to experience an attuned and empathic relationship with the filial therapist.

1.6.3. Brain Architecture and the Regulation of Emotion

To further understand the process of affect regulation, a fundamental component of developing a secure attachment (Schore, 2005), it is helpful to turn to the work of Porges (2015) who describes the importance of our vagus nerve in his polyvagal theory. The vagus nerve is the human's longest and most far reaching within our nervous system, running from the base of our 'reptilian brain', which activates instinctive behaviour related to survival and is responsible for the bodily functions that sustain life (Van der Kolk, 2014), down our spines networking into our vital organs. As part of our autonomic nervous system the vagus nerve responds to any perceived threat in our environment and either revs us up or slows us down in response. The sympathetic branch of our nervous system activates a fight or flight, hyper-aroused response. The dorsal parasympathetic branch is responsible for a freeze, collapse or hypo-arousal response. In both responses, our nervous system is dysregulated and seeking to activate our bodies into reacting to and keeping us safe from the perceived threat.

Dion (2018) proposes four threats that activate our body's hyper or hypo-arousal response, picked up by our nervous systems and sending messages to our amygdala and hippocampus in our limbic brains in order to respond to the perceived threat. (The limbic brain is our lower brain, processing memories and emotions. It uses the language of feelings, activating rage, fear, separation distress, caring and nurture, social bonding, playfulness, explorative urges and lust in adults (Van der Kolk, 2014; Rothschild, 2000)). She identifies these as physical threat, anything 'unknown', 'incongruence' in the environment and the 'shoulds' or 'unrealistic expectations' put upon us in life. Each of these, Dion emphasises, give rise to dysregulation of our nervous systems, either the sympathetic branch or the parasympathetic branch, both working to support the healthy function of the body.

Porges (2015) describes then how the human brain unconsciously seeks signs within the environment to reassure us that we are safe. He calls this the "neuroception of safety" and it is only from a sense of safety that we are able to socially engage with others. Another branch of the parasympathetic branch of our vagal nerve is the ventral branch. Like the dorsal branch, it serves to slow us down but for very different reasons. Rather than cause

‘freeze’, ‘collapse’ or hypo-arousal symptoms like helplessness, numbing, lethargy and emotional constriction for example, it gives rise to ventral activation, or engages the ‘ventral brake’. When engaged, the ventral vagus nerve helps put the brakes on our dysregulation, giving us access to a greater regulatory capacity. It helps to keep us within our window of tolerance or the optimal zone of arousal which then allows a person to integrate the sensory data that they are perceiving (Siegel, 2012; Kestly, 2014; Badenoch and Kestly, 2014).

The more an adult can learn ways to regulate their emotions and their responses to perceived threat, the more they can keep the ventral branch of their nervous system engaged. In turn, they are able to model this process to their child when in a dysregulated state, helping the child to regulate their own nervous systems (Dion, 2018).

The Polyvagal Theory has its critics who emphasise that its premises are not supported by empirical, scientific research, for instance, Grossman and Taylor (2007). Yet as Porges (2015) himself argues, is it an innovative model that links the mechanisms mediating feelings of safety to social behaviour and health. It helps us to understand how cues of risk and safety, which are being continuously monitored by our nervous system, influence both our physiological and behavioural states. In detecting features of safety, humans calm neural defence systems. Initiated at birth when the infant is dependent on the mother/caregiver to sooth him, this search or ‘quest’, as Porges names it, to detect cues of safety or risk in the environment, continues throughout the lifespan. It forms the motivation to develop social relationships through trusting friendships and loving partners, that then enable these to effectively co-regulate each other (Porges, 2015; Dana, 2018).

This is a helpful model for the processes at work in filial therapy. Firstly, it enables the therapist to be aware of and understand what might be occurring for a mother and child if either or both is dysregulated in the playroom. Children and mothers who have experienced trauma and Adverse Childhood Experiences (see section below), will be more sensitive to cues of risk rather than safety in the environment and therefore their autonomic nervous systems will be more prone to react defensively and thus to dysregulation. Secondly, a therapist that has the ability to both regulate herself and model that to a dysregulated parent or child through ‘holding’ and ‘containing’ frightening,

aggressive, chaotic feelings, enables both the parent to experience the process of being regulated by another and to learn new ways of regulating herself. The parent will then have an increased ability to help regulate and model that to her child (Dion, 2018; VanFleet and Topham, 2016).

1.6.4. Trauma and the Nervous System

Levine and Kline (2007:4) describe trauma as residing in the nervous system:

> 'Trauma happens when any experience stuns us like a bolt out of the blue; it overwhelms us, leaving us altered and disconnected from our bodies. Any coping mechanisms we may have had are undermined, and we feel utterly helpless and hopeless. …Trauma is the antithesis of empowerment.'

The traumatic event triggers the 'reptilian brain' or lower brain, to respond in either fight, flight or freeze mode, sending chemicals such as adrenalin and cortisol around the body in preparation to respond. For children, traumatic events can include accidents and falls, medical and surgical procedures, violent acts or attacks, loss and environmental stressors (Levine and Kline, 2007).

Although the human body's nervous system is designed to respond to perceived threat and stress as outlined above, it needs to be able to return to a regulated state. For a child this is essential to allow for social engagement and healthy brain development. Children who have been unable to process a traumatic event with the help of an empathic adult or those who experience repetitive trauma, for instance, in situations of domestic violence, experience 'toxic stress', with continued raised levels of adrenalin and cortisol in their systems and will struggle to regulate themselves out of the hyper or hypo-arousal states. They will develop maladaptive behaviours, such as aggression or dissociation for instance, to manage their dysregulated nervous systems and unprocessed trauma (Levine and Kline, 2007; Gil, 2015).

Children who experience what have become defined as Adverse Childhood Experiences, or ACEs following an American study by Felitti et al. (1998), are significantly more likely to struggle with poor health in adulthood. The study found that the higher the numbers of adverse experiences, the worse the later physical and psychological outcomes. Neglect, both physical and emotional, and abuse have been shown to affect brain development and

the developing nervous system. Neglected children have been found to be more passive, cut-off and dampened down whilst abused children are often hypervigilant, reactive and struggle with their emotional regulation (Perry et al. 1995). Many trauma victims suffer from Post-Traumatic Stress Disorder (PTSD) and its symptoms, such as flashbacks and intrusive thoughts. The most damaging form of trauma is interpersonal trauma, particularly when inflicted by the child's carers so that the world feels unsafe and unpredictable. Interpersonal trauma therefore is more likely to give rise to PTSD symptoms (Van der Kolk, 2014).

To note, interpersonal trauma or relational trauma, as described by Shore (2012), is also described as attachment trauma (Crenshaw, 2014) rupturing the relationship with the primary attachment figures. There has been little agreement however, in defining possible attachment disorders resulting from attachment traumas. The DSM-V only recognises RAD, Reactive Attachment Deprivation/Maltreatment Disorder of Infancy and Early Childhood, a rare form of attachment trauma suffered primarily by children who have been institutionalised in early life and/or severely abused. This is split into two separate diagnoses defined as a lack or incomplete formation of preferred attachments to familiar people, with either (i) a dampening of positive affect that resembles internalising disorders such as anxiety and (ii) disinhibited social engagement disorder (Crenshaw, 2014; Horner, 2019). Other clinicians such as Brisch, (2012) have devised further categories to encompass a wider range of behaviours, observing very deviant patterns from the four main attachment categories, that are exhibited vis-à-vis a variety of attachment figures. These behaviours are not only situational; they can be observed as a stable pattern over long periods of time and in different contexts. These are outlined in Appendix 3.

Traumatic experiences then have been found to be stored in our emotional, right side of our brain. They remain undigested as it were as an emotional experience and memory, having not been discharged, reflected on and communicated verbally using the left side of our brain, our higher functioning brain. Again, children can only develop this capacity to reflect on their feelings and self-regulate through the empathic relationship with an attuned other. Schore's (2003) research into brain development revealed that whereas the right side of our brain develops first within the first two years of life, the left brain becomes the focus of growth for the next few years, before the two sides become more

synchronous, allowing movement between both sides to develop in turn. Functioning between both hemispheres becomes more integrated during this period until early adulthood. During early infancy our right brain is imprinted with our early implicit memories, hidden in our unconscious world and stored in our body memory (Badenoch and Kestly, 2014; Kestly, 2014; Rothschild, 2000). As described above, our early experiences and unconscious memories continue to influence the way we perceive and respond to later situations in our lives.

For a child (and indeed an adult) to express and work through traumatic experiences, the right side of the brain needs to be engaged so that these implicit memories stored in his unconscious and body can be released (Rothschild, 2000; Hunther, 2006; Schore, 2012). Play offers that safe place, as described above, for this to happen, without the need for language, which the child may not have, particularly in the case of pre-verbal trauma, to express the feelings and experiences (Green, Crenshaw and Kolos, 2010). Through the presence of an empathic adult, either the therapist or the parent learning therapeutic skills, giving voice to what is being expressed, the child can integrate his experiences and feelings. This creates a bridge between the emotional right brain and the left thinking brain at the point of connection (the corpus callosum) and helps the child heal from his traumatic experience (Schore, 2003; Van der Kolk, 2014).

It is interesting to note here a qualitative study by Pliske, Stauffer and Werner-Lin (2021) that explored how experiences with play and expressive and creative arts had served as a protective factor in encountering negative health outcomes in adulthood. The researchers interviewed 10 adults aged 25 years and above who were exposed to ACEs, all of whom reported that play and the arts had provided a context for self-expression, identity formation and integration of emotional and cognitive processing in relation to early trauma. That is, play created a context for self-care and healing that promoted the development of posttraumatic growth following childhood trauma. Although a limited and very small-scale study, the results support the short- and longer-term positive effects on using play and expressive arts to enable the expression and processing of traumatic experiences for children. The extensive work of Malchiodi (2014, 2015, 2020) confirms and advocates the use of creative therapies for working with traumatized children in helping

them express and integrate their experiences and feelings, thus facilitating emotional reparation, relief and recovery.

Gil (2015:108) states that children will naturally initiate posttraumatic play to express themselves and make meaning of their experiences, ideally in the presence of ‘an unconditional witness – someone that ‘holds’ the child’s experience without judgement, does not look away, and gently welcomes whatever the child needs to bring forward.’ and thus helps further their development. Optimally, as Pliske et al. (2021) point out, the child’s developing brain is nurtured within the primary caregiving relationships, enabling the child to develop regulated psychological systems and secure attachment patterns.

Thus, through play in filial therapy, the relationship with the child and parent can be harnessed “to re-experience dysregulating affects in affectively tolerable doses in the context of the safe environment, so that overwhelming traumatic feelings can be regulated and integrated into the patient’s emotional life.” (Schore, 2003:37)

‘Tolerable doses’ within a context where the child feels safe and held, is similar to Levine’s (1997) concept of ‘titration’ where working with an individual’s traumatic material is slowed down into manageable steps so as to allow for regulation and integration. This prevents overwhelm in re-experiencing of the trauma memories and emotions. Rothschild (2000, 2021) calls it ‘putting on the brakes’, a key part and skill involved in working with client traumatic material.

In the context of the shelter home, the goal of the filial therapist is to offer empathy and regulation to the mother who will have experienced trauma through her own situation of vulnerability, poverty, homelessness and domestic or community violence. Indeed, low socioeconomic status, peer victimization and community violence were identified and included as ACEs more recently by Finkelhor et at. (2015) and thus are relevant to the families housed at the shelter home. The filial therapist then, teaches the mother new skills through modelling and practice, giving her the opportunity to provide that same empathic and healing experience to her traumatised child. The mother becomes the therapeutic agent, empowered with new capacities and skills, and thus more able to strengthen the attachment bond between them both.

1.7. Reflexive Statement

The proposed research study is a coming together of various threads encompassing the researcher's personal, professional and academic development alongside supporting the work of a charity recognised for its service in helping vulnerable mothers and their children in Curitiba, Brazil.

Having grown up in Brazil and lived there as an adult, the researcher is fluent in Portuguese and highly motivated to engage in the social difficulties facing the country albeit in a small way. She has over the years been involved with the orphanage described above for children who would otherwise be on the streets and in more recent years with the shelter home. As a primary school teacher and whilst studying for her MEd in Educational Psychology, the researcher was able to carry out her masters level research at the orphanage and to consider whether play therapy was an effective medium for working with potential street children (Unpublished thesis, 1997). Although a very small and limited study, it showed positive outcomes in supporting the psycho-social rehabilitation of the children involved. Since then play therapy, or 'ludoterapia' as it is known in Brazil, has become more well-known and established as an intervention with children with a wide variety of presenting difficulties. An example of a Brazilian study into the play therapy process is the unpublished Masters level thesis by Costa de Morais (2011). Costa de Morais explored the child's perspective and experience of the play therapy process using six case studies where the children were in therapy for a variety of different reasons.

Since then, the researcher has also trained in filial therapy which as explained above involves parents directly in the therapeutic work. This evidenced based therapeutic intervention has the potential to further develop and extend the work already in place at the shelter home seeking to strengthen the attachments between mother and child, and thus to increase the likelihood of breaking the cycles of violence and family breakdown. She also completed a Masters in Counselling Practice (2009).

In her professional work the researcher is involved as a play therapist, filial therapist and counsellor with children, young people and families both privately and through schools.

She has worked as part of a therapeutic team in a residential school for boys with emotional and behavioural challenges, in secondary schools including a private school and in primary schools that have a high intake of vulnerable children and families. In her private practice the researcher also works with adults and couples. She runs Just Playing? courses for parents and creative arts therapy groups for children and adults. She supervises both trainee and qualified play therapists and counsellors as well as facilitating an online creative arts peer supervision group for therapists of different modalities. In the past year (2022), the researcher has become a part-time Lecturer in Counselling and Psychotherapy at the University of Salford teaching on undergraduate and Masters level degrees.

The researcher was on the Board of Directors for the British Association of Play Therapists during the period June 2012 – November 2019, developing and promoting their work as a charity and organisation. As Chair of the Training and Education Sub Committee for five of those years, she directly supported the Universities training new play therapists to Masters level and accredited new courses. The Sub Committee also approved and endorsed CPD courses for its members alongside monitoring CPD logs.

The researcher chose to carry out the research in Brazil due to her own passion to help vulnerable families within a country that has contributed so much to her own development as a person. Here she learnt to play and value relationship in a culture, society and land rich in sensory stimulus, where natural beauty often stands in stark contrast to the vulnerability, discomfort and reality of poverty and suffering. She hopes that the study will contribute to discussions about how play therapy and filial therapy can be further integrated into the work not only at the shelter home but in other situations where strengthening family bonds mitigates against children being taken into institutional care. How training and support can be further developed is a key ‘next step’ to this project.

The choice to carry out the research in Brazil meant that the study had to be time limited as the researcher had to take time out of her work schedule and be away from her own family. The filial therapy program was delivered in Portuguese, so the translating of documents and materials had to be completed by the researcher. All data collected was also in Portuguese. The independent raters who contribute to the data analysis, needed to

be bilingual and understand the Brazilian culture. Acceptability of the study and the researcher in recruiting the mothers for the study was paramount. The return from Brazil after such an intensive study brought an unexpected period of transition for the researcher in re adapting to the culture and work life in the UK.

The researcher sees this PhD study as contributing to and advancing the development and understanding of Play Therapy and Filial Therapy both nationally and internationally. Within the UK, she has been part of conversations with various groups, such as health visitors and nurses, that have highlighted the need for an intervention such as filial therapy for working with vulnerable families in our own cities. The researcher trusts that it the study further promote awareness of and confidence in a therapeutic modality that is such a natural and effective medium through which to work with children and parents.

1.8. Dynamics at Play: Privilege and Power

As Britain was a former major colonial power and its universities key sites where colonial knowledge was 'produced, consecrated, institutionalised and naturalised' (Bhambra et al., 2018:5), it is crucial to reflect on how my own research study might uphold, challenge or seek to deconstruct possible power dynamics. The privileged white woman travelling to an ex-colonial country albeit not British, to carry out her research with the 'less fortunate', could be interpreted as supporting and further embedding the coloniality of knowledge production. By exploring here and developing an awareness of my own positionality whilst being mindful of this throughout the study, I seek to minimise the impact of differentials in power and privilege, particularly here in terms of race, culture and nationality.

I've chosen to write my thesis in the third person to enable a degree of objectivity. Here I have laid that down, turning instead to the personal, the 'I'. I can't write about privilege and the power that holds from 'afar' – it's up close and needs to be owned.

My father-in-law recently turned 84 and gifted my family the opportunity of a lifetime: a safari in Botswana. Breath-taking, awesome, magnificent, dumbfounding are all words that seek to capture the indescribable. Sitting at sunrise watching wild dog puppies greet their pack returning from a night's hunt literally 2 metres away, playing together, learning social

rules and skills that will serve them well in the future. Lion cubs grooming each other, rolling vulnerably exposing their stomachs, gnawing on a stick, seeing who can snatch it from the other. I digress. I am distracted by the power of play in the animal kingdom.

What enabled our safari to be a life-changing experience was the guide and his team, all black men caring for our every need, in contrast to our whiteness, our naivety in the wild, and of course our 'Western privilege' to be there. I'm so aware of being white, of having the financial stability, to have so much back at home. We drive through a village where all the homes consist of one, maybe two rooms and an outside toilet. The children run and wave, barefoot in the dust. Families congregate to cook and eat outside. It's clear they have little materially and that our guide is well known to them. We stop to greet his wife and youngest son who are visiting her parents.

Wherever we go I am conscious of our whiteness. We stand out. In a hotel, at the border between two African nations, in the camp. I become acutely aware of how it might feel to be the only black face in a room full of white. My privilege and the power that affords me cause me discomfort and I reflect on 'being the other' once again.

Dr Dwight Turner (2019, 2021) encourages each of us to consider first our own unique experience of 'being the other', highlighting that each of our identities is made up of aspects of privilege and oppression. By exploring our own experience of being different, we explore our fears and aspects of ourselves that we have supressed. In knowing ourselves more fully, we are able to become more authentic, moving beyond our experience of being othered and more aware of our unconscious biases towards 'others' who are different to us. That is as Martin Buber (1958) expresses, we move away from I-It relationships, into I-Thou.

It would be a reflex behaviour for me to return to Brazil and embed myself into the shelter home, believing within that I am equal to those that surround me. After all this is where I grew up. I played on the dirt streets of remote towns with Brazilian children, I lived and breathed amongst them, I ate their food, spoke their language, was I thought, one of them. But not really. My parents were British. I went to English speaking private schools. My parents were paid in pounds, not so many as they were missionaries, but plentiful and not

affected by the rises and falls of inflation in Brazil. I was a foreigner, 'an other' with privileges.

I can't ignore what that means for my research. However much I try to mitigate against my 'being the other' in this context, I still am foreign, the privileged white Westerner, coming to 'help' those less fortunate. I may speak good Portuguese and understand much of the culture but here I am inviting vulnerable, traumatised, frightened single Brazilian mothers to place themselves and their children into my hands and join me on an unknown journey into 'something that might help them'. They say yes. I'd like to think that they trust me to a little extent. But perhaps it's the power of privilege at play: the powerful white woman beckoning the less privileged, mixed-race, disempowered single-mother. I do bring a bag of toys after all. Discomfort rises. I'll return to this in my discussion, but for now back to the safari.

This amazing team of black men work relentlessly to make our 8 days in the bush successful. Four of them leave their wives/partners and children weeks at a time so as to earn a living for their families. It doesn't go unnoticed by me: their absence leaves their families alone and exposed, single mothers temporarily caring for their children. The other two are also trying to earn a decent living and better their circumstances. They all serve, giving up their 'power' to survive in a country where employment is found in the tourist business.

My 18-year-old son also notices this unfair divide between himself/us and them. He sets about trying to narrow the gulf, learning their names, speaking to them at every occasion he can with respect, interest, curiosity and humour. He checks consistently on their well-being and tries to serve them back, particularly the guide, who responds teaching my son so much about this wonderful world of nature that we are gifted to live in. He gets everyone involved in simple games, ones which dissipate inequality, and make us all 'human', equal, at least for a few moments. I feel so proud of him I could burst because he challenges us, the rest of our party to think about our privilege and behaviour. He leads and teaches us by example. As we leave, the team want photos of themselves with my son. We all feel tearful as we say goodbye – we've experience something beyond words, and I don't just mean the beauty of nature.

I want to ‘hold’ all this as I ‘hold’ my research, my son’s example throwing a torchlight on the intersections of privilege and otherness that may exist within and carry implications for future research, practice and training.

Chapter 2 – The Ground Upon Which to Build

Filial Therapy: An Evidence Based Practice

2.1. Introduction

Chapter One 'Awakening to the Landscape' has given a comprehensive description of filial therapy based on key literature on the intervention founded originally by the Guerneys and considered its applicability to the context of this research study.

The literature review that now follows is an analysis of research studies to date that form an ever-growing evidence base for the efficacy of filial therapy as an intervention to alleviate the difficulties of children suffering with a range of emotional and behavioural problems. The researcher has chosen to keep the focus on studies into the efficacy of filial therapy itself rather than widen the lens to comparing the latter with other forms of family therapy interventions. Unfortunately, this was beyond the scope of this particular study. However, both in the methodology and in the discussion chapters the researcher considers aspects of other interventions that can be integrated into the filial therapy programme.

Firstly, an overview is given on the many quantitative studies that have been done in filial therapy. Attention is drawn in the quantitative literature to studies that hold particular relevance and applicability to the proposed study. As this study is mixed methods in design, a more detailed analysis will be given of research studies identified with a qualitative and a mixed methods methodology. In this way, the researcher seeks to expand the knowledge and understanding found in the evidence base of this therapeutic intervention, and to take and apply this learning into the current study.

2.2. Systematic reviews

The researcher's search for literature and research relevant to this study began with two key texts which were already known to her. Firstly, VanFleet, Ryan and Smith (2005) offer a comprehensive introduction to filial therapy and a systematic review of research. Secondly, Baggerley, Ray and Bratton (2010) present the results of a meta-analysis of 93

controlled-outcome research studies (defined below) investigating play therapy and filial therapy. From these significant reviews the researcher conducted a hand search, following up on the articles, chapters, books and studies identified and discussed, continuing to follow further references from each of these and further still, rather like a ball of string that increasingly unravels. The library search engine was also used to further explore the term 'filial therapy' in journals and books. This yielded much of the same literature and many of the same studies, most of which are published in the *International Journal of Play Therapy (IJPT)*. Cornett and Bratton (2015) published by the IJPT, is the most recent extensive review of the research conducted on filial therapy. A database developed by Dr. Sue Bratton and several colleagues, Evidence Based Child Therapy, includes outcome studies on play therapy as an intervention for working with children. The database also includes studies using both the CPRT model and the filial therapy model.

Studies included in the database must meet the following criteria:

- Treatment/Intervention meets the Association Play Therapy's definition of play therapy: "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."
- Experimental or Quasi-experimental research design including randomized and nonrandomized control/ comparison groups, single group, and single case designs using repeated measurements.
- Study published in English. If not, and the abstract was published in English, the Center for Play Therapy had study methodology and results translated into English.

(http://evidencebasedchildtherapy.com/research/)

Four further studies were identified from this database that were carried out after Cornett and Bratton's (2015) review that also met the inclusion criteria for this study which focuses on the efficacy of filial therapy, expanding our knowledge and evidence base for this intervention model (Opiola and Bratton, 2018; Tal, Tal and Green, 2018; Swan et al., 2019; Mirzae et al., 2019). Two of these consider the efficacy of filial therapy, delivered as the

CPRT model, in working with adoptive families (Opiola and Bratton, 2018; Swan et al., 2019) and will be discussed further in Chapter 6.

A small number of articles have also been published in the *British Journal of Play Therapy*.

The reviews of research in filial therapy in each of these three key texts focus primarily on experimental designs, quantitative in methodology as does the database, Evidence Based Child Therapy. Cornett and Bratton (2015) are the first to consider and include the qualitative research to date.

The researcher will here summarise the reviews and highlight various studies that have influenced her own thinking and informed her own research design. These have been chosen because the study relates to introducing filial therapy to different cultural groups, participants that have experienced domestic violence, abuse or trauma in their lives, are currently single parents or/and are living in shelters. Each of these criteria hold a relevance to the proposed research project.

2.3. Informative Literature and Controlled Outcome Research Studies

An extensive search of the literature was conducted by VanFleet et al. (2005) to determine the total number of filial therapy publications to date, although this is now seventeen years ago. The search was broken down into two main categories. Firstly, those publications that *describe* the intervention such as articles, chapters and other texts that discuss the theoretical framework of filial therapy and its implementation. The second category, *the controlled-outcome* research studies, were those that used an objective instrument to measure the change in target variables and discussed the intervention's results, that is the outcomes of the study.

Various criteria were applied to the publications found to identify those publications that could be considered the most rigorous in the field. VanFleet et al. identified these by whether they: a) were published in the previous 15 years, that is 1990-2005, b) were published in English, c) had a sample size of 20 or more, d) used a control group, e) had at

least two standardized outcome measures and f) the results were described clearly in statistical and narrative terms.

The search identified 102 publications for review. Seven of the these were from the 1960s, two of which met the selection criteria. 13 were published in the 1970s with four meeting the criteria. 15 publications, of which four met the criteria, were from the 1980s whilst 52 were from the 1990s of which 18 met the criteria. Between 2000-2005 15 publications were found with seven of these meeting the criteria. VanFleet et al. (2005) reported a growing number of filial therapy publications, increasing over the four decades, and adding to and supporting its evidence and knowledge base.

Although acknowledging the essential contribution that articles describing filial therapy make to providing knowledge and information to what they name ‘consumers’ (clinicians, parents, educators for instance), VanFleet et al. chose to summarize studies whose potential generalizability and enhanced designs improve reliability and validity of findings thus growing the evidence base for its effectiveness.

12 of these studies were highlighted by VanFleet et al. (2005) here presented in Table 2.1.

Researchers/authors	**Study**
Bratton and Landreth (1995)	Filial therapy with single parents: Effects on parental acceptance, empathy and stress.
Harris and Landreth (1995)	Filial therapy with incarcerated mothers: a five week model.
Johnson-Clark (1996)	The effect of filial therapy on child conduct behaviour problems.
Beckloff (1997)	Filial therapy with children with pervasive developmental disorders.
Chau and Landreth (1997)	Filial therapy with Chinese parents: effects on parental empathic interactions, parental acceptance of child, and parental stress.
Tew (1997)	The efficacy of filial therapy with families of chronically ill children.
Landreth and Lobaugh (1998)	Filial therapy with incarcerated fathers: Effects on parental acceptance of child, parental stress, and child adjustment.
Costas and Landreth (1999)	Filial therapy with nonoffending parents of children who have been sexually abused.
Kale and Landreth (1999)	Filial therapy with nonoffending parents of children who have been sexually abused.
Glover and Landreth (2000)	Filial therapy with Native Americans on the Flathead reservation.
Jang (2000)	Effectiveness of filial therapy for Korean parents.

Smith and Landreth (2000)	Intensive filial therapy with child witnesses of domestic violence: A comparison study with individual and sibling group play therapy.

Table 2.1 Quantitative Studies in Filial Therapy (VanFleet, 2005)

The summary presented of each study VanFleet et al. (2005) describe as focusing on the outcomes and ultimate effectiveness of filial therapy so as to further the understanding of how and what we know about filial therapy. Their review outlines the major findings of each study, considering its methodology, instruments of measure used and the statistical procedures. They do not critically review the research methods used or address any limitations but rather seek to highlight the effectiveness of the intervention with the particular 'client group'. It is interesting to note that all the studies use the group method as designed by Bratton, Landreth, Kellam and Blackard (2006) known as CPRT or Child Parent Relationship Therapy and the involvement of Landreth himself in the studies. Guerney (2000) identifies that Landreth and his students at North Texas University were instrumental in developing an extensive research base for this shortened format model. CPRT is a 10-week group training model in which the teaching aspects are completed only with the parents present. The parents hold the play sessions with the 'child of focus' at home and bring video recordings to the group training for supervision and discussion. This form of training offers a more systematic and controlled intervention which sits more comfortably with quantitative research. It allows for measurement tools to be used pre and post intervention with ease.

VanFleet et al. (2005) conclude that these quantitative studies support the efficacy of filial therapy with a wide range of different child and family problems, its adaptability to a variety of settings and its flexibility to be conducted in different formats. They state that the significance of the intervention lay in the observed and reported changes in the families having participated in filial therapy. The studies summarized reinforce the malleable nature of the intervention and the ease with which it can be adjusted to fit the needs of the families or setting whilst still maintaining its demonstrated effectiveness. Whilst these findings hold true, serving to build up a body of evidence in favour of filial therapy's efficacy, no studies compare the intervention with other possible family-based therapies.

Importantly for the researcher's own study, the research attests to its value and adaptability for working with multicultural groups. Those studies that were conducted with diverse cultural groups will be considered in more detail below.

2.3.1. Case Studies: only Informative Literature?

In deciding upon the criteria with which to select the publications to review in more depth, VanFleet et al. (2005) position case studies alongside the literature that describes the intervention, contributing to the understanding of filial therapy, human relationships, family interactions and child behaviour. That is, the case study seeks to provide in-depth detail of the intervention, its applicability and effectiveness with a particular family, further developing knowledge and understanding of filial therapy. In their review they place the case study amidst informative literature separating it from qualitative and quantitative research and instead call for more studies of what they name as a single case design. They separate single case designs from case studies stating that the former use baseline measurements, evaluate the client's progress throughout the intervention and again at its close. Thus, change can be quantitatively documented whilst no random sample is needed. Instead each family is considered a mini-study in which the intervention can be evaluated. In the recommendations for evaluation in clinical practice the authors acknowledge that although there is a growing body of controlled filial therapy research much more could be done through single case designs as a possible way to bridging the gap between practice and evaluation.

VanFleet et al's (2005) definition of case study differs to that of Stake's (2005: 443) for example, who proposes the case study as 'defined by interest in an individual case, not by the methods of inquiry used.' For the purposes of this study, the researcher is adopting a (multiple) case study methodology as described by Stake, yet it is also a (multiple) single case design as defined by VanFleet et al. (2005) in that measures will be taken as baseline, throughout and at the close of the filial therapy intervention. McLeod (2011) describes this mixed method approach, which draws on both quantitative and qualitative data, as the systematic case study design. In this way the proposed study expects to add to the evidence base of filial therapy research.

2.4. Identifying Appropriate Measurement Tools

Before considering the meta-analysis conducted by Baggerly et al. in 2010, it would be prudent to take note of the article by Rennie and Landreth (2000). In investigating the effects of filial therapy on parent and child behaviours, the authors explore the extent to which experimental studies have verified the achievement of this objective, identifying specific research instruments that have been used and summarizing the findings. The focus of the review is only on experimental research studies that used research instruments to measure and ascertain the effectiveness of the filial therapy intervention. Indeed, the authors endeavour to present a list of instruments that will encourage further research into the dynamics and effectiveness of filial therapy training on specific parental and child behaviours. By so doing, filial therapists are enabled to select appropriate instruments of measure with confidence when considering either research studies or evaluation of practice. This therefore offers support to VanFleet et al.'s (2005) call for more studies using a single-case design that implement measures taken as a baseline, during and at the close of the intervention thus documenting change in a more quantitative method and at the same time bridging the gap between practice and evaluation.

Rennie and Landreth (2000) outline firstly measurements used in studies that consider changes in parental behaviour such as parental empathy (Measurement of Empathy in Adult-Child Interactions Scale, MEACI), parental acceptance (The Porter Parental Acceptance Scale, PPAS), parental stress (Parenting Stress Index, PSI) and the family environment (Family Environment Scale (Form S) (FES)). Secondly, they delineate instruments that measured changes in the children within studies: child adjustment, children's behavioural problems, play session behaviour and self-concept.

The findings through the studies analysed by Rennie and Landreth support filial therapy as a powerful intervention for increasing parental acceptance, self-esteem, empathy, positive changes in the family environment and the child's adjustments and self-esteem, whilst decreasing parental stress and the child's behavioural problems (Rennie and Landreth, 2000). In examining the use of the various measurement tools and discussing their effectiveness within the studies to measure specific aspects of the intervention, Rennie and Landreth hope to encourage and enable subsequent researchers to identify a reliable

and valid instrument that best fits the particular questions and research focus of their proposed study. They are not setting criteria for subsequent studies, however, VanFleet et al. (2005) and in particular Bratton and Landreth (2006) both advocate the importance of controlled experimental studies replicating methodologies with different populations as vital to demonstrating the efficacy of filial therapy.

Table 2.2 presents the measurement tools commonly used in the filial therapy research studies.

AUTHOR/S	NAME OF MEASUREMENT TOOL	WHAT IT SEEKS TO MEASURE
STOVER, GUERNEY AND O'CONNELL (1971) REVISED BY BRATTON (1993)	**Measurement of Empathy in Adult-Child Interactions Scale (MEACI)**	3 Subscales measuring adult's empathic interactions with child: • Communication of acceptance • Allowing child's self-direction • Adult Involvement
PORTER (1954)	**The Porter Parental Acceptance Scale (PPAS)**	A self-report inventory with 40 items and 4 subscales: • Respect for the child's feelings and the child's right to express themselves • Appreciation for child's uniqueness • Recognition of the child's need for autonomy and independence • Parent's experience of unconditional love for a child
ABIDIN (1983)	**The Parenting Stress Index (PSI)**	Measures parents' levels of stress in two domains of parent-child relationship: • Parent domain – assesses stress related to parents' perceptions of their parenting skills and style • Child domain – assesses parental stress related to child's behaviour, moods and personality.
MOOS (1974)	**The Family Environment Scale (Form S) (FES)**	Measures three different dimensions of the family environment: • Interpersonal relations • Directions of Personal Growth • Basic Organisational Structure
HORNER (1974)	**The Filial Problem Checklist (FPC)**	A self-report checklist offering 108 potentially problematic situations related to parenting. With pre and post-test total scores, it measures parents' perception of change in children's behaviours.
ACHENBACH AND EDLEBROCK (1983)	**The Child Behaviour Checklist (CBC)**	A checklist with 113 items aimed at identifying behavioural and emotional difficulties in children 4-18 years old. Pre and post-test.
ROBINSON, EYBERG AND ROSS (1980)	**The Eyberg Child Behaviour Inventory (ECBI)**	A 36-item inventory with two scales: • Problem scale – specific problem behaviours

		• Intensity scale – how often the behaviours occur.
BRATTON (1995)	**The Children's Play Behaviour with Parent Rating Form (CPBWPRF)**	Measures the overall comfort level of the child in the session. 3 subscales: • Child's sustained play • Self-directiveness • Parent-child connectedness.
JOSEPH (1979)	**The Joseph Preschool and Primary Self-Concept Scale (JSCS)**	Measures the self-concept of children in filial therapy. It uses pictures depicting polar opposite situations to stimulate children to respond according to which situation they perceive to be most like them.
HARTER AND PIKE (1984)	**The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSAYC)**	Measures the effect of filial therapy on children's self-concept. 24-items containing four domains: • Cognitive competence • Physical competence • Peer acceptance • Maternal acceptance. Children ages 4-8.

Table 2.2. Measurement tools commonly used in filial therapy research.

The findings also suggest the effectiveness of filial therapy for parents of a variety of populations and of different nationalities so that Rennie and Landreth (2000) conclude that teaching parents child-centred play therapy skills can equip them to become effective therapeutic agents in their children's lives. The difficulty in using the identified measurements in studies with different multicultural groups is that all are in English with only one or two translated into other languages. For instance, the Porter Parental Acceptance Scale has been translated into Spanish.

One of the criteria in many of the studies particularly with multicultural groups, for instance, those referenced in Rennie and Landreth (2000), (Chau and Landreth, 1997; Glover and Landreth, 2000; Yuen, Landreth and Baggerley, 2002), has been that the participants are able to speak, read and write in English. This limits the client groups that research can be carried out with in this way and is an important consideration for this study as the proposed participants may not be literate in their own language (Portuguese) and will definitely not be so in English. The feasibility and difficulties of translating measures that are mainly in English into other languages is a crucial consideration for future research. Jang (2000) and Lee and Landreth (2003) overcame this by having bilingual co-researchers available and present to translate verbally and aid parents completing the measures. The

PPAS and PSI were translated into Korean although had not been normed for the participant group.

Again, the need for additional research in this developing field is highlighted. Relevant to the proposed study there is a call to investigate the effectiveness of condensing the filial therapy training time, as in the Harris and Landreth (1997) study, and in understanding further the processes involved in the filial therapy training.

2.5. Quantitative Studies

In carefully examining 70 years of research in play and filial therapy, Baggerly, Ray and Bratton (2010) review research studies that made a significant impact to their individual fields and to the mental health field in general. Ray and Bratton (2010) collate studies in play therapy whilst Bratton, Landreth and Lin (2010) focus their attention on filial therapy.

Examining in first place the data collected in the Bratton, Ray, Rhine and Jones (2005) meta-analysis of 93 controlled-outcome studies investigating play therapy and filial therapy, Bratton et al. (2010) sought to further determine the overall treatment effect (ES) for filial therapy studies employing the Child Parent Relationship Therapy (CPRT) methodology developed by Landreth. Statistical analysis of these studies yielded a large overall ES of 1.25 for the CPRT studies and an even stronger ES of 1.30 for parent-only CPRT studies, that is, omitting those where teachers or student mentors were involved. The authors used Cohen's d (1988) guidelines to interpret the treatment effect size: .20 = small; .50 = medium; .80 = large. Bratton et al. (2010) also only included studies in which the individual researchers had been trained and supervised directly by either Bratton or Landreth themselves to ensure adherence to the treatment protocol which at that time had not been published.

In their major review of research studies on filial play therapy since 1995, Bratton et al. (2010) found 32 outcome studies that used a control group design. 23 of these focusing on the impact of training parents as therapeutic agents for their children exhibiting social-emotional or behavioural difficulties. Five studies investigated the effectiveness of training teachers as the agents of change and four focused on the effects of training student

mentors in Child Centred Play Therapy skills to use with children who had been identified as at risk for failure at school. All studies implemented the Child Parent Relationship Therapy (CPRT) model in specific social and cultural situations and are experimental or quasi-experimental in design. Bratton et al. present a comprehensive table summarising the participant groups involved, the methods used and the research findings of all 32 controlled-outcome studies conducted on CPRT.

Bratton et al. (2010) state that this large number of controlled studies demonstrating the effectiveness of CPRT provides evidence that training parents in child-centred play therapy principles and skills is a viable intervention for children exhibiting a variety of emotional and behavioural difficulties. Bratton, Landreth, Kellam and Blackard (2006) have since developed a treatment manual to ensure the integrity and standardization of the delivery of the CPRT training thus establishing further reliability and validity of controlled studies through adherence to this.

It is important to note that almost all the studies analysed took place within North America. As this is where filial therapy originated, it is not surprising, however it poses challenges regarding its applicability within other countries and cultures. As noted above, if only those directly trained and supervised by the originators of CPRT are considered acceptable researchers, it raises limitations and difficulties for play therapists in other nations around the world to firstly integrate the model into their practice and secondly to implement research studies. Not least, as mentioned above when all the materials and measurement tools are in English only.

Quantitative and qualitative studies later discussed consider in more detail challenges arising when working with a variety of multicultural groups.

2.5.1. Quantitative Studies Informing the Present Study

Before considering in more detail the qualitative research to date in filial therapy, the researcher would like to highlight a number of quantitative studies that have particularly informed the present study due to the similarities in the client group. These include single parent families, victims of domestic violence and/or from diverse cultural groups.

2.5.1.1. Filial Therapy with Single Parent Families

Bratton and Landreth's (1995) experimental study came as a response to the growing number of single parent families in the United States. The changes in family life and the resulting effects with one in every two marriages ending in divorce, may in part, the authors propose, explain the rapidly growing demand for mental health services for children and families. The advantages of using filial therapy rather than play therapy with single parent families are highlighted by Bratton and Landreth (1995:3) as

> "(a) avoiding fears and rivalry which often develop in the parent when the child's dependency on the parent decreases and affection for the therapist increases; (b) reducing feelings of guilt and helplessness the parent may develop when dependent upon a professional for problem resolution, and (c) avoiding the problems that otherwise could be aroused when the parent fails to develop appropriate new responses to the child's new behavioral patterns (Stover & B. Guerney, 1967)."

The purpose of the study was to determine the effectiveness of filial therapy in increasing single parents' empathic behaviour with their children, increasing single parents' attitude of acceptance toward their children and in reducing single parents' stress related to parenting

The study involved a total of 43 single parents of three- to seven-year-olds identified with behavioural concerns. The single parents responded voluntarily to advertisements of the training in the local community and colleges. They were randomly assigned to either the control group (21 parents) of no treatment and on a waiting list or to the CPRT group. 22 parents received 10 sessions of CPRT training, that is two hours once a week for ten weeks. They conducted seven play sessions with their children, once a week for 30 minutes. The pre and post test instruments used were the Porter Parental Acceptance Scale, the Parenting Stress Index, the Filial Problem Checklist and the Measurement for Empathy in Adult-Child Interaction.

The results found that the parents in the CPRT group attained a statistically significant increase in empathic interactions with their children as directly observed by the independent raters in comparison to the control group. They also reported a statistically significant gain in parental acceptance as well as statistically significant reductions in the parent-child relationship stress and in the children's behaviour problems as compared to the control group over time.

Bratton and Landreth (1995) conclude that filial therapy training is an effective intervention for single parent families as is offers preventative, educational and therapeutic training alongside support in meeting the demands of single parenthood. It promotes a healthy parent-child relationship that is essential to the present and future mental health of the children. It can also be offered within many different settings with different populations. They acknowledge that the study did not directly assess the impact of the filial therapy training on children's behaviours but suggest that the positive results implicate that these also improved by default.

The mothers and children at the residential home in Brazil where this current study will take place, will have recently become 'single parent families' as they seek refuge from situations of violence in their homes. Both mothers and children will be in a vulnerable place emotionally, mentally and physically. The mothers may be feeling disempowered and lacking in skills in how to parent and communicate with their children. According to Bratton and Landreth's (1995) study, filial therapy offers the opportunity to promote the well-being of the mother, empowering and equipping her with healthy parenting skills, whilst providing the emotional support that she needs. This in turn promotes the well-being of the family.

2.5.1.2. Filial Therapy with Victims of Domestic Violence

Indeed, Smith and Landreth's study (2003) used filial therapy as a treatment intervention with child witnesses of domestic violence whilst resident with their mothers in a shelter facility. They explore and describe the effectiveness of an intensive 12 session filial therapy parent training group, conducted within two-three weeks. As did Bratton and Landreth (1995), Smith and Landreth (2003) endorse the dual function of filial therapy as both an intervention and a prevention of future problems by offering significant possibilities for enhancing and strengthening the parent-child relationship in vulnerable families. Resting on the assumption that the parent has more emotional significance to the child than does the therapist, then in strengthening the relationship and enabling more effective communication between them, the well-being of both can be promoted together. In considering domestic violence from a trauma perspective, Smith and Landreth quote Lehmann and Carlson (1998) and Pynoos and Nader (1993: 71):

> (the)…"optimal time for prevention and intervention is during the acute period following exposure to the traumatic event, when intrusive reminders are most identifiable and associated affect is most available" (Lehmann & Carlson, 1998, p. 103). Pynoos and Nader (1993) reported that it is common for child witnesses to re-enact traumatic events in play and to create symbolic traumatic play themes once in the shelter setting. Likewise, Pynoos and Nader (1993) stressed that the attending adult's response to the traumatic play of children is crucial for the child to feel relief instead of increased anxiety; another reason for introducing filial therapy to mothers of child witnesses."

Smith and Landreth (2003) designed the study to determine the effectiveness of intensive filial therapy with child witnesses of domestic violence and with mother victims of domestic violence residing in a shelter facility. They also aimed to compare this effectiveness with intensive individual play therapy (Kot et al., 1998) and with intensive sibling group play therapy (Tyndall-Lind et al., 2001).

Volunteer subjects were recruited from two shelters in a large metropolitan area. These offered a length of stay that ranged from four-six weeks in the domestic violence shelter and four-twelve weeks in the homeless shelter. A total of eleven mothers and eleven children that met the participant criteria completed the study. Measurement tools used include the Child Behaviour Checklist (Achenbach, 1991), The Joseph Preschool and Primary Self-Concept Screening Test (JSCS) (Joseph, 1979) and the MEACI (Stover, Guerney and O'Connell, 1971). As the mothers and children were only housed at the shelters temporarily, specific modifications to the CPRT model were made. For instance, the sessions were collapsed into 12 one and a half hour sessions over a course of two to three weeks. Some of these modifications will be reviewed further in the methodology chapter as they are applicable to the current study.

The results of the study showed that child witnesses in the experimental group significantly reduced behaviour problems that are prevalent in child witnesses (withdrawal, somatic complaints, anxiety, depression, aggression, delinquency) and significantly increased their self-concept as compared to child witnesses in the non-treatment comparison group. T-test results showed that the mothers who facilitated the treatment of the experimental group scored significantly higher after the filial therapy training on both their attitudes of acceptance and their empathic responses to their children. Smith and Landreth (2003) also state that comparative analysis revealed that intensive filial therapy as facilitated by the

mothers was as effective in reducing problem behaviours as was the intensive individual play therapy and intensive sibling group play therapy as facilitated by the professionals.

Ramos (2010), who has worked extensively with victims of domestic violence points out that mothers who have escaped domestic violence can arrive in shelters feeling overwhelmed, hypervigilant, fearful for their own well-being and that of their children, depressed, stressed, angry and frustrated. They have many decisions to make about their futures. They may struggle to trust those who are trying to help them. The mother's emotional state of mind can present challenges to the filial therapy process and therapist. The importance of working as part of an established team supporting the family on different levels needs to be highlighted here. The involvement of other professionals, such as social workers and psychologists, supporting the mother to develop safety plans for the family for instance, or giving the mother separate psychological support and counselling, enable her to be more present and available to focus on her child's needs in filial therapy sessions. If necessary, an overwhelmed mother can observe and learn as the therapist works and demonstrates the skills with the child until she feels ready to participate herself. She can then be further supported and coached by the therapist (Ramos, 2010).

Children who have experienced and/or witnessed domestic violence will most often express their traumatic experiences through their play. This can be a challenge to mothers escaping the violent environment. It is important as Ramos (2010) points out to address this in the training phase, explaining why it is important for the child to play out the trauma and aggression, thus helping them to process the myriad of feelings held about the trauma. By providing an accepting, empathic response to the child, the mother helps in enabling the child to integrate their experience and feelings, thus helping to reduce the unhealthy internalizing or externalizing behaviours.

Indeed Smith and Landreth (2003) were mindful of these challenges, integrating modifications to the filial therapy programme tailoring this to the needs of their specific situation. Equally they emphasise Guerney's (1964) hypothesis that parents are so important in the lives of their children that gaining their acceptance through the filial therapy process is as or even more meaningful for the child. It also has the potential to extend the child's treatment beyond their short stay in a shelter as the family take the skills

and learning with them wherever they move in the future. Smith and Landreth's study therefore supports intensive filial therapy as an effective medium to provide an intervention on a limited time schedule with children and mothers who are victims of domestic violence.

Both the time limited and specific nature of the participants in this study are very relevant to the current study. The malleability of filial therapy to fit with the situation, yet maintaining its strong framework, structure and aims, make it a 'good fit' to work with the Brazilian mothers and their children, victims of family violence. Harris and Landreth's study (1997) which introduced filial therapy with incarcerated mothers using a condensed five-week model again supports the more intensive intervention and the enhancement of the parent-child relationship through receiving the therapeutic training. On the other hand, to bear in mind, one of the limitations of both studies is that the transient nature of the mothers imprisoned and the families in crisis at the shelter facility constrains the possibility for a longer-term evaluation of the training. Smith and Landreth (2003) and Harris and Landreth (1997) were unable to ascertain the continued integration of skills and behaviours learnt by parents in the training over time or the sustainability of the improved behaviours and self-esteem gained by the children.

2.5.1.3. Filial Therapy with Diverse Cultural Groups

Within the published quantitative studies carried out, there are nine identified by Bratton et al. (2010) that have introduced filial therapy to different cultural groups of parents and their children other than North American. These include experimental designs (Yuen, Landreth and Baggerley, 2002; Lee and Landreth, 2003; Villareal, 2008; Sheely-Moore and Bratton, 2010; Ceballos and Bratton, 2010) and quasi experimental designs (Chau and Landreth,1997; Jang, 2000; Glover and Landreth, 2000; Kidron and Landreth, 2010). Most have been carried out in North America with immigrant families or in the case of Glover and Landreth (2000) with Native Americans living on a reservation. The exceptions are Kidron and Landreth (2010) working with families in Israel and Jang (2000) in Korea. A summary of these studies can be found in Appendix 4. A study not included in Bratton's review, is that of Grskovic and Goetze (2008) that was carried out in Germany.

All studies follow the CPRT model integrating a variety of the instruments previously outlined to measure the effectiveness of filial therapy in improving the child's difficulties in behaviour and perceptions of self, parental stress and empathic responses to their children, improvements in the parent-child relationship and in the family relationships. All studies contribute to the growing evidence base of filial therapy as an effective intervention for families who are struggling, particularly in the case of these studies, for families of different cultural backgrounds whether immigrant or native.

These studies also highlight areas where there may be resistance to the uptake of the training and stress the importance of the filial therapist being aware of and understanding towards the particular culture's traditions and values around parenting, play and mental health. Chau and Landreth (1997) for instance, found that the combination of didactic instruction, role playing and demonstration training were important aspects of the filial therapy model that appealed to immigrant Chinese parents. They also highlight the importance of explaining the details of the training with care and of assuring parents of confidentiality. They note that parenting classes were more acceptable to the Chinese parents than counselling. This acceptability of the training by being mindful of cultural differences is echoed by other studies such as Glover and Landreth (2000) with Native Americans and Sheely-Moore and Bratton (2010) with African American families for instance. This is also very apparent in the qualitative research discussed below.

The studies are limited in terms of the cultures that so far have been studied. Again, they follow strict adherence to and supervision by both Landreth and Bratton and their Child Parent Relationship Training model. Although this maintains the integrity of the model and the ability to make comparisons within the research base, this researcher would propose that it discourages many filial therapists from engaging in research. It presupposes for instance, the financial and supervisory backing that these published studies have been fortunate to have.

Interesting to note here, that the two more recent studies Tal et al. (2018) and Mirzaie et al. (2019) were both carried out within different cultures in their own countries. Neither study includes a discussion on the cultural identities of the participants and the cultural setting within which the research took place. However, both studies support and show how

filial therapy can be adapted to and effective within these diverse cultures as well as with the identified client group.

The study by Tal et al. (2018) took place in Negev, Israel, in which Child-Parent Relationship Therapy was offered to children and families where the child had been sexually abused by someone outside of the family. Specifically, the results highlighted the benefits and importance of involving both parents and children in the therapeutic intervention for victims of extra-familial child sexual abuse. Drawing comparisons with a similar study by Costas and Landreth (1999), Tal et al. (2018) discuss CPRT as providing support for the parents who were experiencing significant stress and distress at their child's experience of sexual abuse. This then was negatively impacting their ability to be available to help their child. The integration of the group aspects in the intervention and the enabling of parents to provide the therapeutic space for their children seemed to play key roles in the process. The latter appeared to be highly important for both parents and children.

Mirzaie et al. (2019) compare the effect of both filial and Adlerian play therapy delivered as group interventions on the attention and hyperactivity of children diagnosed with ADHD living in Tehran, Iran. The study focuses on the effects of the two interventions on the severity of hyperactivity and ability to focus attentions on tasks. Although both the filial therapy, again delivered in the CPRT model, and the Adlerian Play Therapy reduced the severity of hyperactivity and increased attentional performance of the individuals, the involvement of the parents in the treatment process appeared to increase the 'rehabilitation procedure of children with ADHD'. The authors argue the importance of the parents setting aside the special time for the child with the focused attention and more attuned interactions as being significant factors.

Not only, do the two studies show the application of filial therapy in diverse cultures, but also highlight the impact and importance of the parents being the therapeutic agents alongside their children who may be showing signs of stress and distress resulting from different life experiences and traumas. Tal et al.'s (2018) study is of particular relevance to the current study, where sexual abuse may well be part of the experience of either mother or child, or both.

2.6. Qualitative and Mixed Methods

A further extensive review of the research on filial therapy was conducted by Cornett and Bratton (2015) marking the 50 years since its first description by Bernard Guerney, Jr. (1964). This is the first review that considered not only quantitative studies but also included qualitative and mixed-method studies. The results of the review are synthesised into five main categories: the general effectiveness of filial therapy, the outcomes and experiences of participating children, the outcomes and experiences of participating parents, the outcomes and experiences related to parent-child relationships, and the outcomes and experiences related to family functioning. Like Rennie and Landreth (2000), Cornett and Bratton (2015) consider the instruments used in the studies and results achieved in order to define the changes and experiences for the various categories.

What is different in Cornett and Bratton's (2015) review is the inclusion of qualitative studies and a discussion of their contribution to the evidence base of filial therapy as an intervention. Under the same categories outlined above, Cornett and Bratton highlight the findings from qualitative studies, attributing these to the contributing research. For instance, they state that the most frequently occurring experience noted by parents in their reports across the qualitative studies was an increased awareness of the feelings or needs of their children. Studies where this was found include Edwards et al. (2007), Foley et al. (2006), Kinsworthy and Garza (2010), Lahti (1992), Lindo et al. (2012), Solis et al. (2004) and Wickstrom (2009).

Cornett and Bratton (2015) reveal that the mixed methods (Eg. Alifanda-Vafa and Ismail, 2010) and particularly qualitative research have been the primary means by which researchers have examined both the outcomes *and* experiences related to parent-child relationships and to family functioning. Again, many of the qualitative studies follow the CPRT model (Foley et al., 2006; Garza et al., 2009; Bavin-Hoffman et al.,1996; Edwards et al., 2010; Kinsworthy and Garza, 2010; Winek et al. 2003; Wickstrom, 2009; Hassey et al., 2016). However, the focus of the research and/or methodologies used vary in each study.

For example, Bavin-Hoffman et al. (1996) using a heuristic approach to data collection, interviewed 20 married couples separately who had participated in CPRT a year after the training. Answering two open ended questions, the participants reported improvements in

family interpersonal communication skills and in particular improved parent-child communication and partner communication. The couples also reported increased marital unity and indicated that their families had valued the filial therapy training experience.

Wickstrom (2009) adopted a phenomenological methodology, interviewing eight participants of the CPRT training at least three months post-intervention in two focus groups to consider the range of systemic changes that may occur in families. The parents involved, which included two couples, responding to 8 open ended questions, reported four types of relational shifts in their families having participated in the filial therapy. Wickstrom (2009) describes these as improved parent-child relationships, improved marital relationships, improved sibling functioning and improved family-of-origin relationships.

Cornett and Bratton (2015) conclude in their review that researchers have discovered strong empirical support for beneficial outcomes and experiences of filial therapy for both children and parents. This is particularly so in decreasing the child's behaviour problems and increasing the parent's awareness of and sensitivity to children's feelings and needs. It also appears to reflect significant improvements to the parent-child relationship and have potential benefit for family functioning. Cornett and Bratton highlight that more recent studies have been qualitative in methodology with smaller sample sizes. They call for further studies, particularly employing quantitative measures and control and comparison groups. In addition, they suggest the integration of different measurement tools considering the different constructs within the domains explored thus far, data from observational assessments and self-report instruments. Thus, continuing to strengthen the evidence base for the beneficial impact of filial therapy in the lives of children, caregivers and their families.

What is clear from each of the systematic reviews (VanFleet et al., 2005; Bratton et al., 2010; Cornett and Bratton, 2015) is the focus on using the original group model initiated by the Guerney's and more recently by the CPRT model as developed by Bratton et al. (2006) as the mode for intervention, particularly in the quantitative studies. It allows for working with large groups of parents, in many different socio and economic environments,

where the teaching aspects are done without the children present and where control or comparison groups are more easily integrated into the research process.

There is much less published research using the individual filial therapy model (VanFleet 2005; 2010) or the group filial therapy model developed by Guerney and Ryan (2013) where the children are part of the group process. However, it is the researcher's understanding through her involvement in the British Association of Play Therapists that particularly in the United Kingdom, these are the models most being integrated into the work of play therapists. Indeed, there appears to be a striking contrast in the manner in which filial therapists in the USA implement research studies and those working in the UK. Although deeply passionate about filial therapy and its integration into their practice, British play therapists are less prone to develop research studies. This is reflected in the small number of studies that have been published in the British Journal of Play Therapists.

2.6.1. Parental Perceptions of Filial therapy

As highlighted by the two studies by Bavin-Hoffman et al. (1996) and Wickstrom (2009) aforementioned, much of the qualitative research has focused on parents' perceptions and experiences of filial therapy. Although a significant number of quantitative studies have been published researching the effects of filial therapy on parent and child behaviours using control groups and standardized outcome measures (eg. Bratton and Landreth 1995;), there has been limited in depth study to hear and understand the parental voices reflecting on the validity of the training.

Foley, Higdon and White (2006) responded to this absence, using a 'grounded theory methodology' that sought to answer the question 'What value do parents attribute to the Filial Therapy training experience?'.

Firstly, Foley and colleagues adapted Landreth's 10-week Child Parent Relationship Therapy model into a 9-week programme that was delivered within a school. Two groups with 6 parents in each ran in parallel led by the school counsellor and one of the two researchers. Both researchers were trained in both play therapy and filial therapy. Following the end of the intervention volunteers from amongst the parents were asked to

join a focus group interview. Three mothers from each of the groups attended one of two 45-minute group interviews.

The interview questions sought to give the mothers the opportunity to express their impressions of the training and any changes that they had observed in their own parenting, the focus child's behaviour and in the parent-child relationship during the month following the end of the training.

The grounded theory methodology enabled the two researchers to be the primary instruments in the data collection. It also allowed them to explore and understand the processes at play rather than to investigate the efficacy of the training. Having transcribed and analysed the interview responses according to the open-coding procedure adapted by Strauss and Corbin (1990; cited by Foley et al. 2006) there were a number of emerging themes. These included the parents' perception of the co leadership of the groups, their perceptions of the experiential nature of filial therapy and of the group training process. They also considered the most challenging and useful skills learnt as those of tracking and encouragement (as opposed to praise). Parents also noted a stress shift, in feeling less stressed in their parenting but an increase in stress in becoming more personally aware and maintaining the effort to apply the new skills. As all parents had attended the training without spouses or partners, they also noted increased stress as their individual parenting changed but without the concurrent awareness, understanding and application of the new style of parenting by their 'other half'.

Indeed, Bratton et al. (2006) recommend that both parents in a couple attend filial therapy training together for this reason yet recognise that this is not always possible due to other commitments. If childcare is an issue, they encourage the parents to attend individually on alternate weeks so that they gain maximum benefit as a couple, strengthening their parenting skills alongside each other. It may be however that only one parent is willing to engage in the treatment process. The research by Foley et al. (2006) highlights a potential problem therefore in the implementation and effectiveness of filial therapy when only one parent in a couple is able or willing to attend. Further research examining how filial therapy can be adapted to address this challenge is warranted.

In considering any observed changes in the behaviour of the child of focus or in the parent-child relationship two main themes emerged. Parents noted that the children were transferring the language and skills that they as parents were adopting and practising in the filial play sessions within their own play and relationships. For instance, they were found to be more self-sufficient in handling relationships with their siblings, solving problems, trying out new learning for themselves and in encouraging and empowering their younger siblings. Parents also reported back that the children's self-esteem had increased, their ability to communicate had improved and that they initiated responsibilities at home.

Overall, the research study concluded that the parents assigned positive and progressive meaning to the filial therapy training experience, highlighting both the importance of the group format and of the co leadership.

However, Foley et al. (2006) also put forward a number of limitations to their study. They raise the issue of researcher bias with these being so involved in the training and interview process. This has important implications for the researcher's own study which will be discussed in the Chapter 3. They note both the small group sizes with some significant absenteeism in the second group, and the small number of participants in the focus group interviews. Foley et al. describe the socio demographic nature of the groups as being of middle-upper class socio-economic status, Caucasian, highly educated and parents of children in a private school. Furthermore, eleven out of the 12 participants in the training were female with only one father attending.

The researchers therefore advocate further qualitative studies examining a range of different socio-economic groups, larger group sizes and more mixed in gender. They advocate that the interviewers not be the co leaders and trainers so as to avoid any researcher bias from parents. They also suggest a longitudinal study to determine whether parents continue to use the play skills taught and whether the positive relationships are sustained over time.

Kinsworthy and Garza's (2010) phenomenological study also examined the perceptions of parents, this time those who were victims of domestic violence, after receiving filial therapy. The 16 participants were housed at a shelter for clients that had experienced

family violence and were referred to the filial therapy group by the clinical supervisor at the agency. They received the Child Parent Relationship Training following the 10-week model proposed by Bratton et al. (2006). Of the parents included in the study, 10 participants were Hispanic and 6 were White, whilst 14 were women and 2 were men. These were divided into 2 groups, each led in the language of the participants (Spanish and English).

Following the intervention, the parents were interviewed by the facilitators of the CPRT training. The interview questions were open-ended to encourage full expression of experiences from the parents regarding the training. The data was analysed by both authors independently using Colaizzi's (1978, cited Kinsworthy and Garza, 2010) method of phenomenological analysis to 'capture the essence of the participants' experience'.

The results were presented in two categories, that of the structure of the training and its applicability and helpfulness. Structure themes included the value and appreciation of the training being delivered in an accessible and familiar agency setting, the provision of childcare and the supportive group format. The second content area addressed the applicability and helpfulness of the training towards parenting. The themes that arose included the parents gaining a greater understanding of their child's feelings and desires as well as an understanding of the child's needs in regards to developmental expectations. The parents expressed that in learning the skills they were enabled to identify healthier parenting practices and new ways of managing their children's behaviour. They described improved self-esteem and an ability to generalise the new skills into other relationships. Parents had more realistic expectations of themselves, were more empathic to their children and felt less need to control them.

Kinsworthy and Garza (2010) add, that unique to this particular population, the parents described their perception that the new skills would help them move towards ending the cycle of violence.

Like Foley et al. (2006), the researchers highlight the complexities of the post intervention interviewers being those who also delivered the training. They consider that the group participants may have held back on negative comments out of concern for the relationship that they had developed with the group facilitators. Both studies, advocate that the final

interviews be done by a different person to those delivering the training. Wickstrom's study (2009), also considers the possible effect that the researcher and interviewer had also been the CPRT facilitator for those being interviewed. The flip side of the coin however, could also be considered: the participants may in fact feel more comfortable being interviewed by the facilitator where both a supportive relationship and trust have developed so that parents feel more able to express themselves truthfully. This was certainly the case in Winek et al.'s (2003) study (discussed below) where the interviewer was chosen by the research team as the therapist for this reason.

Both Foley et al. (2006) and Kingsworthy and Karza (2010) recommend a longitudinal study to investigate whether the participants continue to use the skills post intervention. This is something Bavin-Hoffman et al. (1996) and Wickstrom (2009) sought to address by holding the interviews after a period of time following intervention. These studies illustrate how - interviewing participants a specified time post-intervention where possible is indeed one way of determining the longer-term effects and assimilation of the filial therapy skills and intervention.

2.6.1.1. Implications of Parental Perceptions for Future Research

Gathering data on parental perceptions of the filial therapy process is crucial to understanding their engagement with the training and the obstacles that cause some to decline or desist from participation. Boswell (2014) analysed past research studies (such as Bomsheurer-Boswell, Garza and Watts, 2013; Edwards, Ladner and White, 2007; Solis, Meyers and Varjas, 2004) to identify themes that emerged from parent stories focusing on the compatibility of CPRT with specific parent beliefs, the relationship needs for parents and their children, and the desire to understand how the limit-setting model would be appropriate for different styles. She advocates that in recognising what is important to parents when they are seeking support and services and being able to address their needs, helps parents to stay engaged in the filial therapy process.

Boswell (2014) highlights some key areas of importance. Firstly, that the facilitators find out about the parents' belief and value system and consider how these can be incorporated into the sessions. Secondly offering the sessions in a location within the parents' community where they feel welcomed and respected. Accessibility and logistics needed to

be discussed and considered, giving families the opportunities for most convenient time and frequency and where possible childcare provision. Size of group was also a factor, with many preferring smaller groups that allowed more time for discussion and practise of skills.

Although parents valued and integrated the skills being taught into their parenting, Boswell's analysis found that these needed to be contextualised for each the specific population. This was particularly so for the limit-setting skill which could initially be understood by participants as contradictory to their belief and value system or cultural norms. Indeed, cultural difference and issues of parents in the groups need to be addressed so that parents feel heard and connected with the facilitators and trainers.

It is unclear how Boswell (2014) made her selection of studies analysed although she considers both quantitative and qualitative studies. The analysis does however extrapolate significant issues not only to be considered in future research studies but also in the practice of filial therapy in service provision to parents and families.

For example, (but not included in Boswell's analysis), Braonáin and Lyons (2014) conducted a pilot study to ascertain if cultural differences would hinder the efficacy of CPRT with Irish social and economically disadvantaged parents. They used a quasi-experimental mixed methods approach to consider both the efficacy of the training and the subjective reasons for non-compliance respectively. Eight participants (one male and 7 female) were recruited through a Family Resource Centre in a state designated socially disadvantaged area in an Irish city. Three of these parents completed the training reporting more empathy toward their children and some improvement in behavioural problems. The emerging themes as barriers to compliance expressed by seven parents, reflected aspects of culture, language and the socio-economic status of the group. For instance, attitudes to parenting which were more authoritarian in nature made it difficult to accept and integrate the non-directive child centred principles of the approach. The group also revealed low self-esteem, a fear of negative evaluation, and a proneness to shame.

Indeed, in the discussion of the results Braonáin and Lyons (2014) highlight in particular the construct of shame-proneness. That is, having experienced and used themselves 'shaming' as 'a perceived legitimate authoritarian child-rearing technique', the parents

may be left particularly sensitive to threats to their own sense of self. Braonáin and Lyons hypothesise that

> "the commonality shared by adult role-play, video-recording and public feedback (within the group) on CPRT performance, may be an underlying and pervasive fear of shaming on the part of parents, which was activated by an expectation of negative judgement. Shame is indeed associated with interruptions of positive affect and 'shame is likely to result from a loss of positive affect associated with devaluations of the self' (Gilbert & Andrews, 1998: p.5)" (2014: 29)

Braonáin and Lyons (2014) suggest that factors influencing the engagement of parents in the filial therapy process include the facilitators and their cultural competence, the language used and its appropriateness to the socio-economic status of the participants, the fit between an authoritative parenting style and the Rogerian principles of child centredness, empathy and unconditional positive regard, parental fear of negative evaluation and shame proneness. Again, their study supports the vital importance of the facilitators understanding the socio-demographic of the participants, the individual beliefs, values and needs and seeking to address these in the most appropriate ways. This will also be crucial to the proposed study.

2.7. Case Studies in Filial Therapy

There are a very limited number of published case studies in filial therapy. These studies are primarily with families of diverse cultural backgrounds living in the USA. Edwards, Ladner and White (2007) used a qualitative case study to examine the perceived effectiveness of filial therapy (VanFleet's individual model, 2005,) for a Jamaican mother and the perceived effect on the mother-child relationship. Solis, Meyers and Varjas (2004) used a qualitative case study to examine an African American parent's perceptions of the process and impact of filial therapy (adapted CPRT/VanFleet model, 2005). Lim and Ogawa (2014), like Solis et al. (2004) adapt the CPRT model to work with an individual Sudanese refugee family living in a Sudanese community in the US. The adaptations they make to the CPRT model include integrating the play sessions with the father and son dyad into the training so that it is similar to VanFleet's (2005) model.

All three case studies stress the importance of filial therapy being congruent with the values, customs and perspectives of the family's culture. The providers of the therapy are urged to communicate respect, maintain flexibility and to become knowledgeable about the family's culture and value system:

> 'Filial therapists should maintain an awareness of culturally relevant issues and translate this awareness into discussion with the parent regarding their feelings, expectations, perceptions and priorities.' (Solis, Meyer and Varias 2004: 101.)

Whilst the studies by Solis et al. (2004) and Edwards et al. (2007) are similar in terms of research questions, methodology and data collection, the socio-economic and family backgrounds of their participants are very different.

Each study is considered here in detail, focusing on the parent-child dyad, the cultural and social background of the family and how this impacted the filial therapy intervention, the methodology, data collection and data analysis, the discussion and conclusions. Each study has contributed to and impacted the current study's methodology which will be seen in Chapter 3.

2.7.1. Filial Therapy with an African American Parent

Solis, Meyers and Varjas (2004) used the case study design to allow for an in-depth study of the process and outcome of filial therapy with an African American parent. Insight was obtained regarding one family's values, beliefs and practices in the context of filial therapy. 'This insight is essential since the context of an intervention is important for understanding its efficacy.' (Solis et al. citing Nastasi, Moore and Varjas, 2004:102)

Working within an elementary school in a suburban community in southeast USA, the school psychologist became primary researcher in order to conduct the study with one African American mother and her six-year-old son. Judy was a single working mother with three children: Dylan was six years old and he had two younger sisters ages five and three. Dylan had been referred to the school psychologist by his teacher for social, emotional and behavioural difficulties being displayed in school. He was also receiving special education services through the Speech Impaired program for a moderate expressive and receptive language disorder.

Judy had graduated from high school and completed some college education. The family was from a lower middle class and Judy was employed full time. She had been separated from her ex-husband for five years. During a consultation with the psychologist and the teacher, Judy had expressed confusion and uncertainty about how to help Dylan and also how he had struggled to adjust to his parent's divorce. This was made worse by the father's inconsistent involvement in Dylan's life.

2.7.1.1. Filial Therapy Intervention

The filial therapy training was adapted from Landreth's (1991) 10-week model, incorporating elements from Vanfleet's (2000) filial therapy training handbook. Ten 90-minute weekly training sessions took place at the participant's home at the weekend. During these training sessions, Judy was taught child-centred play therapy principles and techniques (tracking, empathy, encouragement and limit setting) to then be practised in weekly 30-minute play sessions with Dylan.

Three training sessions were conducted before beginning the special play sessions. These included a combination of didactic instruction, viewing video tapes and role playing. Subsequent training sessions involved the researcher and parent viewing and discussing the video tapes of the parent-child play sessions. The focus of the discussion was on encouraging the acquisition of skills and providing supportive feedback. Seven 30-minute special play sessions were conducted by Judy.

2.7.1.2. Data Collection and Analysis

Data was collected through semi structured interviews, audio tapes of training sessions, parent questionnaires and journaling. Before the training began the primary researcher conducted an interview with Judy to obtain information regarding a) the presenting problem b) socio-demographic information about the family c) parenting values, customs and practices. Two months following the training a similar interview was conducted focusing on how participating in the filial therapy training had impacted Judy herself, her son, their relationship and also the sustainability and generalizability of filial therapy.

The parent was asked to complete a structured questionnaire following the first four training sessions. This consisted of three questions designed to ascertain information

regarding the acceptability and generalizability of the training and asking for suggestions for modifications of the training sessions.

The interviews and training sessions transcripts were analysed using a constant comparison method to identify emerging themes and patterns. A peer debriefer reviewed the preliminary coding system and independently coded one interview and one training session. The researcher and peer debriefer then discussed the coding system and reached interrater agreement regarding each code. The researcher also kept a reflexive journal and audit trail.

Four overall themes emerged from the analysis of the data. These related to various components of filial therapy: a) structure, b) content, c) congruence of filial therapy with parenting practices and values, and d) effectiveness. These themes were considered in relation to two research questions. The theme of effectiveness of the training highlighted three sub themes which included changes in the parent, changes in the child and changes in the parent-child relationship.

2.7.1.3. Discussion and Conclusions

Judy reported being satisfied with the structure of the filial therapy process and appreciated the didactic nature of the training sessions. The researcher had to offer some adaptability in terms of time and location of the weekly meetings, often held at the weekends due to the difficulties faced by a single parent during the busy school week and the provision for childcare. Judy was not able to complete the homework in between sessions for the same reasons.

Judy found it difficult to accept and maintain the permissive and non-directive manner during the play sessions. She expressed a desire to be more directive both to halt her child's display of aggressive behaviour and to suggest alternative activities when she herself was losing interest in his play. The time commitment required to bring about observable changes in her child was also indicated as a concern. Solis et al. (2004) state that literature addressing therapeutic interventions with African American children indicates that they may be more responsive to brief, problem-solving, child focused therapeutic approaches that result in more immediate change.

However, at the completion of the process, positive changes were observed in the parent, child and the parent-child relationship. The parent's awareness and understanding of the child's thoughts and feelings increased and her analysis of her parenting practices. She reported using her new skills of encouragement and limit-setting in daily interactions with all her children. Whereas Judy successfully mastered the skills of tracking and encouragement, she found it more difficult to acquire the skill of empathic responding. Guerney (1997) reflects, as pointed out by Solis et al., that empathic responding may be challenging for parents if they themselves have not experienced empathy.

2.7.2. Filial Therapy with a Jamaican Mother

Edwards, Ladner and White (2007) consider the importance of *treatment acceptability* which refers to the extent to which the participants believe that the proposed treatment is fair and reasonable (Kazdin, 1980). If participants believe that the treatment is just, they are more likely to put it into practice as they are taught, which in turn affects the effectiveness and sustainability of the treatment.

It is also influenced by the participant's degree of understanding of the content presented. If properly understood, participants are more likely to see it as reasonable and palatable. (Reimers et al. 1987 in Edwards et al., 2007)

Therefore, Edwards et al. (2007) consider how filial therapy sits within the parenting values, styles and practices specific to the Jamaican culture. They urge filial therapists working with Jamaican parents to be aware of culture-specific values and to promote dialogue with parents regarding their perceptions of parenting, discipline and the filial therapy model. In the case of Jamaican parents this dialogue they advocate, should include an awareness of the beliefs around corporal punishment and how these beliefs might affect the therapeutic relationship. It is important to highlight here that this awareness should not translate into an assumption that there is homogeneity across all Jamaican parents in their values and beliefs or indeed any cultural group. As can be seen later in this study, to assume all Brazilians for instance held the same values and beliefs around parenting would be a misjudgement.

Edwards et al. also highlight the importance of perceptions around seeking mental health services. They propose that as filial therapy focuses on the parent-child dyad and the development of a healthy relationship, it reflects a strengths-based perspective as opposed to a problems-based perspective. This may be more acceptable to parents, positioning them as the agents of change and facilitators in a healthier relationship.

In this study, the researcher was affiliated to a local community group where Patricia, an immigrant Jamaican mother and her 4-year-old daughter, Jodi, were members. Patricia had been born and raised in Jamaica, moving to the US approximately 10 years before the filial therapy training. A professional businesswoman, she was married to Brian, with who she had two children, Jodi and a one-year-old son called Simon.

The family lived in a quiet suburban community in southeast United States and were middle-income earners who appeared to value family ties. As a businesswoman Patricia expressed to Edwards that her hectic schedule prevented her from spending as much time with her children as she would have liked. The family were involved with and supported by their wider family and Patricia's husband appeared to be very involved in the children's day to day lives.

Jodi presented as a very quiet and polite child, initially hesitant to interact with the researcher using her mother as a 'base'. As she became more familiar with Edwards during the course of the training, she would come and show her toys during the visits.

2.7.2.1. Filial Therapy Intervention

The filial therapy intervention was based on the Vanfleet (2005) model for an individual family. The 18-hour sessions were adapted by lengthening the training sessions to 2 hours and conducting a total of 8 sessions throughout the intervention period. All play-child play sessions were conducted in the family home so no transfer was involved.

The specific skills (tracking, empathy, encouragement and limit setting) were taught through direct teaching, handouts, modelling, video demonstrations and role plays. Patricia was asked to practice the filial therapy skills during weekly 30-minute child-centred play sessions with Jodi and to maintain a journal to describe her thoughts related to the

process. Edwards met weekly with Patricia to examine the video-taped play sessions and to discuss in depth the acquisition of skills.

2.7.2.2. Data Collection and Analysis

Very similar to Solis et al.'s (2004) study the data collected included information on the socio-demographic of the family, audio tapes of two in-depth interviews and of the training sessions, videotapes of the 30-minute play sessions at home, observations of parent-child interaction, parent journal, and the researcher's data contact sheet and field notes

The two in depth interviews of approximately 90 minutes included gathering information prior to the training about a) the mother child relationship b) parenting practices and values, and c) the perceived role of play in Jodi's life. Following the training period, the interview explored Patricia's views of the filial therapy training. Patricia was also asked about possible changes in herself, her child and their relationship as a result of the training.

Data collection and analysis took place regularly and concurrently. Edwards and Ladner, a fellow doctoral student, met each week to transcribe the interviews and training sessions to develop a coding manual. The coding manual was adjusted and reapplied to the transcriptions as more data was collected and comparisons made. As data analysis took place, the recursive methodology facilitated adaptations to be made to the training intervention. The videotaped play sessions were analysed using a treatment integrity protocol developed by Edwards and Ladner (2007). Culture-specific variables were discussed with a faculty adviser.

To increase validity of the study Edwards and Ladner sought to triangulate their data, comparing and contrasting interview and training session data with parent's responses. They had regular peer debriefing and Edwards checked in with the parent who reviewed the transcriptions to verify accuracy of content. Simultaneous data collection and analysis informed subsequent training methods and interview questions. An audit trail was conducted by Ladner whilst Edwards maintained her data contact sheets and field notes.

Six overall themes related to the process and perceived effectiveness of filial therapy were identified in the data. These were *content* and the *structure* of the filial therapy training, *play* (perceptions of play and existing play practices), the *mother*'s perception of the impact

of the training on both herself and on her *child* and the *mother-child* relationship. The themes are discussed in relation to the research questions.

2.7.2.3. Discussion and Conclusions

Patricia reported in particular that the training had helped her to increase her parental empathy and awareness whilst strengthening the relationship between mother and child. She expressed that she wanted a closer relationship with her daughter and that the filial therapy training had given her this opportunity and skills for relationship building. Edwards et al. found that this aligned with Patricia's openness to using empathy and encouragement with Jodi and more widely with research findings (Yearwood 2001, cited by Edwards et al. 2007) that Jamaican immigrant parents tend to value highly the parent-child relationship.

Patricia however found it difficult to accept the limit-setting strategy as she saw corporal punishment as an integral part of discipline. This again aligns with Jamaican culture as highlighted by the researchers. She describes being unwilling to not use spankings at all in her parenting practice. Patricia also showed a dislike for tracking Jodi's play and struggled to hold the play sessions regularly within her busy schedule.

The conclusions in each study reflect how the different cultural and familial backgrounds, and socio-economic class, impacted the perceived effectiveness of the filial therapy. Edwards et al. (2007) advocate that the understanding and acceptability of the filial therapy intervention is paramount to its effectiveness and sustainability, therefore rather than affronting current parenting practices, filial therapists are encouraged to seek to enhance the parent child relationship by respecting and understanding the culture specific values and parenting styles.

2.7.3. Filial Therapy with a Sudanese Father

The above can be seen very clearly in the intrinsic case study by Lim and Ogawa (2014). Using both qualitative and quantitative data they seek to provide an in-depth analysis and discussion of change in a Sudanese father and son dyad. The participants were part of the Sudanese community living in the United States. The researchers focused on finding a parent who was an esteemed leader within the community as they were committed to a vision of empowering and equipping the Sudanese community. A Sudanese leader would

be a key person to influence the community in the parenting of children and in greater openness to mental health services.

John a Sudanese father in his mid-40's had been recently widowed and had several children. He had arrived in the US as a refugee 10 years prior and was working as a security guard in the local mall. He shouldered many responsibilities: the sole breadwinner and carer for his children. He cooked the family meals which within his culture was a women's work. Lim and Ogawa (2014) consider that he may have to endure a sense of humiliation when he assumed gender roles traditionally assigned for women in the Sudanese society.

Chuol his 6-year-old son was the youngest of five children and the only one born in the US. His father was concerned that he was demonstrating aggressive behaviours, which he reported as uncharacteristic of a Sudanese child. John was not sure how to handle Chuol's challenges and overt expressions of frustration and defiance. Like Braonáin and Lyons' (2014) study with disadvantaged Irish parents, shame had been highlighted as embedded in the Sudanese culture.

2.7.3.1. Filial Therapy Intervention and Conclusions

Lim and Ogawa (2014) were mindful of the both the individual family circumstances and the Sudanese culture and community within which they lived. They modified the CPRT programme to make it accessible and culturally responsive to John's situation yet were careful to keep true to the core purposes of the CPRT. These included reducing the number of sessions from 10 to 8, combining the materials so that all was still covered. John conducted a play time with Chuol at the start of each session followed by supervision and feedback from the therapist. The researchers were aware that it would be very difficult for John to integrate the special play times at any other point during the week and did not ask this of him. All training was conducted in John's home.

The results show that CPRT was effective in reducing parental stress and in reducing the child's externalizing behaviours in a Sudanese refugee family. The in-depth analysis of the qualitative aspects of the study shows that a critical factor in achieving these outcomes was the family's ability to navigate a significant and profound loss in the family. Through receiving CPRT John became more open to his own grieving process which in turn

facilitated the child's bereavement process through play. The study again highlights the need for cultural responsiveness and treatment acceptability.

2.7.4. Common Factors in the Case Studies

In each of the case studies above described, the researchers invested in understanding the cultural, social and economic background of the families they were working with. They discussed aspects of these with the parents where relevant to the unfolding processes in the filial therapy intervention, showing openness, respect, empathy and understanding. The intervention was tailored to the needs of the family, in terms of location, day and time, number of interventions, mediums though which the teaching took place, making this as accessible as possible for each one. The plasticity of the intervention allows for this and is one of its acknowledged strengths.

In being able to offer the filial therapy over a number of weeks, the researchers were also able to analyse the sessions as they progressed in significant detail and thus feed back what was emerging directly into the next sessions. This is a significant strength for instance in Edwards et al (2007) study, where data collection and analysis took place regularly and concurrently with the help of a co-researcher. In the more 'intensive' studies, such as Smith and Landreth (2003), this in-depth analysis at the time of the data collection is not possible to the same extent and will be a factor in the proposed study.

All three studies reflect upon the importance of empathy in the filial therapy process. Judy (Solis et al. 2004) found expressing empathy to Dylan the most challenging, perhaps because she hadn't experienced it herself. Patricia's openness to using empathy and encouragement with daughter Jodi aligned with the cultural tendency for Jamaican immigrant parents to value highly the parent-child relationship (Edwards et al. 2007). John, in receiving support and empathy through the CPRT program for his own grieving, it is suggested was consequently enabled to offer the same to his six-year-old son (Lim and Ogawa, 2014).

2.8. Moments of Movement in Filial Therapy

A qualitative case study that stands alone in its focus is that by Winek, Johnson, Krepps, Lambert-Shute, Shaw and Wiley (2003) who sought to understand how the changes observed in filial therapy training occurred. An individual case was selected for analysis from 13 cases that had received filial therapy. The case was reported to be 'successful' by both the therapist and clients and the data collected was complete and rich. The researchers compared the viewpoint of the therapist, the parents and an independent observer, noting the points in therapy that were deemed facilitative or inhibitive of change or indeed neither. These observable points or moments, called 'moments of movement' by Carl Rogers (1942, quoted by Winek et al., 2003) represent the incremental, nodal points of therapeutic change. The case study therefore, examined in-session 'moments of movement' between parent and child in the filial therapy play sessions.

Data collection and analysis were carried out in four phases, including interview conducted by the therapist immediately after the therapy sessions and transcribed for analysis, the video tapes of each session being reviewed by a different member of the research team, combining the data into a list of 56 categories and reducing these to a workable list, and finally discussing the results of each phase with the therapist involved in the therapy. The latter provided validity to the categories developed.

Winek et al. (2003) developed a comprehensive list of facilitative, inhibitive and non-specific behaviour categories. For example, facilitative parental categories include setting limits, accepting, encouraging, redirecting, narrating, joining in fantasy play and self-awareness. The facilitative child categories are asking for help, being independent, following rules, learnings, awareness of competency, expressing emotions, engaging in fantasy play and exploring. Facilitative non-specific categories were initiating affection and intimacy, connection and calming.

Importantly the expert observers and therapists initially provided the set of categories, but these were then validated and further confirmed and developed by the parent input through the post-session interviews. Winek et al. propose that the categories have a high degree of clinical relevance as a therapist with the knowledge of the facilitative types of behaviour can be more successful in eliciting these from parents and children engaged in

filial therapy. Equally the same therapist could be deliberate in attempts to avoid eliciting those behaviours that inhibit change. These could also be used as a teaching aid.

It is interesting to note that the facilitative parental categories are in fact the skills that the filial therapy sets out to teach parents and in so doing provide the environment in which the child can develop the healthy behaviours described. Equally the inhibiting parental categories are those that filial therapy seeks to change through the parents' learning and self-awareness (anticipating child's next behaviour, undermining or contradicting, directiveness, threatening, non-enforcement of limits, insulting, guilting, interpreting behaviour or feelings and insulting self). The inhibiting child categories are linked to behaviours that require limit-setting (being oppositional and not following rules). The only inhibiting non-specific category is that of avoiding intimacy.

Indeed, a useful categorisation of 'moments of movements' that therapists can be mindful of, they equally serve to confirm the skills and behaviours that the training seeks to engender or lessen.

2.9. Conclusion

A recent mixed-methods study by Lau and Catling (2020) in the British Journal of Play Therapists is the first to evaluate the outcomes of Child Parent Relationship Therapy (CPRT) (Bratton et al., 2006) for parents and caregivers of children with internalising and externalising behaviours within CAMHS (Child and Adolescent Mental Health Service) in England. Participants in the CPRT groups were asked to complete the Filial Problem Checklist, (Horner, 1974) a quantitative measure, pre and post intervention to examine the perceptions of the occurrence and severity of internalising and externalising behaviours in their children. They were also asked to complete a feedback form comprising of six open-ended questions providing qualitative feedback about the CPRT groups. The form was developed by the CAMHS team involved.

Overall, the quantitative result showed a reduction in the total FPC score with a large effect size at the post-intervention stage, suggesting that the CPRT group had a significant impact on the reduction in parents' and caregivers' perception of their children's difficult

behaviours. In evaluating the qualitative feedback, the majority of the comments were positive with the groups successfully equipping parents and caregivers with new skills and knowledge to communicate with their children, to increase their understanding of the needs of their children and to be more aware of both their own emotions and those of their children (Lau and Catling, 2020).

Although with a small sample size of 14 participants and limited statistical analysis, the study has resulted in CAMHS: Norfolk and Suffolk NHS Foundation Trust looking to offer CPRT training as an option for parents who are on waiting lists to receive individual psychological therapies for their children.

To date, there have been no research studies into filial play therapy with Brazilians either based in Brazil or as a cultural group living in another country. Studies, as outlined above, with diverse cultural groups are limited although thus far do show its flexibility and adaptability to different cultures and social contexts. Table 2.3. below summarises the published qualitative studies with different cultural groups and includes two mixed methods studies not included in Appendix 4. This study proposes to take the filial therapy model to a new nation and a specific social and cultural context of its own. It hopes not just to assess whether the model works as an effective intervention to bring about change to the Brazilian mother's capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness. It also seeks to consider in detail what aspects of the intervention used by the therapist promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them.

Researchers/Authors & Study	**Participants**	**Intervention/Measures**	**Design**	**Main Language Spoken**
Solis, Meyers and Varjas (2004) A Qualitative Case Study of the Process and Impact of Filial Therapy with an African American Parent.	African-American mother and 6 year old son.	Adapted 10 week model incorporating aspects of VanFleet's model. Interviews pre and post intervention.	Qualitative case study	English
Edwards, Ladner and White (2007) Perceived Effectiveness of Filial Therapy for a	Jamaican mother and 4 year old daughter.	VanFleet model (2005) Interviews pre and post intervention.	Qualitative case study	English

Jamaican Mother: A Qualitative Case Study.				
Grskovic and Goetze (2008) Short-Term Filial Therapy with German Mothers: Findings from a Controlled Study.	Treatment group: 15 German mothers in Germany and 15 children (6 boys and 9 girls) Control group: 18 German mothers and 18 children (12 boys and 8 girls).	2 week intervention following VanFleet filial training approach. CBCL and Hamburg Inventory for Measuring Mothers' Parental Styles (HAMEL)	Mixed Methods Study Measurements and structured interview post treatment. Analysis of video -tapes of children in treatment group.	German CBCL translated into German.
Garza, Kinsworthy and Watts (2009) Child-parent relationship training as experienced by Hispanic parents: a phenomenological study.	3 parents out of a CPRT group of 7, all born in Mexico having lived in the USA for over 9 years	10-week model CPRT	Phenomenological qualitative study: group interview following intervention. Thematic analysis to capture 'essence of experience'.	Spanish
Bornsheuer-Boswell, Garza, and Watts (2013) Conservative Christian Parents' Perceptions of Child Parent Relationship Therapy.	10 Conservative Christian American parents	CPRT condensed into meeting twice a week for 5 weeks. 14 question semi structured interview post intervention	Qualitative study – transcendental phenomenological methodology	English
Braónain and Lyons (2014) Filial Therapy with Socially Excluded Irish Families: Efficacy and Barriers to Intervention	8 parents only 3 of which completed the training	8 x 2 hours CPRT sessions Pre and post intervention interviews PPAS FPC	Quasi-experimental mixed methods Grounded theory methodology in analysis interview transcripts	English
Lim and Ogawa (2014) "Once I Had Kids, Now I Am Raising Kids": Child-Parent Relationship Therapy (CPRT) with a Sudanese Refugee Family—A Case Study.	Father – son (6 years old) dyad	8 x 2 hours CPRT sessions CBCL PSI Teacher's Report Form (TRF)	Intrinsic case study with qualitative and quantitative data	English
Hassey, Garza, Sullivan and Serres (2016) Affluent Mexican Immigrant Parents' Perceptions of Child–Parent Relationship Training.	14 foreign-born affluent Mexican parents living in Southern USA (immigrants)	10 CPRT sessions over 5 weeks	Phenomenological qualitative study: thematic analysis of individual responses to semi structured interviews post interventions.	Spanish

Table 2.3. Qualitative and Mixed Methods Studies with Cultural Groups.

Chapter 3 – The Fabric and Design

Methodology

3.1. Introduction

In the previous chapter it was seen, through both quantitative and qualitative research studies, that filial therapy has a growing evidence base as an effective treatment or intervention with a wide range of different client groups. VanFleet (2005) supports this claim saying that forty years of research and clinical experience have consistently shown the value and effectiveness of filial therapy.

Much of the evidence base is founded upon controlled experimental and quasi-experimental quantitative studies and significantly less upon qualitative studies in filial therapy which consider the processes at work within the intervention that promote its success. This is particularly so in the case of filial therapy interventions that work with individual families and the parent-child dyad together in the sessions. As to date the researcher has only tracked four published case studies although she is aware of many filial therapists within the UK working in this way in a variety of work settings. These studies (Winek et al. 2003; Solis et al. 2004; Edwards et al. 2007; Lim and Ogawa, 2014) were discussed in detail in the literature review. Here it is suffice to say, that each study makes a significant contribution to the understanding of the processes occurring within the filial therapy intervention and factors that impact its effectiveness either by facilitating or inhibiting change.

As a new study investigating the introduction of filial play therapy with a particular Brazilian client group, in their own social and cultural context, environment and language, the researcher is attempting to go beyond its mere efficacy. It hopes not just to assess whether the model works as an effective intervention for the parent and child dyad, witnesses and victims to domestic violence, but also to study in detail the support it offers to the mother and her response to it, the impact in her own recovery and how it enables the strengthening of the attachment bond between mother and child. In order to achieve this, the researcher has chosen a multiple case study methodology.

This chapter will consider the researcher's epistemology, the variety of qualitative methods available to the researcher, the definition of the case study and the multiple case study and its suitability for this particular research study. The detail of the methodology used for the study will then be described as well as the process of data analysis following the research study having taken place.

3.2. <u>Epistemology</u>

> "The relationship of man and world is so profound that it is an error to separate them. If we do, then man ceases to be man and the world to be world." (van den Berg, 1995: 32 cited in Wollants, 2007: 86)

In a recent visit to the University of Durham with her teenage daughter, the researcher was reminded of the very beginnings of her own search for 'knowledge' through higher education. As they began to climb the famous steps leading up to St. Aidan's College, the researcher's college until graduating 30 years ago, memories came flooding back. Jerome Bruner (cited in Bigge and Shermis, 1992), whose writings greatly influenced her development as a teacher at that stage, described the acquisition of knowledge, whatever its form, as a dynamic process whereby the learner is actively engaged in the learning process. That is, the person constructs his or her own knowledge through interacting with their environment and relating incoming information to a previously acquired psychological frame of reference known as a 'system of representation' or 'internal model'. Bruner describes this internal model as first adopted through one's cultural-historical existence and subsequently giving meaning and structure to the regularities of experience allowing the individual to go beyond the information given him. As an active participant in the knowledge getting process, each person selects and transforms information, constructs hypothesis, and where needed, alters those hypotheses in light of evidence that is inconsistent or discrepant (Bigge and Shermis, 1992).

This definition of knowledge as acquired through an active process of interacting with one's environment, leads to the belief that there exists multiple, constructed realities rather than one single true reality. For example, as the researcher began her own academic journey alongside her new friend Sue, they were being taught the same information, yet they were

starting from very different cultural and historical backgrounds and therefore 'internal models' into which they were assimilating that information. They were constructing their own realities interacting with their learning environments and interpreting these through their own working internal models. This would then influence their beliefs, understanding, values and knowledge as teachers and how they interacted with their students. As the researcher later trained and became a play therapist and counsellor her 'internal model' continued to develop and grow through study and interaction with tutors and clients. Indeed, social constructivism (Dunn, 1988, 1993; Wollants, 2007) has been integral to all her learning. The philosophy that reality is socially constructed and that knowledge is 'situated and created within contexts and embedded within historical, cultural stories, beliefs and practices' (Etherington, 2007), underpins this research.

The researcher identifies her position and therefore this research project in the constructivist-interpretivist paradigm. The ontology is that reality is '…subjective and influenced by the context of the situation, namely the individual's experience and perceptions, the social environment, and the interaction between the individual and the researcher.' (Ponterotto, 2005: 130) Thus, if reality is socially constructed, the dynamic interaction between the researcher and participant is central to the research and needs to be acknowledged and accounted for. It is important for the researcher to 'bracket' her own values and how these might influence 'knowing' so that she can seek to find the knowledge that is situated within the context and participants of the research project (Vossler and Moller, 2015).

For the researcher this 'bracketing' of her values involves acknowledging and describing them, being aware of them and mentally placing them in a 'holding place', but not attempting to eliminate them. As the study requires close, prolonged interpersonal contact with the participants, in this case the mothers, to facilitate their learning of the filial therapy skills, particularly the expression of empathy, Ponterotto (2005) describes it as a fallacy to consider that one could eliminate value biases in such an interdependent researcher-participant interaction. Chapter 1 Section 1.8. and Chapter 6 Sections 6.5.1.1. and 6.5.5. unpack aspects of the researcher's values, in particular around power and privilege and the Subjective – I's (Peshkin, 1988) that could impact the relationship with the participants and the research study itself.

3.3. <u>Qualitative Methodologies</u>

Qualitative methodologies are commonly used in counselling and psychotherapy research studies as a means to further develop understanding and knowledge about how the world is constructed. The world in this case being 'a social, personal and relational world that is complex, layered, and can be viewed from different perspectives.' (McLeod, 2001)

> "We construct the world through talk (stories, conversations), through action, through systems of meaning, through memory, through the rituals and institutions that have been created, through the ways in which the world is physically and materially shaped." (McLeod, 2001: 2)

The qualitative methodologies that have been developed each seek to contribute to the understanding of how the world is constructed. Each approaches the task from a different perspective and are here described briefly before considering the unique contribution to and place of the case study within this understanding.

Grounded theory and phenomenological methodologies focus on the meanings through which people construct their own realities. Grounded theory offers a method for analysing data and can be used with different kinds of data including qualitative data such as interview transcripts and also quantitative data (Glaser and Strauss, 1967). It relies on the researcher's immersion into the data, coding it in every possible way and identifying as many categories as possible with the aim of presenting a formal theory to explain that being studied.

Phenomenological studies aim to produce an exhaustive description of the phenomena of everyday experience, thus arriving at an understanding of the essential structures of the phenomenon being studied (McLeod, 2001). That is the aim of phenomenology is to go "'back to the 'things themselves'" to gain an understanding of their meaning (Husserl, 1960, in McLeod, 2001).

Heuristic inquiries focus on the art of discovery rather than on following a set of systematic principles. Moustakas (1990: 9) describes heuristic inquiry as a '…process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis.' The self of the researcher is very much present throughout the process and he experiences growing self-awareness and self-

knowledge alongside understanding the phenomenon with increasing depth. Creative self-processes and self-discoveries are part of the heuristic process.

Ethnographical studies are concerned with the way that worlds are constructed through action, for instance through rituals and social practices. Ethnography studies the 'way of life' of a particular culture or group of people, encompassing all aspects of human behaviour (roles, rituals, belief systems, myths, language, religion, food and history) and the physical environment (Coffey, 1999).

In contrast, discourse, conversational and narrative analysis consider how reality is constructed through the use of talk and language and rely largely on the analysis of transcripts of spoken word in a particular context. For instance, in counselling and psychotherapy, the transcripts analysed would be those of therapy sessions. The focus is on discovering and understanding how language makes things happen (McLeod, 2001).

Hermeneutic research, McLeod (2001) describes as concerned with the interpretation of texts, seeking to uncover and determine a coherence within the actions, behaviours or verbalizations of a particular person or group, particularly informed by cultural and historical perspectives.

Each methodology contributes its unique characteristics to uncovering and discovering 'knowledge', the goal of research. However, none quite capture the processes that this study seeks to observe and understand through following the engagement of various families in the filial therapy intervention. The study has clear goals and research questions that a different qualitative method is more suited to in order to gain new knowledge and understanding of these processes: the case study.

3.4. The Case Study Methodology

3.4.1. What is a case study?

Robson and McCartan (2016: 150) describe case study as:

> "a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real-life context using multiple sources of evidence."

A common way to do qualitative enquiry, case study can be defined by the interest in an individual case (or multiple cases, Rosenwald, 1988) and not by the methods of inquiry used (Stake, 2005). As Simons (2009: 20) explains, what defines a case study is 'a commitment to studying a situation or phenomenon in its real-life context, to understanding complexity' although methodological, philosophical and epistemological preferences may differ. Indeed, Ragin and Becker (1992: 2) describe the case study as 'an analysis of social phenomena specific to time and place' yet they advocate that the question 'What is a case?' be repeatedly asked throughout each individual research study and suggest that the question be reframed as 'What is this a case of?'. They propose that how the researcher answers this question will affect the conduct and results of the research.

In considering Ragin and Becker's (1992) reframed question and the strengths of the case study methodology, the researcher explores its suitability, malleability and applicability for this particular study.

3.4.2. The Strengths of the Case Study

The ability to look through a magnifying glass as it were into the process occurring in the filial therapy intervention is indeed a strength of the case study methodology.

As McLeod (2010) points out, the case study allows for intensive research, that is for several hundred observations to be made or measures collected for each individual 'participant'. In this situation, the 'case' observed is an individual person within a social and cultural group as the 'unit' (Ragin and Becker, 1992). McLeod argues that case studies are 'well placed to capture, describe and analyse evidence of *complex* processes.' (2009:9) The case study therefore is particularly effective in researching counselling or psychotherapeutic phenomenon. As a qualitative methodology, individuals and their stories can be studied in detail in an attempt to make sense of certain phenomena in terms of the social meanings that those individuals bring (Denzin and Lincoln, 1994). It allows a detailed investigation into what is actually happening in the therapy situation, the interactions between the

therapist and client, the processes of change, other circumstances that may affect the 'success' or 'failure' of the intervention and the inclusion and consideration of a range of different data. This then enables the researcher to draw more convincing causal explanations from the case (McCleod, 2010; Widdowson, 2011).

As Flyvbjerg (2006), McLeod (2010) and Widdowson (2011) amongst others argue then, case studies inform practice directly by being context-dependent, embedded in the study of human affairs.

> "Case studies generate context-dependent knowledge which is an appropriate form of knowledge base in social sciences and disciplines based on observation and understanding of human behaviour and interaction in context." (Widdowson, 2011: 26)

> "…in the social and human behavioural sciences…context dependent knowledge and experience… (is at) the very heart of expert activity" (Flyvbjerg, 2006: 222).

Rather than measure the outcome of an intervention under strictly controlled variables, the case study affords the researcher the opportunity to develop explanatory hypotheses and to construct theories that consider complex phenomena and that can be used to anticipate or guide future action (Flyvbjerg, 2006; McLeod, Thurston and McLeod, 2015; Stiles, 2007). Certainly, case studies have been criticised in the past for being too specific and unsuited to controlled testing and thus generalizing from. Yet the very fact that the case study allows for detailed observations in many different forms to be made has defined them as a primary source of theory building within psychotherapy since its origin (Stiles, 2007). This is discussed in more detail below.

For instance, outcome studies such as Ceballos and Bratton (2010) who measured the efficacy of school-based CPRT training with low income first generation immigrant Latino parents discuss their findings in light of culturally relevant observations. The study highlighted the importance of taking into account the cultural context within which the CPRT training is being delivered. This is supported by the phenomenological study by Garza et al. (2009) for example, which highlights CPRT as a relationship model rather than a behavioural one, indicating the importance of researchers being mindful and respectful of and open to aspects of individual cultures that are significant to the participants. The case study, by its very definition of studying a case within its 'real world' context (Robson and

McCartan, 2016), is able to take into account the cultural context of the participant. It also enables therefore the study of therapies as delivered within that same 'real world' context.

Furthermore, Kidron and Landreth (2010) in their experimental study with Israeli parents in Israel found evidence that the CPRT training was an effective method of working within the context of a war-torn country where families experienced prolonged stress and trauma. They too consider the importance of the context in which the research took place. Kidron and Landreth found that these parents, in comparison to the no treatment control group on a waiting list, reported feeling empowered by the parenting skills designed to enhance the children's self-direction and responsibility and were enthusiastic as they described the benefits that they had experienced through positive interactions in their children's lives. For children living daily in fear for their lives and exposed to violence and death, the CPRT appeared to be offering them the opportunity to express their struggles, fears, and emotions with more empathic parents.

These studies highlight the substantial impact of the filial therapy training in unique contexts. In a case study methodology, the processes involved in these powerful interactions could be further examined in significantly more detail. For example, Solis et al. (2004) and Edwards et al. (2007) as has been discussed, exposed one of the crucial factors influencing the parents' acceptance and uptake of the filial therapy principles and practices. Their openness to integrate these into both the play sessions and their relationship with their child, was dependent on how closely they aligned with their own cultural beliefs and values around play and discipline.

In Edwards et al. (2007) the Jamaican mother reported an increase in empathy, a heightened awareness of her child's needs and a stronger relationship with her child following the filial therapy intervention. The researchers were able to observe and verify these results through their own involvement in the case study and the various methods of data collection used. Equally they were able to confirm the mother's expression of some difficulty with limit setting as well as her discomfort in using tracking skills taught as part of the model. The mother described corporal punishment as consistent with her Jamaican culture and her struggle to not use it. Yet in voicing her concerns and conflicts with the techniques in the training, the therapists/researchers were able to have more open

discussions with the clients regarding the acceptability of specific aspects of the filial therapy intervention.

In observing and understanding the incongruity certain expectations of the training aroused for the mother, further knowledge is reached about the processes involved in the efficacy of the filial therapy model with this cultural group and context. It not only raises further hypothesis to be tested but also informs the growing body of knowledge and theory for future practice and research into filial therapy. For example, Edwards et al. (2007: 51) advocate that:

> "Therapists who wish to explore filial therapy techniques with diverse cultures should have open discussions with clients regarding the acceptability of specific aspects of the intervention. Feedback from parents may provide filial therapists with creative ideas that may enhance the acceptability, integrity, and sustainability of future training models."

Indeed, these two case studies in particular were influential in the researcher designing her own pilot study to consider the cultural beliefs, values and practices of Brazilian parents around play and discipline. The study in the form of a focus group, was approved by the ethics committee at the University of Salford and was held with Brazilian parents living within the northwest of England, who have all moved to Britain from various parts of Brazil. The themes that emerged through thematic analysis (Braun and Clark, 2006) highlighted relevant aspects of Brazilian culture enabling the researcher to be better placed to undertake the research study in Brazil. This understanding informed the delivery and development of the intensive filial therapy with the vulnerable mothers and their infants who have all been victims of family violence in diverse situations.

For the current study, the researcher sought not only to determine the efficacy of filial therapy for the specific client group but rather to also explore the emerging interactions, processes and themes. The study sought to generate the context-dependent knowledge that Flyvbjerg (2006) describes, observing and understanding human behaviour and interaction in context. That is, in adopting a case study approach it allowed the researcher to collect evidence at the shelter home about particular mother-child relationships and how they respond to an intervention. It enables the observation of the mother-child interactions within the filial therapy sessions and also within the project itself. It allows for

‘multiple sources of evidence’, giving an in-depth understanding of the experiences, interactions, feelings and attachment between the mother and child.

It is important to note, as described by Finlay (2015) that in qualitative research complexity and ambivalence are celebrated. Part of this complexity is the researcher’s own role, that is the recognition that the researcher was part of what was being studied. Her own background, values, motivations and reactions particularly in the dual role of filial therapist and researcher, influence the study and as noted above, need to be accounted for within the case study. One way the researcher sought to be aware of and to track how she might be affecting the study was to maintain a diary, taking note of her own reactions and feelings to the ebb and flow of the therapy process and possible arising biases and projective identifications. She expresses personal responses to the families as part of the case study analysis to account for this.

The ‘depth’ of study, the discoveries and insights achievable in the case study involve both the potential successes and failures, the strengths and limitations for working with these families in such an environment. Indeed, Flyvbjerg (2006) advocates looking for the ‘black swans’ amongst the white swans as described by Popper (1959: 228) or for the ‘falsifications’:

> “Falsification is one of the most rigorous tests to which a scientific proposition can be subjected: If just one observation does not fit with the proposition, it is not valid generally and must therefore be either revised or rejected.”

If as Popper proposed just one observation of a ‘black swan’ falsified the proposition that ‘all swans are white’, this would stimulate further investigations and theory building. The in-depth approach of the case study, Flyvbjerg (2006) argues, is well suited for identifying ‘black swans’ so that what appears to be ‘white’ can often turn out on closer examination to be ‘black’.

Contrary then to criticism that being so context focussed the case study makes it impossible to generate theory from, it can be argued that it is well suited to theory building (Stiles, 2007). As noted above, observation is a key feature of case studies and also, Stiles (2007: 123) argues, of theory-building:

> "…in any scientific research, observations change theories. They may confirm or disconfirm or strengthen or weaken the theory. More constructively, the changes may involve extending, refining, modifying or qualifying the theory…observations permeate the theory…Thus a theory is not a fixed formula, but a growing and changing way of understanding."

In the case of this research study, it allows for the emerging themes and gained insights to provoke the discussion of how best to support and enhance the attachment relationship so as to prevent problems in the future. It offers possible insights into if and how filial therapy can contribute to breaking the cycles of attachment difficulties and family violence. It allows the generating of proposals and hypothesis about how best to develop the filial therapy training program to best work with families in similar contexts.

Indeed, following their qualitative ethnographic study examining the parents' perceptions of process and outcome of the CPRT model, Edwards et al. (2010) reflect on Blumenthal's (2003) definition of 'capacity building'. Blumenthal defines this as 'actions to improve effectiveness', that research studies have the capacity and potential to bring change and increased effectiveness helping an organisation to actively pursue its mission:

'In this way, the researcher does not leave the system unchanged, but helps it move toward self-sufficiency and improved effectiveness.' (Edwards et al. 2010: 172)

'Capacity building' is a key aspect of this study's objectives and thus the researcher is able through the case study, to develop a critical perspective, to be flexible, analysing and reporting innovative practice, learning from unusual cases and integrating what is learnt into training opportunities and future practice (McLeod, 2010). In this way, the research study can also be defined as 'action research' described by Finlay (2015) as where the researcher aims to improve the quality or performance of a group or organisation as part of the research process.

By '...having two or more 'fixed' or 'sightings' of a finding from different angles" (Delmont 1992: 159), that is by triangulation, which in the case of the case study involves collecting multiple sources of evidence, the researcher is more able to assure reliability and validity of results (Delmont, 2016). Bell (1993: 64) defines reliability as 'the extent to which a test or procedure produces similar results under constant conditions on all occasions' whereas validity informs whether an item measures or describes what it is supposed to measure or

describe. In qualitative research, where reliability and validity in the traditional sense of seeking absolutes, are extremely difficult to assess, Long and Johnson (2000) argue that rigour be pursued. By being rigorous in design and method, data collection, data analysis, explicitly outlining the decisions made, the findings can carry conviction and strength.

Once then, considered 'weak' in design for reliability and validity of findings, the work of Elliot (2001, 2002) and Fishman (2017) for example, have gone a long way to ensuring that the case study now stands as a recognised and acknowledged research method. Elliot's (2002: 1) hermeneutic single-case efficacy design for instance, uses a mixture of qualitative and quantitative methods to create what he calls 'a network of evidence that first identifies direct demonstrations of causal links between therapy process and outcome and then evaluates plausible nontherapy explanations for apparent change in therapy.' The data gathered can then be analysed by a research team to consider the 'plausibility' of the case using a set criteria to identify whether the case sufficiently evidences the therapy outcome.

Fishman (2017) like Elliot, advocates using a mixed methods approach for integrating both qualitative and quantitative knowledge, developing what he calls the pragmatic case study. McLeod (2003; 2010) in a similar vein, describes the features of a systematic case study as including the use of multiple sources of data, studying each case within its social context, data gathering and analytic procedures that are clear and explicit, a consideration of competing interpretations of the data, conclusions backed up by the data, the use of replication, and using a research team or an 'adversary' as proposed by Elliot (2002) to give different perspectives on the data. These approaches have each informed the development of the current study.

3.4.3. The Multiple Case Study

In her therapy room in England, the researcher has a 'communicube' which she uses in work with clients of various ages and with supervisees. The communicube, developed by Dr. John Casson, is a transparent, open, five-level container. Each level is printed with a grid of twenty-five squares. The grid floats within the structure like a chessboard. Small objects such as buttons and stones can be placed in the grid to represent different aspects of an individual's narrative, situation, relationships, intrapsychic or interpersonal dilemmas or conflicts. The objects and levels catch the light and are often reflected by the other

shelves, with the images on one level faintly mirrored in another. Light and shadows fall through the structure, capturing colours. 'A floating world holds within it the tension of opposite polarities and related objects, whether close or distant, echoing our larger cosmos. Viewed from above the whole is instantly visible: a mandala containing disparate elements yet integrated in one world.'
(Dr. Casson, www.communicube.co.uk/communicube.asp)

The communicube transforms from a flat 2-dimensional perspective to a multifaceted 3-dimensional one, offering the opportunity to look at the constructed 'floating world' from different angles and positions. Each angle or position offers a different image resulting in a synthesises of observations taken from a range of vantage points. It enables its 'creator' to discover new understandings and insights that would not have been visible were the 3-dimensional exploration not available.

In a multiple case study, the rich data gathered from each individual case can be positioned metaphorically speaking on these different, transparent levels to allow different 'images' to be 'brought into "conversation" with one another', to 'glimpse features of the object unsuspected by anyone else', to discover the 'complimentary relationship between the images and the synthesis', to uncover new definitions of the experiences of 'self' and one's world in relation to others and their worlds (Rosenwald, 1988). The multiple case study focuses on and draws together the interaction between individual human development and social knowledge allowing for new understandings of both domains which can then inform new behaviours and decision making again at both levels.

The researcher is drawn to this method of enquiry for what it has to reveal not just in a singular case or what Rosenwald (1988) names as a collation of singular cases. Rather the revelation is in how the experience of the individual relates to, learns from and informs the experience of the other, the social world of which each is a part and affects as much as is affected by.

> "The multiple-case study approach…seeks to make readers into participants and thus to help them clarify their lives. Beyond this is seeks to focus on the difficulties, including above all the silences and the perplexities, which obstruct readers' and participants' endeavours to change their lives. It regards these obstacles as yet another kind of social object to be articulated by those who attempt to remove

> them. It should be clear that our ultimate interest is the lot of individuals. This must be socially comprehended and reconstructed. However, to understand what the social world is to individuals, we must consult them more than we ever have before." (Rosenwald, 1988: 263)

3.5. <u>Research Questions</u>

The research study proposes to investigate an outcome question and secondly, a pragmatic one. McLeod (2010) defines the outcome question as one that explores for instance how effective a therapeutic intervention has been in this particular case or to what extent can the changes that have been observed in the participant/client be attributed to the therapy? A pragmatic question considers for instance what strategies and methods were used by the therapist in the case that contributed to the eventual outcome. Or, how were the therapeutic methods adapted and modified to address the needs of the specific client? (McLeod, 2010)

The research questions for this particular study are:

1). To what extent is the filial therapy intervention effective in bringing about change to the Brazilian mother's capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness?

2). What aspects of the intervention used by the therapist promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them?

3.6. <u>Research Methods</u>

3.6.1. <u>Participants</u>

This qualitative study then, in the form of a multiple case study, focused initially on the therapeutic process of four mother-child relationships within the shelter home. The participants were selected through discussion with the staff team which included the director and assistant director, two psychologists (A and B) and two social workers,

according to the appropriateness of the intervention for them and upon their willingness to participate. For instance, filial therapy is not advised for parents who are so overwhelmed by their own needs that they cannot focus on the needs of their children (VanFleet, 2005).

As there is a constant turnover of families at the shelter, it was difficult to recruit the participants prior to the researcher's arrival. The researcher sent the information pack through to the staff team beforehand however (on achieving ethical approval for the project), so that they could familiarise themselves with the material and begin to consider possible participants.

Criteria for participants:

- The mother must have at least one child between the ages of 3-10 years old.
- This child of focus chosen for the intervention must be showing signs of social, emotional and/or behavioural difficulty.
- The mother must have the intellectual capacity to understand the skills being taught.
- The mother must not be overwhelmed by her own personal needs.
- The mother must not be a perpetrator of abuse toward the child.
- As far as can be foreseen, the mother and child would be resident at the project for the entirety of the filial therapy training process.

The proposed participants were approached by the appropriate staff member (one of the psychologists (A)) and researcher upon arrival, who explained the filial therapy training program, its aims and structure so that the mother could make an informed choice as to whether to participate. Issues around confidentiality were also explained. The researcher translated the Participant Information Sheet (PIS) and the consent form into Portuguese. All mothers had attained a basic level of literacy although this was not a criteria for participation. The psychologist and the researcher read through the PIS with each mother for her to understand what the project involved and so to sign the consent if in agreement. If unable to write, the consent process could also have been audio recorded and verbal

consent given. The mother, as the person holding legal responsibility, also needed to provide consent on behalf of her child/ren participating in the research (Daniel-McKeigue, 2007).

The consent form given to each participant outlined:

- Confidentiality when working within a group situation
- Procedures for ensuring the confidentiality of participant's data
- Who would see the research data collected and the results
- Dissemination of the results
- The participant's choice to withdraw from the study at any time.

It was also necessary to gain appropriate 'assent' from the child of focus. Lindeke, Hauck and Tanner (2000: 100) describe assent as 'an affirmation to participate in research' and a 'cooperative process between children and researchers involving disclosure and discussion of the research project' that 'indicates that researchers respect children's rights and responsibilities in the research process'.

As a member of the British Association of Play Therapists the researcher adheres to their Ethical Basis for Good Practice in Play Therapy which states:

> "5.2 For participants who are legally incapable of giving informed consent, Play Therapists nevertheless seek:
>
> 1. The client's assent.
> 2. To provide, in an appropriate and accessible form information relating to research aims, objectives, methods and procedures.
> 3. To consider the client's preferences and best interests.
> 4. To protect the client's welfare, dignity and rights.
> 5. To provide an opportunity to ask questions and receive answers regarding the research." (BAPT, 2013)

The researcher explained the filial therapy training to the child in language that they could understand so that they were able to give their assent. She provided a pictorial representation of the filial therapy and research process to further enhance understanding and to ensure that the child was fully aware that they could stop the research at any point.

This pictorial representation was helpful to the mothers regardless of the level of her literacy skills.

In all the researcher completed this initial stage with six mother-child dyads. One of these unexpectedly left the shelter home before the training phase began. Another was only available to meet at nighttime due to the mother's work schedule. The researcher made the difficult decision not to include this dyad in the filial therapy training as safe travel arrangements could not be guaranteed to and from the home at night. The mother would not be able to participate in the group training so that the researcher would have to train her separately and on a one-to-one basis. She also concluded that the child would be overly tired having spent the day in school and childcare.

Out of the four families that participated one of the mothers was pregnant with her second child and would most probably give birth during the five weeks of the filial therapy process. She was very keen to participate and the staff deemed it important for her to gain at least some benefit from the training and skills. The researcher decided to include her in the process, aware that she would be absent for some of this and unable to gain full benefit. As a multiple case study where each case is studied for its own learning and interest as well as in relationship to each other, the researcher was curious to observe how a new-born baby may impact the mother and son's experience of filial therapy. The baby was born following the group training phase, a natural break in the process. Once she felt able, the mother re engaged with the individual sessions firstly through observing the researcher play with the 'child of focus' whilst she cared for the new-born baby. She then held a few sessions with her son whilst the researcher observed and supervised these. However, at the data analysis stage the researcher decided not to include the data from this family as they had not been able to complete the filial therapy programme in full.

Organisational agreement was given by the director of the project.

3.6.2. Data Collection

As the data collection took place in Brazil, the research time was limited to five weeks, although more than one visit was considered should it have been necessary. The mothers and children were offered intensive Filial Play Therapy training and sessions within their daily routines. The complete process of this research study whilst in Brazil was delivered in

Portuguese allowing participants to understand and express themselves freely in their mother-tongue.

In order to build a reliable and valid multiple case study, the researcher sought to collect multiple sources of data.

The assessment and measurement tools selected below are recommended by VanFleet (2005, 2006) and Bratton et al. (2010). They have been trialled in many different studies and contexts as outlined in the literature review. Out of those recommended the researcher chose to incorporate the measurement tools that she considered a most appropriate fit for use with a case study and that will give the best measures according to the research questions. These were also recommended in a personal discussion about the study with Sue Bratton and Virginia Ryan (June 23, 2017), two experts in the field of CPRT and filial therapy training.

Importantly the Family Play Observation (VanFleet, 2005) and the MEACI (1993) are not reliant on the parent having literacy skills. Rather they video record and allow for observation and measurement during the natural play situation between parent and child. The Family Play Observation advocated by VanFleet (2005, 2006) is regularly used by filial therapists working with individual families. The MEACI has been tried and tested in both quantitative and qualitative studies. Other measurement tools such as the Porter Parental Acceptance Scale (PPAS) and Parenting Stress Index (PSI) rely heavily on the parent being literate and the instruments being translated into Portuguese. This was not a viable option for this study.

Data was collected using a variety of methods here outlined.

3.6.2.1. Interviews with the mother pre and post the filial play therapy process.

The pre intervention interview (Appendix 5) is the standard intake interview recommended by the British Association of Play Therapists and is used to gather information about the child and family at this initial stage. It informs the therapist on the mother's concerns, the child's daily routines and behaviours (both developmentally appropriate and maladaptive), the family history and current situation and the mother's narrative on her family.

The post intervention interview (Appendix 6) is informed by Elliot's (2001, 2002) concept of the Change Interview. Indeed, the researcher adapted it twice to make it more accessible to the mothers. In the first instance the questions were devised to suit the filial therapy intervention. In the second instance, the researcher introduced a more creative way to ask the questions, presenting a more visual and interactive aspect to the process to allow for greater participation from the mother rather than just responding verbally.

3.6.2.2. Case Histories

The social workers provided the researcher with the written case notes and histories that they had taken as each family arrived in the shelter home.

3.6.2.3. Interviews with Key Members of Staff

The researcher gained consent for participation from the main carer/house manager responsible for each mother/family and conducted pre and post filial play therapy interviews with them (Appendix 7). The questions allow the carers to describe the family and the interactions as observed in everyday life, focusing on the mother's strengths and areas of concern as a parent and the child's strengths and problem behaviours. Having explained the filial therapy process to the carers, the interview allowed them to consider how the training programme might support the participating family.

The clinical psychologist (B) responsible for providing mental health support to the mothers responded to the same interview questions in written form. She worked part-time at the shelter home and was not able to meet in person for the interviews, although very supportive of the intervention. As the focus of her work was solely with the mothers, she was not able to respond to the questions about the children and neither was she able to observe potential changes in the parent-child interactions.

3.6.2.4. Family Play Observations

The Family Play Observation (FPO) is recommended by VanFleet (2005) (Appendix 8) as an assessment of family interactions and dynamics pre-treatment, particularly observing behaviours of the 'child of focus' in relating to other family members. It involves a 20-minute play session between the family members which is video-recorded and then

analysed by the therapist/ researcher. The observations and working hypotheses are then shared with the mother for discussion.

The analysis includes observation of:

- Interactions between the child and parent, both attuned interactions and misattuned interactions
- Level of interactions among all participants
- Locus of control in the family
- Methods used by the child to achieve his goals
- Methods used by the parents to control the child
- Verbal and non-verbal affective expressions of the child
- General behaviour of the child
- Neurological or unusual signs eg. Speech difficulties, distractibility In the child
- Problem interactions between the child and other participants

A follow up discussion with the mother was then held to discuss behaviour in the family play observation compared to that at 'home'.

The use of the Family Play Observation including the video recording of the play session as an assessment enables the parents and therapist/researcher to form a working alliance and to decide together on filial therapy as an appropriate intervention. Rye and Jäger (2007) highlight the importance of using the video recording as part of the Observation:

1. To provide 'live' evidence as to whether filial therapy is a suitable intervention for the family.
2. To generate working hypothesis.
3. To involve the parents, in this case, the mothers in the decision about whether to participate in the filial therapy. This will be important in helping the mothers decide about giving consent also to the filial therapy programme/research.
4. To affirm the parents in their existing skills.
5. To discuss with the parents how the filial therapy training will extend and build upon these skills.

6. It provides a 'base line' assessment to which therapist/researcher and parents can return to as the training progresses.

The Family Play Observation can be repeated at the end of the intervention to observe and discuss changes that have taken place.

3.6.2.5. Measurement of Empathy in Adult-Child Interaction (MEACI)

The Measurement of Empathy in Adult-Child Interaction (MEACI) is a standardized assessment tool originally developed by Stover, Guerney and O'Connell (1971). It was later formalized into the current MEACI format by Bratton (1993). It involves rating the levels of empathy displayed within parent-child interactions taken at 3-minute intervals for a total of 18 minutes. The sessions are video recorded to allow for the rating process. There are three subscales that the rater attends to: the verbal communication of the parent's acceptance-rejection of the child's feelings and behaviour (Communication of Acceptance), the parent's verbal expression of and behavioural willingness to follow the child's lead rather than controlling the child's play and behaviour (Allowing Child Self-Direction) and the parent's attention to and participation in the child's activity when invited to do so (Adult Involvement). The highest level of empathy is achieved when all the scales are considered together and the parents attend fully to the child, commenting frequently of the child's expression of feelings or behaviour in a genuinely accepting manner and show clearly that the child is allowed to engage in the activities chosen (Guerney and Stover, 1971).

The attentive care, or empathy, that a mother or father gives her/his child is crucial for many aspects of the child's development. Szalavitz and Perry (2011) amongst others have written extensively about the impact of empathy on the neurobiological development of a child. They highlight its effects stating that it is crucial to:

- Building the child sense of self as a valuable, worthy and loved human being
- Enabling the child to separate self from other, that is, where I end and you begin
- Shaping the brain's systems involved in forming and maintaining relationships
- Shaping the child's capacity to 'self-regulate', to control herself and her responses to feelings, thoughts and experiences

- Affecting and shaping the child's ability to respond to stress: to be able to control our stress response flexibly, is crucial to our survival.

In strengthening the mother's capacity to be empathic and attentive to her child, the attachment bond is also being strengthened. With a more secure attachment, the child is enabled to develop further emotionally, socially, physically and cognitively and to find healing for early developmental trauma.

> "…this special mother-child dance is only the first of many – but it is the model that sets the rest of the relational machinery in motion." (Szalavitz and Perry, 2011:16)

The measurements were taken pre intervention, in the middle of the intervention and in the final session to assess changes in the mother's capacity to show empathy in her interactions with her child. Two independent raters analysed the videos using the MEACI to provide reliability and validity of results. The raters and the researcher were trained in the use of the MEACI by Dr. Jäeger before any rating of the videos was undertaken. Details of the raters are included below as part of the research team.

3.6.2.6. Observations

Observations were made and noted throughout the intake process, the group training phase and the individual family filial play therapy sessions made by the researcher. The clinical psychologist (A) participated in the recruiting of the participants and the group training phase, providing verbal feedback to the researcher. However due to her already overstretched workload she was not able to be present in the interviews and the individual family work. The researcher was conscious also that her presence may have detracted from the work being done once we began the individual phase as the families are very conscious of those perceived as 'authority figures' within the staff team.

3.6.2.7. Video recordings

Video recordings of all sessions were made. These were used both as an aid to the teaching and learning of the play therapy skills in the individual dyads.

As noted above, the videos informed the Family Play Observations and the MEACI assessment, and thus were used for data analysis. They were also used as further training and a supervision tool with the mothers as proposed by Video Interaction Guidance

(Kennedy, Ball and Barlow, 2017). It is the play and interactions between the mother-child dyads that were the focus of the video recordings. The mothers reported finding it helpful to see themselves interacting with their children in this way. It highlighted some of the behaviours which they themselves noted and wanted to change.

The recordings of the group sessions were seen by the members of the group whilst those of the mother-child dyads were seen only by the mother involved. The two independent bilingual inter-raters also had access to specific recordings for the MEACI assessments, although these were anonymised.

3.6.2.8. Transcripts

Transcripts were made in Portuguese of all interviews, Family Play Observations and sessions where the MEACI was applied.

3.6.2.9. Therapist/researcher's diary

The therapist/researcher maintained a diary, taking note of her own reactions and feelings to the ebb and flow of the therapy process and possible projective identifications.

3.6.3. The Research Team

The researcher involved two independent raters here in England to aid in the MEACI assessments. One is a family member of the researcher and is a bilingual clinical psychologist who also grew up in Brazil. She holds valuable professional experience and cultural insight that will further validate the study. The other is a bilingual Brazilian play therapist trained at the University of Roehampton where the MA Play Therapy is accredited by the British Association of Play Therapists. As a Brazilian he holds important knowledge and understanding of the culture within which the study will take place as well as being a qualified play therapist. Both therefore have distinct skills that are important in ensuring the reliability and validity of the study. As professionals they are subject to the ethical codes of practice by their governing bodies and were asked to sign a confidentiality agreement.

The Brazilian clinical psychologist (A) involved in the filial therapy training at the project was also asked to sign a confidentiality agreement. She accompanied the programme in order to learn about filial therapy, to offer further professional insights into the process

and also to be on hand should further support be needed by any of the mothers or children during the training. This was particularly helpful in the group training phase when having two facilitators allows one to be delivering the training supported by another if anyone becomes upset or distressed in any way. As these were vulnerable families it provided more adequate support for the well-being and safety of all individuals involved. In therapeutic work there is always the possibility of a participant becoming distressed, upset or angry. Although the researcher is well placed to respond to this through her training and experience, it was important in the group training sessions to have the clinical psychologist present. This allowed an extra professional to be on hand to support the participant and/or the researcher if needed. As a Brazilian and a professional, she had the ability and capacity to aid in any communication difficulties or misunderstandings.

3.6.4. Supervision

Whilst in Brazil and engaged in the research project the researcher maintained supervisory contact with two supervisors.

Dr Mark Widdowson is the PhD supervisor at the University of Salford, responsible for the research student and her study. The researcher met with Dr Widdowson over Skype for weekly debriefs about the progress of the study.

Nina Rye is a qualified and experienced play therapist and filial therapist, accredited member of the British Association of Play Therapists. The researcher met with Nina over Skype weekly for an hour and a half to discuss the clinical aspects of the filial therapy process. This contact was initiated prior to the research visit and continued post intervention.

3.7. Project Schedule/Stages of Filial Therapy Training

The project took place over a five-week period from mid-August through to mid-September 2018 once ethical approval was granted.

3.7.1. Structuring the filial therapy training for the context

Model & Originators	Time Frame	Indicated for:	Group composition
Individual Family Filial Therapy VanFleet (2005)	18-20 weeks	Families with children showing a wide range of social, emotional and behavioural difficulties, including more persistent difficulties as with group filial therapy (see below). Filial therapy can also be used as a preventative approach to strengthen families bonds.	Individual families with both parents where possible/appropriate and with a child of focus.
Group Filial Therapy (GFT) Guerney & Ryan (2013)	20 weeks	More persistent difficulties between parent-child that have reached clinical levels. Eg. children traumatized by life events, foster and adoptive families with children with more serious emotional difficulties, and families with continuing behaviour problems.	Composed of multiple families, including all members of each family. Each parent learns and delivers individual child-centred play sessions under supervision to each child in their family. Typically, 8-10 fully participating children and a maximum of 10 parents
Child Parent Relationship Therapy (CPRT) Landreth & Bratton (2006) Bratton et al. (2006)	10 session model (Often 2 hour session/week over 10 weeks, or twice a week for 5 weeks, or every day 10-12 days or over 4 weekends – adapted to suit parental needs.)	Families with children showing a range of common behavioural difficulties and relationship issues.	Parents only participate in the meetings. Training using demos and video segments as well as role plays with pairs of parents playing parent-child roles, supervised by leader. Play sessions take place with the children at home and supervision takes place through sharing of videos of home play sessions. 6-8 parents in the group.

Table 3.1. Filial Therapy Models in Working with Families

Table 3.1. outlines the main types of filial therapy currently practised and the existing models for working with families who experience multiple deprivations and trauma. In Chapter 2 the evidence base for the CPRT model was shown to be extensive and adaptable to working with many different client groups and in diverse settings. Guerney & Ryan (2013) also consider adaptations to the GFT model that have been made by various practitioners to meet the contextual and clinical needs of different client groups. These all remain based upon the original model yet differ to varying degrees in group composition, time frame, setting and delivery whilst maintaining adherence to the training structure and content.

On previous visits to the shelter home, the researcher had offered group sessions on the importance of play based on the EPR developmental framework to mothers that were resident at the time. She had experienced an ambivalent response to these, with the mothers reticent to participate and embarrassed to show vulnerability amongst their peers when they did. This had been echoed by staff members who continuously struggled to engage the mothers in anything that involved group participation.

Holding this in mind, the researcher also adhered to the belief that involving the mothers in at least some group work, would be beneficial to them as proposed by Guerney & Ryan (2013). Amongst the advantages of the group filial therapy model, they advocate for:

- The supportive atmosphere where parents can convey understanding and acceptance of another's joys and difficulties embedded in family life, more easily offering peer support and insight in each other's problems that cannot fully be provided by the professionals offering individual families on a filial therapy program.
- The common therapeutic and educational goals where the parents learn together about children and about how to learn a new, therapeutic role with them.

The researcher decided therefore to deliver the training content of the filial therapy program with the mothers in a group to enhance their learning experience and engender the peer support and sharing of insight and understanding amongst them.

However, it then felt inappropriate to bring the children into that group situation where the mothers could easily be triggered into shame as they practiced their skills with the children present. The risk of this giving rise to defensive responses (such as anger, confrontation, inappropriate laughter, shaming of the child) felt too great as well as the consequent risk of mothers dropping out of the program.

The researcher therefore made the decision to continue the second part of the training, that is, the practising of skills with the children, as individual families. The individual family focus also offered the opportunity work in a more attuned way to each mothers' attachment style and her attachment to the child of focus.

In Chapter 6 Section 5.3 two key dynamics that arose during the group training are discussed, supporting the choice of format in this context and implications for future practice.

3.7.2. Training Outline

The filial therapy training therefore closely followed that designed by Van Fleet (2005; 2006).

Week 1:

During the first week of the visit, the researcher had a number of objectives. Firstly, she liaised with the technical team at the project. The team were already aware of the criteria for selecting the mothers and children that might be involved with the research. They had collated possible dyads in preparation for the researcher's visit. The latter liaised closely with the team and one of the clinical psychologists (A) was significant to implementing and monitoring the process providing support to the researcher and learning herself about the filial therapy process.

Secondly, the researcher spent time building relationships with the selected mothers at the project, sharing with them the rationale and purposes of the filial therapy training, explaining what would be involved and gaining their agreement to be participate.

Once the four families were selected and participation consented to, the intake process began. This included the interviews with both mothers and carers, the family play

observations and follow up discussions and the play demonstrations by the researcher with each individual family. The social workers supplied a written case history and the clinical psychologist B completed the interview as a written questionnaire.

Week 2: Training Phase Part 1

The first phase of the training was done as a group enabling the mothers to feel safe and to learn from each other through discussion and role play. The children were not part of this phase.

The rationale, content and process were presented in full. The skills were taught through a combination of experiential activities, didactic teaching, visual imagery and play demonstrations between Clinical psychologist A and the researcher. The mothers were encouraged to practice skills using mock play sessions between them. However, they were resistant to do this together and were more at ease working in turns with the researcher whilst the others observed. The researcher also introduced interactive activities that the mothers could begin to play with their children taken from the Theraplay model (Booth and Jernberg, 2010). She found that the mothers really enjoyed creative activities so encouraged them to make toys as part of the toy kits for their own sessions. This included making a shoe box house and furniture out of junk and art materials, and puppets. In this way the researcher aimed to enable to mothers to take ownership of the kits as well as accept those toys being given through the study.

The training sessions were over 3 days in the afternoons for 3 hours each with a break in the middle. As is customary for Brazilians who are very hospitable, the break included coffee and cake. Longer training sessions were not possible due to the difficulty in the mothers attending all together alongside their other commitments. They also were resistant to engaging for longer than the 3 hours per day. The learning and practising of skills would continue individually in the next phase of the training.

When the mothers had shown knowledge, understanding and reasonable competency in using the learnt skills within the group format, the researcher began work with the individual mother/child dyads for the middle phase of the intervention.

The training sessions were recorded for supervisory purposes and therefore for continued development of skills with the mothers. The recordings were also important data evidence.

Weeks 2-4: Training Phase 2

The researcher began meeting with the individual mother/child dyads 3-4 times a week over the four weeks to carry out the parent and child play sessions. In these, the mother practised and developed the filial therapy skills under direct observation and supervision by the filial therapist/researcher. The play sessions lasted 20-25 minutes each followed by a feedback time between filial therapist and mother. The sessions were video recorded to aid discussion, as data collection and for use in the MEACI assessment at regular intervals through the process. The number of play sessions held varied from family to family with the most being 14 and the least 6.

Once the filial therapist was confident that the mother could manage the play sessions without direct supervision, she was encouraged to hold these herself for 20-25 minutes each day/every other day. The sessions were held in the therapeutic space assigned by the shelter home for the project and the researcher sat in an adjoining room. The mother then met for supervision with the therapist to debrief and discuss any arising concerns and questions. As the mother's confidence grew in her filial therapy skills, the researcher also asked her to consider verbally and in a written form, what feelings and themes the child was exploring in each session. She also discussed 'qualities of character' that both she and her child possessed as proposed by Bratton et al. (2006) in the CPRT model. This was to further consolidate the mother's growing self-esteem and confidence both as an individual and as a parent, and to appreciate the qualities exhibited by their child.

It was also important to discuss the generalisability of the learnt skills into other areas of their daily lives and with siblings of the child of focus.

Week 5

This involved both drawing the process to an end and discharging the families, and the evaluation of the intervention. Post intervention interviews took place separately with the mothers and carers. A further Family Play Observation took place to observe changes in behaviour and practice, and a MEACI assessment completed.

(An outline of the filial training programme undertaken with each individual family is given in the form of tables in Chapter 4.)

3.8. Ethical Considerations

The Director of the shelter home initiated and invited the researcher to introduce filial therapy within this project. He and his management team make decisions approving the different interventions for those in their care. It was important to inform them of the research study and all its possible implications, particularly to ensure their support to work at such an intense level with the mothers and their children. It was necessary to obtain informed consent from the mothers and children, explaining the process at an appropriate level to both of these (McLeod 2003; 2010).

Although having spent many years living in Brazil and fluent in Portuguese, the mothers could still potentially consider the researcher as a 'gringa' (white outsider) which may influence the power balance and their willingness to engage in the process. She therefore was mindful to be authentic and open in approaching the mothers, treating them with respect and unconditional positive regard, attempting from the very first meeting to develop I-Thou (Buber, 1958) relationships with each one. As she had not returned to Brazil for about three years, the researcher's Portuguese was somewhat rusty and this enabled the mothers to help her with the language which in turn placed them in the role of 'expert' shifting the power balance. It also allowed for some moments of humour.

Etherington (1996) considers the ethical issues arising from the counsellor being the researcher and highlights the importance of the quality of the relationship between researcher and subject, working together to meet the needs of both. Although the researcher held the 'expertise' in filial therapy in this case, the mother was the expert on her own family, their experiences, the family dynamics and in particular the child of focus. The researcher and 'subject' needed each other in this relationship, to learn from one another, growing in knowledge and understanding together. Developing a relationship of trust, respect, acceptance and congruence was of prime focus throughout the filial therapy

process and this went some way to alleviate the power imbalance. This is discussed more fully in Chapter 6.

Careful consideration of the issues around confidentiality were given, particularly as video recordings were taken as evidence. All data collected was and continues to be stored securely, with electronic data encrypted and password protected. The research participants were provided with a research code, known only to the researcher to ensure that their identity remained anonymous and confidential. All data collected including video recordings and transcripts, was anonymised and coded. Data sharing to allow for verification of analysis by the inter raters in England was consented for. When the video recordings were shared electronically for analysis they had been encrypted, anonymised and identified only by a code. The case studies are written in a way to disguise the identity of the research participants involved. Data which can directly identify an individual is omitted or changed.

No feedback was given to the staff team during the time that the study was carried out unless consented for by the mothers. The mothers were made aware that their data would be anonymised for use in the research study and in future publications and training. They each gave their written consent for this. On completion of this PhD study, the directorate of the shelter home will have access to the both the study and future publications. Having known the families that participated, it will not be possible to obscure the identities completely, however they are representative of many families that pass through the home over the years.

As McLeod (2003) advocates the ethical principles of beneficence, non-maleficence, autonomy and fidelity were at the forefront of this research study. Ethical approval for the study was given by the Ethics Committee of the University of Salford on the 31st July 2018.

3.9. <u>Researcher Allegiance Bias</u>

A criticism levelled at the case study is that of researcher allegiance bias or as Flyvbjerg (2006: 234) describes it '…a bias toward verification…the tendency to confirm the researcher's preconceived notions, so that the study therefore becomes of doubtful

scientific value.' As the researcher in this study is also the filial therapist directly involved in the therapeutic process of the families or 'cases' involved, she will inevitably be influenced by her subjectivity and (unconscious) bias. In fact, as pointed out by Finlay (2015) above, complexity and ambivalence are celebrated in qualitative research so that in this case the researcher's own role in the study becomes part of what is being studied.

However, the researcher integrated various strategies outlined below to mitigate against such bias and thus work towards a more objective analysis of the data.

- The participant's voice and perspective is sought through the initial intake interview and again through the post intervention Change Interview (informed by Elliot, 2001, 2002).
- The carer's perspective is sought through pre and post intervention interviews. Their voices may also hold some bias dependent on their own social construction of the family's situation, their experience and role in the shelter home, their relationship with other team members, their own child rearing practices influenced by their own social and cultural histories, their relationship with each family and how they perceive both the research project and the researcher.
- The use of a standardised measurement tool, the MEACI (1993), and two independent inter raters.
- The use of Ryan and Edge (2011) thematic analysis of play sessions to consider play themes explored by the children and the changes and development of these during the intervention.
- The researcher maintained a reflexive diary to record her own reactions and feelings in response to the therapy process and possible arising biases and projective identifications. This enabled the researcher to be aware of her own values and motivations and so to 'bracket' (Ponterotto, 2005) these in the therapeutic process with the mothers and children.

Subjectivity and its possible impact on the therapeutic process is discussed more fully in Chapter 6.

3.10. <u>Data Analysis</u>

As Wolcott (1994) suggests, there have been various unfolding stages of data analysis which this chapter will now outline. With the multiple sources and types of data collected this has been a substantial and lengthy process. It allows for a rich and comprehensive collection of information and for the triangulation of the data and therefore increased reliability and validity of the results (Iwakabe and Gazzola, 2009; Delamont, 2016).

3.10.1. <u>Initial Stages of Analysis</u>

The majority of the data analysis is qualitative in nature involving an iterative inductive process. The first stage has been to assemble the raw data pertinent to each family, building a comprehensive and rich narrative or case study of the family and their engagement in the filial therapy process. Like Wolcott's (1994) description phase of 'transforming' the data, it seeks to address the question 'What is going on here?' by staying as close to the data as originally recorded.

The case study includes:

(i) *the intake phase* including referral information, aims for each family in participating in the filial therapy process, interviews with the mother, the carers and psychologist, the family play observation and follow up discussion, and the scores for the Measurement of Empathy in Adult-Child Interaction tool (MEACI) and the researcher's own response to the family at this beginning stage.

(ii) *The training phase* which documents in detail each session during the filial therapy program with a description of the play and mother-child interaction followed by the post session discussion with the mother. The MEACI was applied at the mid-point for each family.

(iii) *The post training phase* comprising of the interviews with the mother and carers, the final MEACI scores and a final Family Play Observation.

All the interviews, the Family Play Observations and the sessions which were analysed using the MEACI have been transcribed and remain in Portuguese. The decision to keep these in Portuguese and not translate them was made as it was not necessary to the

analysis process. The inter raters needed the transcripts to remain in Portuguese for the MEACI analysis. Only sections needed for the trail of evidence have been translated and included in the thesis.

All video recordings of the filial therapy sessions and follow up discussions have been summarised and described in detail in English. This process was possible with the researcher being fluent in both languages.

As the filial therapy training is relationship based and the researcher/therapist is fully involved in the process alongside the mother and child, much of the data is co-constructed. As highlighted by McLeod (2010), it is important therefore to allow for the researcher's reflexivity on the process, an awareness of and emphasis on the therapeutic relationship, the participants' voices to be expressed and heard, and the reporting of contextual factors. This is evident in this 'raw data' stage, particularly as the researcher includes her responses to the process through creative expression, particularly poetry and collage.

The collage allowed exploration of all the themes that were emerging for the researcher. This creative representation enabled her to name and begin to consider the importance and role of each one. The creative process also allowed for the exploration of subjectivity in the process of the research (Simons, 2009) as well as further opportunities for reflexivity (Etherington, 2007).

3.10.2. Middle Phase of Analysis

This middle phase of analysis involves what Wolcott (1994) describes as examining the question of how things work or why they don't, moving beyond the merely descriptive to systematically identify key factors and relationships, themes and patterns from the data. It involves an immersion into the data in search of how for instance empathy develops, if at all, in the mother's interactions with her 'child of focus' through the filial therapy process.

The process involved several stages outlined below taken in turn for one family at a time.

1. Re-reading all of the family's case history, intake process, session summaries and feedback summaries compiled in the initial phase of analysis.

2. Informed by the Braun and Clarke's (2006) model of thematic analysis, four overarching themes were initially identified from both the session and feedback summaries whilst keeping the research questions at the forefront of the analysis. As there was an extensive amount of data to analyse, these four themes enabled the researcher to then consider and analyse each theme in closer detail.

3. Two visual flow diagrams were created to capturing the overarching themes for each family and portraying the 'codes' identified in (i) the sessions and (ii) the feedback sessions. The 'codes' represent the mother's responses in the play sessions and both mother and researcher's responses in the feedback sessions.

4. ACE's/trauma in the mother's own history are identified and described which may impact on her ability to build a strong attachment relationship with her child and to engage with the filial therapy training.

5. A return to thematic analysis informed by Braun and Clarke (2006) includes extrapolating 'code clusters' from the mother's responses throughout the filial therapy process, both from the session summaries and the flow diagrams. These are initially presented as a list of 'extrapolations' noting which sessions these were identified within and thus where examples found.

6. This step of thematic analysis was applied also the feedback discussions, both in summary form and in the flow diagram. 'Code clusters' were extrapolated about the mother's engagement in the process and her development of skills. Presented as a list of extrapolations, corresponding sessions are identified alongside.

7. The same process was applied to the determine the researcher's skills and interventions used during the feedback sessions. 'Code clusters' were extrapolated with corresponding sessions highlighted.

8. A re-engagement with all session notes and videos then took place to confer the validity of what the above analysis was revealing.

9. Flow diagrams were adjusted to annotate and clarify further observations from this re engagement.

10. A re-engagement with all session notes and videos to give the mother's voice expression throughout her engagement with the researcher in the feedback process and any possible impact on each subsequent session. Significant interactions with the researcher were noted.

11. The researcher actively engaged with the 'extrapolations' or 'code clusters' to determine themes within each of the four broad themes (Braun and Clarke, 2006). These are presented as tables in the results chapters. For instance, the mother's responses are placed under the following six themes: the four developing skills, those that show that she is overtaken by her own emotional needs, and those that show she is integrating learning from the feedback sessions.

12. Ryan and Edge's (2011) thematic analysis (see section 3.10.3. below) was used to consider themes session by session in each child's play. The researcher added the full list of sub-themes identified by Eric Erikson (1963) for each stage. Ryan and Edge's form had excluded some of these (2011) which the researcher believed were important to include for the full analysis. This is explained further in Section 3.10.3.

13. The researcher then 'extrapolated' overall themes and development of play throughout the filial therapy process in the child's engagement with the toys and his/her mother. Again, these are initially presented as a list with sessions identified alongside each theme.

14. When considering a child's process and progress throughout a play therapy intervention with a play therapist, there are a number of 'markers' that have been identified, for instance by West (1992) and Landreth (2012). These 'markers' denote four stages in the therapeutic process and allow for the evaluation of the intervention and the consideration of when a child is ready to 'end' (also discussed

briefly in Chapter 1). The researcher has created Table 3.2. to illustrate the four stages and to consider the process and progress made by each of the children in the filial therapy intervention.

The researcher then created a flow diagram to visually track the child's engagement and progress session by session according to these four stages. Four colours are used to denote the four stages as their play develops throughout the intervention.

15. Finally, to validate this process, the researcher identified one of the child's main themes from the Ryan and Edge (2011) analysis and applied the four stages to that particular theme to monitor and evaluate progress and the development of play. The same four colours are applied to the play identified within the theme over the course of the sessions to track the child's engagement with the theme and progress within.

Further detail outlining the trail of analysis for both the thematic analysis informed by the work of Braun and Clarke (2006) and the play themes (Ryan and Edge, 2011) can be found in Appendix 9 and Appendix 10 respectively.

3.10.3. The Role of Themes in Non-Directive Play Therapy: Ryan and Edge (2011)

Ryan and Edge (2011) consider the role of themes in non-directive play therapy. They discuss why and how play therapists identify themes within a child's play which capture the main issues and emotional content being expressed and explored. When therapy is 'successful', the emerging play themes change towards more positive and developmentally typical ones. They consider also that themes are 'co-constructed' in the dynamic process between the therapist and the child.

It is important to note that non-directive play therapy practice emphasizes relationships and play experiences as leading to emotional well-being in and of themselves, without children necessarily displaying conscious understanding of these processes through verbalization (Wilson and Ryan, 2005). The play therapist will not generally identify these themes to the child unless in light of an upcoming review with parents/carer. Here she may first discuss themes with the child to see if they are in agreement for these to be shared. Themes are not 'written in stone' but rather inferences or working hypothesis to enable

the play therapist to understand, reflect on, discuss and hold the significant, underlying, emotional issues that children express spontaneously in their play therapy.

Erikson's (1963) developmental stages are adopted by Ryan and Edge (2011) to develop a system of categorization. Taking his broad conceptualization of emotional and social development as consisting of opposite polarities with "positive" and "negative" valences, they create a proforma that play therapists can use to identify both themes and the developmental conflict that seems most 'at play' for a particular child. Erikson's assumption is that normal development consists of a preponderance of positive themes and smaller numbers of negative ones. Ryan and Edge (2011) suggest these themes, when researched, may later be more usefully formalized as points along a continuum, with elements of both polarities being present in certain themes. This is certainly to be found in the analysis of the families' sessions included in the current research project.

Although Ryan and Edge (2011) devised the proforma, they highlight that further research needs to be carried out by experienced play therapists to ascertain its reliability and validity as a usable classification scheme for themes in non-directive play therapy. The researcher has chosen to use this categorization as it is constructed upon the theoretical underpinnings of child development and the role of play as described in Chapter 1. It leans itself also to analysing therefore the themes explored in the child-parent dyad in the filial therapy training. On contacting Virginia Ryan for the complete proforma, the researcher noted that not all the sub-themes had been chosen and included in the categorisation. Only six sub-themes for each of the conflicts were annotated, three for a positive resolution and three for a negative resolution, and no emotions were included. She therefore returned to Erikson's sub-themes and emotions, adding these herself to the pro-forma to obtain the fuller data set. She also created a column to record which sessions the play/themes had been observed within so as to further analyse progress and development if any, in the child's play over the course of the intervention. Although the researcher adapted the original proforma, she has not taken away any data points, rather increased these to gather further evidence in support of Erikson's developmental stages in the children's play. The table in Appendix 11 shows the sub-themes included in the original proforma created by Ryan and Edge (2011) alongside those added for the current study.

It is important to note that the 'co-construction' of the themes in filial therapy is between parent and child and observed by the filial play therapist rather than therapist and child. The themes become a point of reference and discussion between the parent and filial therapist. They can be used for feedback enabling the parent to become more aware of the issues arising through the child play and thus encouraging her to respond with increased attunement, empathy and acceptance. Indeed, through the filial therapy programme the parents are taught how to identify possible themes themselves.

Ryan and Edge (2011) also consider whether the play theme is more individual where the focus is more on a child's sense of self as an individual (noted as an I), or more relational where the primarily focus is on their relationships and sense of others (noted by an R). Alongside this, whether a particular play sequence is age-appropriate or belonging to an earlier developmental stage is recorded. Again, the assumption being that as the child resolves emotional conflicts, he will play in more developmentally appropriate ways.

Stage One **Outpouring of negative feelings.**	**Stage Two** **Negative feelings more directed.** **As trust in play therapist grows, child feels accepted.**	**Stage Three** **Safety to express conflicting and ambivalent feelings.**	**Stage Four** **Stronger emergence of positive and realistic feelings.**
Profuse, diffuse behaviour targeted appropriately and inappropriately. Extreme behaviour.	Child able to focus anger or fear on definite things or people outside of themselves.	Building of positive feelings.	Child introjected good-parent image and feels good self-image inside.
Diffuse negative feelings expressed everywhere in child's play.	Child may have courage to try out anger or fear at home or school.	Stage of acute ambivalence – positive and negative feelings expressed towards parents, siblings and others.	Child feels more secure, increased self-esteem and can feel more positively towards others.
Child may have lost contact with real self.	Fear and anger targeted at objects that have caused the problem instead of substitute figures and situations.	Child tries to engage play therapist more actively or differently.	Child adjusts to reality and sees others as they are.
Unease may be widespread, indiscriminate or unattached to person and/or situations that provoked the problems.	Eruptions of fear and anger can be intense as child expresses and releases negative feelings.	The beginnings of a more age-appropriate relationship with play therapist.	Child more accepting of self, having experience acceptance by play therapist. Self- acceptance and self-respect.

When acting out child displays hostility and aggression indiscriminately, toward self, toys or play therapist.	Possible regression in play.	Child may begin to verbalise and discuss concerns to some extent.	Child able to make appropriate decisions and to take some self-responsibility.
Anxious children are afraid of everything and everybody. Prefer to be left alone as anything might be harmful.	As negative feelings expressed, child able to experience acceptance and self-worth.		Child more able to own and respond to their feelings, including anxieties, frustrations and anger
Exploratory, non-committal and creative play. (Landreth, 2012 -summary of process)	**Aggressive play and verbalisations about family and self.**	**Increasing importance of relationship with therapist.**	**Importance of relationship with play therapist. Dramatic play. Expressions of feelings.**

Table 3.2: Therapeutic Process and Evaluation – Four Stages (adapted from West, 1992 & Landreth, 2012)

3.10.4. Cross Case Analysis

At this stage, the individual case comes into conversation with each of the other cases. Here the researcher began to look for the similar and conflicting themes, patterns, key factors and relationships between these. (Rosenwald, 1988)

The first step taken was to note down initial thoughts that were emerging for the researcher in response to the initial and middle stages of analysis. It was important next to return once again to the research questions and the exploration of emerging key factors that might draw the cross-case analysis back to answering these. The researcher turned to the work of Miles and Huberman (1994) who advocate the use of what they call meta-matrices or master charts in order to assemble descriptive data from each of the cases in a standard format. In so doing all relevant data is condensed and the single-cases displayed and juxtaposed. From this, it is then possible to divide the data further in new ways and to cluster data that fall together so that contrasts between the sets of cases on variables of interest can become clearer. The partitioned and clustered meta-matrices become progressively refined, usually requiring further transformations of case-level data. These may be into short quotes, summarizing phrases, ratings and/or symbols.

Following this process of analysis, meta-matrices were created and further analysed in response to the two research questions. A detailed description and discussion of the process, alongside the meta-matrices, can be found in Chapter 5 Cross Case Analysis.

3.10.5. Interpretation Phase

'What is to be made of it all?', Wolcott's (1994: 11) final stage of analysis, goes beyond 'what can be explained with the degree of certainty usually associated with analysis'. Instead, it reaches an understanding that 'transcends factual data and cautious analysis and begins to probe into what is to be made of them.' (p.36). Once the analysis of the data collected for both the individual family cases and the cross-case analysis have been presented in Chapters 4 and 5 respectively, these will be 'interpreted' and discussed in Chapter 6.

External validity can be established at this stage, by an independent adjudicator or an adjudication panel as to whether they find the case study credible and useful. As mentioned above, these can assure validity of claims to effectiveness of the filial therapy and ensure against researcher allegiance bias (Elliott, 2002; Widdowson, 2011).

3.12. Conclusion

Chapter 3 'The Fabric and Design' has described both the methodology adopted and the data collection and analysis implemented in this multiple case study. It can be seen throughout that the researcher has pioneered a new path in respect to analysing the data collected not just for each individual family but also in cross-case analysis. As she turns now to presenting the results, the individual case studies will first be 'constructed' and 'built' to enable the reader to gain insight into each family's response to and engagement with the filial therapy process. It is hoped that the reader will act as an independent adjudicator to judge whether they find the case studies credible and useful to the growing body of evidence of the effectiveness of filial therapy (Elliott, 2002; Widdowson, 2011).

Chapter Four – I Will Build My House

Results – Individual Cases

4.1. Introduction

A rich case record was compiled for each of the three participant families. This chapter provides a summary of each case study in turn, *providing the results of the individual case analysis rather than a discussion of these*. This will follow in the cross-case analysis and the discussion chapters. Each summary includes:

- A *case history* taken from the family's file record and interviews with the psychologist and carer.
- A summary of the *family's referral* to the filial therapy programme, including the *aims identified* for each family by the psychologist and carers involved with the family's care.
- A summary of the researcher's *intake interview* with the mother.
- The *initial working hypotheses about the family interactions* identified in the Family Play Observation and the follow up discussion with the mother. The Family Play Observations (FBO) were transcribed by the researcher and remain in Portuguese. Full analysis using the guidance by Rye and Jäger (2007) for each case study can be found in the appendices.
- A brief summary of the *play demonstration* between the researcher and the child.
- A detailed analysis of the *child's therapeutic process and development of play* (Landreth, 2012) including the thematic analysis originally designed by Ryan and Edge (2011) and adapted by the researcher, and Erikson's (1963) developmental stages. In first considering the child's play before the mother's engagement, it is possible to gain an understanding of what themes s/he was exploring in each session, how the play developed and whether the filial therapy sessions with the mother enabled the child to process these and move forward.
- An analysis of the *mother's responses* in the filial therapy sessions and feedback discussions.
- An analysis of the *filial therapist's responses* in the filial therapy feedback discussions.

- The *final assessments* including the Change Interview, the final interview with the carers, the final Family Play Observation and the Measurement of Empathy in the Parent-Child Interaction scores.

4.2. Case One: Marcia and Gonzalo

4.2.1. Case History

Marcia had been at the shelter home for just a month with three of her four children. The eldest son was sent to an orphanage for adolescents. This separation caused Marcia much distress especially when he ran away. Kelly, a thirteen-year-old daughter, Gonzalo, 10 years old and Paulo, 2 years old were housed with her in one room.

Marcia sought help when the family found themselves homeless and under threat from a drug trafficking gang. Marcia had never had a secure home for her family and at various points had sought help from a variety of services.

Raised initially by an alcoholic mother, Marcia was thrown out on the streets at a young age to fend for herself. A maternal uncle took her in, teaching her basic life skills and allowing her to complete her primary school education. Marcia fell pregnant as a teenager although the baby was stillborn. She met the father of her two eldest children whom she lived with for five years. Marcia describes him as very aggressive both in words and physical assaults.

Marcia, now thirty-four, has held a string of jobs from a young age to care for her family. Gonzalo and Paulo's fathers have no contact with the boys or pay her any maintenance towards their keep.

Marcia's parents are deceased and she has no contact with her three siblings. Both her father and one of her sisters were assassinated at young ages linked to drug gangs. Her Uncle continues to be her only attachment figure and he takes in her eldest son during the time the research study takes place. Gonzalo has grown up with much uncertainty and multiple moves. He, like his siblings, has been left alone at home whilst Marcia has gone out to work.

4.2.2. Referral to the Filial Therapy Programme

The psychologist and two carers in the respective interviews, express concern for Marcia's vulnerability and that of her family due to poverty, homelessness, isolation and lack of support within society. They identify that Marcia lacks social skills and self-understanding and therefore shows weak attachments and a lack of maternal involvement with her own children. She struggles to position herself as 'mother' with the authority that this should afford her to put in place appropriate boundaries and limits with each of her children. Without these boundaries, the children lack direction and guidance resulting in a lack of respect and frequent conflicts between them all.

All highlight Marcia's verbal and physical aggression towards the older siblings and her lack of nurture, care and affection towards them, pointing out her favouritism towards the youngest son. They say Marcia refuses to listen to or accept any guidance and help in her parenting and that she lacks motivation and urgency to find herself paid employment to support her family.

Both psychologist and carers describe Gonzalo's 'helplessness' in relation to his mother and her behaviour towards him and his need to have a more present, caring and affectionate mother. The carer describes that since the family arrived at the refuge, she has not observed Marcia say anything kind or encouraging or show any sign of affection to him. They have only witnessed criticism and aggression. Gonzalo's own lack of respect for his mother, his angry outbursts at her and his aggressive language are highlighted as areas of concern. They note his desire to play and to use his imagination whenever he can seize the opportunity.

The aims therefore in referring Marcia and Gonzalo for the filial therapy programme as identified by the psychologist and carers were:

- To promote the positive interaction and communication between mother and son thus improving the quality of this relationship
- To foster Marcia's love, care and affection for Gonzalo
- To strengthen the fragile attachment that exists between mother and son
- To help Marcia lower some of her defences and to accept help with her parenting style and skills.

4.2.3. Intake Interview

Marcia expresses concern for Gonzalo's 'agitated' and hyperactive state, particularly in the evenings after school when he appears to let off steam, playing and jumping around. She believes that he has witnessed violence on the streets between the police and drug gang members whilst playing out with his friends and is concerned for his future choices.

Marcia describes Gonzalo's behaviour as often 'explosive', where he becomes very angry, impatient and verbally aggressive. He struggles to sleep and thrashes about in the night. He defends his family members, particularly his younger brother.

Gonzalo has good daily routines whilst at the home. Marcia believes his good health and physical well-being is partly due to being breastfed until he was four. He has fallen behind in school, currently studying with children younger than himself. He loves to draw, read and play by himself with his cars. He shows much care for animals.

Marcia describes some of her family history as noted in the case history above. She adds that her father died when she was three, so she has no recollection of him. Her mother died a year ago. Marcia says that Gonzalo does not want contact with his father who lives in a dangerous area of the city.

Finally, Marcia explains how she self-referred for help, appearing embarrassed whilst describing that she couldn't manage to look after her family and were thrown out of their home.

> *'He is very agitated and he wants to defend his brother, but then he ends up wanting to hurt someone. Then he starts to shout, stressed, you know. Then I lose patience with him, but I am not allowed to hit him here, I must find another way. Today I am taking him to the doctors as I think he needs medication…he needs something to calm him. Even at night-time he hits himself. This is not normal, a child hitting himself all night.'* (Marcia)

4.2.4. The Family Play Observation

The full analysis of the FPO with Marcia, Gonzalo and Paulo found in Appendix 12 considers their individual attachment behaviours as they seek to draw near to and connect with each other. Each one has found their own way of doing this in relationship to each other as can be seen in the 'Initial Hypothesis' found below. Marcia appears to need to feel in control

whilst trying to initiate play on her terms, often missing opportunities to attune to her sons by coming alongside and 'seeing' what they are doing, 'seeing' and valuing them and their experience. The brothers appear quite content playing independently, feeling some degree of safety. They both reach out to Mum in different ways in attempts to be seen and heard, behaviours that often go missed. Marcia is quick to feel 'threatened' by their behaviours, in particular Gonzalo's, which she receives as 'shaming' and so moving to defend herself and 'shame' him in return.

These behaviours are suggestive of an insecure ambivalent attachment style both in Marcia herself and then perpetuated in her relationship with the boys, particularly with Gonzalo. He cannot be sure of her response to his reaching out for her attention, how he will be met. He plays alone, he defends himself when misunderstood, he insists on a response, he narrates to his own play, unheard. When there is rupture, there is no repair, just a desire to be 'right', in control.

The initial working hypotheses about the family interactions following the FPO were:

1. Marcia tries hard to remain present, attentive and engaged with both boys.
2. This presents a challenge as they are both at different developmental stages, play very differently and have different needs.
3. Both Paulo and Gonzalo are curious, eager to play and interact with the toys.
4. Marcia struggles to stay attentive to the boys, often prioritising her own desires, interests or needs, losing focus on them.
5. Marcia's intentions appear well motivated, wanting them to notice all the toys and make the most of the experiences on offer.
6. All play side by side rather than together for most part but have moments of 'togetherness'.
7. Both boys make bids for Mum's attention in age-appropriate ways initially but when these go unheeded, they seek other ways to persuade her to engage with them. This is particularly so with Gonzalo.
8. Mum perhaps feels inadequate at times and may experience feelings of shame.

9. She projects this discomfort onto Gonzalo and provokes arguments as he fights against being shamed by her.
10. Mum struggles in knowing how to relate appropriately to the boys, unaware of their individual needs and emotions being expressed, and distracted by her own worries.
11. She commands obedience verbally and by reminding Gonzalo of his 'failings'.
12. Gonzalo has to insist for his needs and voice to be heard, perhaps sometimes in 'naughty ways' as suggested. He shows determination, resilience and some confidence.
13. He is caring and patient towards his younger brother, perhaps holding and containing some frustration however that comes out in other behaviour.
14. Marcia also has two teenage children that must fit into the family dynamics highlighted above, teenagers with their own set of needs and demands for her to respond to and manage.

In the follow-up discussion with Marcia, she immediately states that she has never played with her children in this way before and that she doesn't know how to play with them. She feels 'fora da brincadeira' or 'removed' from their play, aware that they both want her attention whilst playing with different toys and in different ways. Marcia reflects on her own desire to play. She expresses awareness that play is important to children's development and also the need to speak kindly or lovingly to them. In this way, she says, they are more likely to be happier and obedient, instead of angry and rebellious if they have been shouted at. She appears to have 'head knowledge' about positive parenting.

4.2.5. Play Demonstration

Gonzalo sets up a scene of threat and danger, depicting numerous situations where someone or an animal or creature, is surrounded by danger in the form of predators or armed soldiers. Nowhere looks safe apart from a baby placed up high on a tall bale or a cow and lady within a fenced area. These still look precarious. Marcia 'scoffs' as he sets up each scenario.

After Gonzalo has left for school, Marcia explains that she became aware that he was placing all the figures in dangerous places and therefore she laughed. She reflects on the danger the family has been in. We discuss how Gonzalo's 'world' created with the toys may be a reflection on how he feels, or has felt, over the course of their various moves as a family, exposed to dangerous situations and environments.

Images 4.1. & 4.2.: Play Demonstration with Gonzalo

4.2.6. Filial therapy training programme with Marcia and Gonzalo

The following table outlines the structure of the filial therapy training that took place with Marcia and Gonzalo.

Sessions	Summary
1	As Marcia had missed much of the group training, the filial therapist worked with Gonzalo herself for the first half of the session modelling the skills and then handing over to Marcia to have a go. In the first feedback session the filial therapist went over the first 3 skills again with Marcia giving examples directly from Gonzalo's first session.
2 - 8	Child led play sessions with Marcia practising filial therapy skills. Younger brother in sessions due to his separation distress and the unavailability of appropriate/willing childcare for him. Filial therapist in room observing. Followed by feedback with mother, reenforcing skills. From session 7 filial therapist begins to use video interactive guidance to further learning in feedback sessions.
8	As above sessions but situation that arises with younger brother allows filial therapist to directly teach limit-setting skill.
9-10	Child led play sessions with Marcia practising filial therapy skills. Younger brother no longer in room, being cared for by older sister. Filial therapist no longer in the room, now in adjacent room.

	Video recording watched together with Maria following session and feedback discussed. Reenforcing skills.
10	Ending session – recording used for final FPO and MEACI measurements.
Please note:	The child led sessions were for 20 minutes each followed by a 10-20 minutes feedback session between the filial therapist and Marcia.
	Sequence of Gonzalo's play over the course of the sessions can be found in Diagram 4.1. Four Stages of Therapeutic Process and Evaluation - Gonzalo
	Flow of Marcia's Responses in Play Sessions (session by session) – Appendix 14 (flowchart)
	Analysis of Feedback Sessions with Marcia (session by session) – Appendix 15 (flowchart)

Table 4.1. Filial Training with Marcia and Gonzalo

4.2.7. Gonzalo's Therapeutic Process and Development of Play

Gonzalo's play during the filial therapy intervention was largely 'projective play' (Jennings, 1993, 1999) where he engaged with the small world toys to create scenes and narratives across the mat defined as the 'therapeutic space'. These included figures, animals, dinosaurs, monsters, cars, fences and feeding troughs. Gonzalo liked to draw and engage his mother in a drawing and guessing game. He also enjoyed 'embodiment play' with the sensory toys and some 'dramatic play' with the doctor's kit and finger puppets. With the latter he would concede control to his mother and allow her to lead the interactions, perhaps unsure how to do so himself.

4.2.7.1. Thematic Analysis Using Ryan and Edge (2011)

The researcher analysed each play session to identify themes using the Ryan and Edge (2011) categorization. A subsequent list of extrapolations drawn from the analysis was made (Appendix 13). Here a brief consideration of Gonzalo's play in light of these first four developmental conflicts will be given. His play incorporates aspects of each of these conflicts and as the sessions progress the researcher would propose that there is an increase in the positive sub-themes and a decrease in the more negative ones. However, some of those that Gonzalo is grappling with, are in 'defence' of his mother's behaviour, caused most likely by her own unresolved developmental conflicts. He cannot resolve them entirely whilst managing the current relationship between them.

4.2.7.1.1. Trust versus Mistrust (0-18 months)

Much of Gonzalo's play centred around the conflict of 'trust versus mistrust'. This appeared to be at a personal level in terms of relationships, particularly with his mother, and at a societal level, having observed the immediate world around him.

The scenes Gonzalo creates are 'whole' scenes telling a story and change over the course of the intervention. They begin as chaotic and confusing, with maximum danger and threat present. Indeed, these 'worlds' explore themes of danger, threat and aggression vs. safety and containment. He appears to grapple with a lack of clarity in who is trustworthy over who is not, who is good or bad.

Gonzalo's play appears to reflect some of his experience of growing up exposed to the dynamics of threatening situations on the city's streets. This is validated by Mum's explanations in the feedback sessions. Gradually, the scenes he creates evolve, becoming more organised, with dangers/threats dissipating, more contained and protected against. They expand including different 'eco systems' that provide nurture and safety for the living creatures within.

There appears to be a relationship ambivalence with his mother. Gonzalo enjoys her attention and attempts at attunement, particularly her efforts to narrate the story of his creations. He sometimes accepts her narrative and other times explains, co-creates or corrects her. At the same time, he is mistrustful of her intent and her tendency to take over. She is capable of 'nurturing' and 'striking' within minutes of each other (session 10). He perhaps keeps her at distance through more solitary projective play. He appears to attune to Mum's mood and responds either to maintain connection and/or to keep himself emotionally 'safe'.

4.2.7.1.2. Autonomy versus shame and doubt (18 months – 3 years)

Gonzalo uses the play sessions to explore the sub-themes of power, control, aggression and victimisation. In his worlds he explores these through the dynamics of those who are powerful and domineering, controlling and threatening the weaker, more vulnerable. Gonzalo creates frightening and threatening scenes within a larger story. Initially he allows Marcia to narrate the stories, until he feels 'safer' to do so himself. He doesn't himself express feelings but listens to Mum's narration and expression of feelings.

Gonzalo enjoys exploring the toys and playing with the toy kit. He becomes absorbed in creating his worlds, gaining mastery, satisfaction and a sense of completion each time. He announces when he has finished and appreciates both his mother's and researcher's curiosity about the expanding worlds he sets up each session. He shows self-efficacy and independence.

Power dynamics and struggle are evident between Gonzalo and Marcia. Both mother and son appear very sensitive to feeling shamed and quickly move to defend themselves. Marcia becomes frustrated and moves to verbally 'shame' Gonzalo. Gonzalo withdraws, defiantly muttering under his breath. Playing alone perhaps offers some protection from Mum's shaming. The filial therapist is aware that Marcia herself most likely has not been able to resolve this developmental conflict and therefore becomes stuck in the struggle with her 10-year-old son.

Sometimes Gonzalo tolerates Mum's interference and need to play herself, allowing her to lead and following her direction. When playing with puppets or dramatic play, Gonzalo appears less confident, uncomfortable even, so he accepts and complies with Marcia's direction. At other times, Gonzalo strongly defends against her imposing her will on his play or narrative. A drawing and guessing game can be an opportunity for fun and engagement or a way of Gonzalo having some control whilst Mum feels 'helpless' and queries whether he is making fun of her.

4.2.7.1.3. Initiative versus Guilt (4-6 years)

As the sessions develop, there is plenty of 'goodness' and 'helping' integrated into Gonzalo's play. 'Good' slowly overcomes 'bad' and an increasing number of 'helpers' come to the aid of those in danger, fighting back against the threat. Team spirit evolves as the 'good' work together to try and protect and keep the vulnerable safe. New safer 'eco systems' evolve and the once aggressive soldiers are now given the task of protecting the whole 'world' placed around the entire mat.

Although Paulo increasingly distracts Marcia from being fully attentive to Gonzalo's play. Gonzalo remains accepting and tolerant of his brother's presence. (Marcia has been unable to find somewhere she is comfortable leaving Paulo during the filial play sessions.) Gonzalo is kind to his brother, allowing him at times to join in or taking account of his needs. He

also accepts his Mum's need to play and makes allowances for her. When they play a card game, he decides rules that he knows she will be able to follow.

Gonzalo's play explores adult roles that he has witnessed, particularly by spending time on the streets of a drug gang inhabited area of the city. He explores the role of the police, soldiers and authority figures. He creates very emotive scenes based on his own real-life experience. He has a sense of purpose in his play, being creative in how he is exploring and expressing himself. He shows an awareness of how others can help and protect another as well as cause harm.

4.2.7.1.4. Industry versus Inferiority (7-11 years)

Gonzalo is industrious in creating his 'worlds' and persists in doing so despite Mum's complaints, teasing or lack of enthusiasm that he is choosing the same toys and themes. He enjoys her focus and attention on him for the most part, and her attempts to follow his play, reflecting and providing a narrative. He makes the most of her interactions with him playing cards and in his drawing/guessing game. He shares his interests with her and invites her to join in.

Gonzalo appears to take pleasure in what he creates. He develops his scenes, problem-solving, introducing new and different aspects, evolving and expanding his 'world'. He persists, he tries again, he is determined.

The sub-theme of friendship is explored through 'team-work', groups standing together against the oppressors to defend and protect the vulnerable. Marcia and Paulo help set up the new worlds as he incorporates new toys. Children play volleyball together in a safer world. Groups of figures and families visit the farm or park together, arriving in their cars.

Gonzalo integrates his experiences through using material he has watched on TV, especially Jurassic Park, using play and stories as containers for difficult material being processed. He incorporates his enjoyment of the film and his interest in superheroes into his play.

Throughout the filial play therapy sessions, Gonzalo explores practising his skills, gaining mastery and experiencing himself as capable and robust. Feelings of inferiority appear mostly to be triggered by interactions with Marcia, when perhaps her child self is

'threatened', responding to him from a hyper-aroused state. He then is forced to defend himself from his own feelings of low self-worth.

4.2.7.2. The Four Stages of the Therapeutic Process

Diagram 4.1. depicts Gonzalo's development of play throughout the filial therapy sessions. It shows the main themes explored following the thematic analysis of his play. The different colours reflect how he moves through the four stages as outlined by West (1992) and Landreth (2012), showing progression in his play.

Stage One (blue) is the initial exploratory play and outpouring of negative feelings. In Gonzalo's case this appears to occur in the play demonstration where he sets up the scene of multiple dangers and threats with very little sign of safety.

In Stage Two (red) the negative feelings become more directed and Gonzalo identifies the threat and danger with the police or army. Protective characters are introduced to stand up to the threat and Gonzalo verbalises some of his own narration.

Stage Three (orange) Gonzalo feels safer to explore conflicting and ambivalent feelings. It can be seen later that this coincides with Marcia becoming more confident in her filial therapy skills.

Stage Four (green) represents a stronger emergence of positive and realistic feelings. Gonzalo gradually creates a larger world with more complexity, a variety of environments and habitats suitable for different animals, creatures and people, taking up more space, narrating his own play whilst the amount of threat and danger is diffused.

Initial conclusions are annotated in the final grey box to summarise Gonzalo's play development and the interaction between him and his mother.

Diagram 4.1. Four Stages of Therapeutic Process and Evaluation: Gonzalo

Play Therapy Demonstration

Stage One: Diffusion of Negatve Feelings

People, animals, amidst danger/threat (soldiers).

Fear, violence, vulnerability.

Nowhere is safe apart from baby on high bale of hay and cow with figure in an enclosure.

All placed together - prey and predators alongside one another, intermingled.

Gonzalo silent as sets up scene. Therapist reflecting play and feelings.

Session 1

Stage 2:: Negative Feeling More Directed

Children, animals, figures, creatures under threat of aggression by soldiers. Placed in groups.

Basic needs of feeding troughs.

Cat on high bale of hay, pig in encosure observed by pteradactyl.

Protective characters introduced, standing between armed soldiers and children.

G attentive to and begins to correct M's narration of story.

M takes over imaginative play with puppets.

Session 2

Stage 3: Ambivalence and Conflicts

G voice begins to emerge as he gains confidence.

'Soldados do mal' -bad soldiers but not all are bad.

Monsters are good and intervene to defend the vulnerable.

Dinosaurs protective.

Conflicts: Good vs evil, victim vs aggressor, vulnerable vs rescuer, harmless vs harmful, powerless vs powerful, intimidator vs protector.

G controls play with guessing game.

Session 3

Precariousness of scene/situation

Innocence of families - unaware that are in danger

Soldiers who are expected as protectors are in fact bandits, stealing from and assaulting the families.

Rescue and help arrive - heroes, creatures and monsters.

G silent, M narrating.

G returns to guessing game.

Session 4

T-rex enclosed at center, with cat who has choice to escape when needs be.

Feeding troughs surrounded by groups of animals and dinos.

Difficult to discern what it a threat and what is innocent.

Soldiers coming to destroy, monsters to defend.

G more vocal and responsive.

M co-creating with her narrative, adding her own flavour of violence and aggression that surrpises G.

Difficulty with imaginative play with puppets - M leads.

Session 5

G more at ease, increasing his own narrative, taking ownership of his story (brings conflict with M).

Creates 'Jurassic Park' - peaceful.

Threat - soldiers attacking the dinosaurs.

Dinosaurs, creatures and monsters protecting the people.

Being lost then being found.

More coherent narrative.

Session 6

Stage 4: Stronger Emergence of Positive and Realistic Feelings

G continues to grow in self-confidence, providing own narrative.

Feeding troughs as points of focus.

Prey vs predators.

Circles of protection.

Soldiers - good.

Monsters - good and bad.

Session 7

Greater integration of creatures.

Less threat.

Cat placed on low hay bale, closer to the ground.

Dinosaurs vs dinosaurs.

Soldiers protective, keeping eye on dinosaurs and possible eruption into chaos.

Creates extension, a new world for the people, giving them somewhere to escape, with different areas.

Session 8

G creating a whole new world with various areas for different creatures.

Takes up more space and ownership, clarifying his choices to M, sometimes conflict between them.

Uses more toys - animal finger puppets, cushions, toys bags to create terrains. eg water habitats, rocks.

World feels safer. People added after animals in habitats. Soldiers around periphery of mat, as protective measure. People 'playing' volleyball.

Noodle battles with brother and M - fun and spontaneous.

G interaction with P - frustration, affection, gentleness.

Session 9

Therapist no longer in sessions, preparing for ending. New box of toys.

M and G explores all the toys together - exploratory play.

G sets up a park with animals and dinosaurs. More soldiers but there as a precaution - protective.

G teaches M a simple game with playing cards - own creativity and taking lead.

M own needs apparent in session.

Session 10

M and G alone.

G creates farm encircled by soldiers who are protecting those inside and counteracting any possible threat.

Use of space and toys.

M directive yet also demonstrating protective role creating barrier between threat and vulnerable, containing danger. Creates family groupings.

Craft activity - M's own curiosity takes over.

Conclusions

Overall, G's play progresses through four stages.

Supported by various of themes (Ryan & Edge)

eg. Safety/Protection

Yet relationship with M remains 'ambivalent' - moments of connection, attunement, co-creation, fun and playfulness

vs

conflict - particularly guarding against shame.

M's needs taking precedence.

M's struggle with parenting skills.- little brother

M in hypervigilent state re one of absent children.

The progression can also be seen in the sub-theme of safety and protection under Erikson's (1963) first developmental conflict of trust vs mistrust extracted from the play themes tables. The same colours are used here to depict the stages of therapeutic process and evaluation in Table 4.2.

Chaos of animals, dinosaurs, creatures, monsters, people and soldiers all placed intermingled – danger, threat, violence and vulnerability.	Play Demo
Monsters and dinosaurs protecting children from soldiers.	1
Single animal placed inside fenced area.	1
Where there is threat, there is protection for the figures – complex interactions between 'good' and 'bad'.	2
Protection arrives late in the day for those under threat by bandits.	3
The T-Rex, today a threat, is enclosed in the fence. Those protecting very mixed in with the aggressors.	4
'Jurassic Park' feels safe until the arrival of the 'soldiers'. Wildlife protect each other and families visiting, especially the young. Creatures/monsters come to help.	5
Circle of safety created – farm under attack by dinosaurs and wild animals. Soldiers and Power Rangers form barrier to protect.	6 6, 7
Drawing superheroes replaces weapons of destruction.	
A more natural kind of order exists in the 'park' with soldiers available to offer protection. Small scenes where protection needed. A new safe world is created, separated by a fence. An alternative.	7
G creates an extensive safe world with different 'eco systems' within it: children are playing volleyball, Shaggy is sunbathing. A periphery of soldiers keep a watchful eye for potential danger.	8
G creates a park watched over by a multitude of soldiers.	9
G creates a farm, where the animals are placed near feeding toughs whilst threats are contained by fences and guarded by soldiers with tanks. There is an 'owner of the farm' also protected.	10

Table 4.2. Safety and Protection in Gonzalo's play: Erikson's subtheme of Trust and Mistrust

Gonzalo's play across the filial therapy demonstrates a development and progression illustrated in both these diagrams.

We consider next his mother's engagement in the filial therapy sessions which will help to place Gonzalo's play and behaviour in the parent-child context.

4.2.8. Analysis of Marcia's Responses in the Filial Therapy Sessions and Feedback Discussions

Four overarching themes were detected following the initial thematic analysis (Braun and Clarke, 2006) of the session summaries and feedback discussions of all three families as described in Chapter 3 Section 3.10.2. These were:

- The mother's responses to the child within the play sessions
- The mother's developing skills
- The mother's voice in the feedback sessions
- The filial therapist's responses to the mother during feedback sessions.

Two visual flow diagrams were then created to portray and further analyse the session summaries and feedback discussions in light of these themes. Appendix 14 shows Marcia's responses to Gonzalo and her developing skills throughout the sessions. (The black font annotates where she uses the skills effectively with the red font highlighting where she loses track of these.) Appendix 15 shows Marcia's reflections (in black font) to the filial therapist in the feedback responses, (summarised in the brackets in blue font). The purple font shows the filial therapist's responses and interventions during the feedback sessions. From these, further 'extrapolations' were made and presented as lists in Appendix 16.

4.2.8.1. Marcia's Responses to Gonzalo During the Play Sessions

Firstly, the mother's responses in sessions were linked back to the four skills being learnt, here illustrated as a table. As well as the four skills, two other 'themes' emerged: (i) responses that showed the mother was overtaken by her own emotional reaction or needs; (ii) responses that showed she was integrating (or not) feedback from the discussion sessions with the filial therapist. The green type corresponds to responses where Marcia is not using the filial therapy skills. It can be seen even at a first glance, that although Marcia makes headway with learning the skills, she frequently is overtaken by her own emotional reactions and needs.

Structuring Skill	M introduces session (s2-10) M needs therapist reminder to draw session to an end. (s1- M ends session abruptly. (s -10)
Empathic Listening Skill (attunement)	M practices empathic listening and reflecting (s1,2,3,4,5,6,7,8) M is attentive to G and tries to understand what he is sharing through his play. (s1,2,4,5,6,7,8)

	M develops a narrative for G's play which he accepts (s2,4,5,6,7,8) M allows G to correct her narrative or checks with him (s1,2,5,6,7,8) M reflects back feelings in play (s6) M reflects back things she has noticed about the play (s6, 8) M stays attentive to G even though P is present (s1,2) M tolerates 'not knowing' (s2,3,5,7) M changes her body position to enable her to remain focused on G (s3, 8) M affirms G (s9) M adds her own interpretation to G's narrative (s2,3,4,6,7,8) M becomes frustrated with 'not knowing' (s2,4,5,6)
Child-Centred Imaginative Play Skill (including allowing self-direction)	M allows G to lead the play (s1-8) M and G co-create the narrative (s2,3,5,6,7) M allows G to share his own narrative (s9) M is able to enter into imaginative play with G (1,9) M catches herself being directive and taking over the narrative, stops and allows him to lead/decide (s7,9) M enjoys the playful interaction with G and is able to respond playfully (s1,2,3,5,8,9) M takes over the play becoming directive and following her own agenda (s1,4,6,9,10) M enters into discussion with G over the story he is creating, wanting to be 'right' (s5,8,9,10) M overtaken by her own need to play (s9,10)
Limit Setting Skill	M is distracted by P's behaviour in the session, struggling to limit set effectively and therefore losing focus on G (s3,4,5,6,7,8) M enters into a power struggle with G (s5,8,9,10)
Own emotional reaction/needs taking priority	M uses the play to shame G (s6, 10) M distracted by concern for a sibling not in the room (s3,8,9) M expresses frustration with G playing with the same toys (s3,4,6) M very sensitive to being shamed herself reacting defensively (s3,4,5,6,8,9,10) M reacts defensively to G's reflections (s5,6,10) M overtaken by own needs/distress (s4,5,6,9,10) M creates own narrative from G's play that appear to communicate her distress or meet her own needs (s4, 8,10) M expresses her own feelings rather than being attentive to those of G (s3,4,5,6,9,10) M uses humour that appears self-deprecating or humiliating to G (s5,8) M hits G with toy albeit softly (s10) M throws in random piece of news/information to G (s6,9) What is happening to M before the session (real life events) greatly affects how she is able to engage with G in the session (s5,6,7,8,9) M becomes distracted (s7,9,10) M appears dissociated (s8,10)

Incorporating feedback from discussions with researcher	M incorporates feedback from s2 to recognise and reflect process in G's play (s3,7) M reveals no intention to play with G following end of training although encouraging him to do so alone (s9,10).

Table 4.3: Marcia's responses to Gonzalo during play sessions

4.2.8.2. Marcia's voice and Reflections in the Feedback Discussions

It is in the feedback discussions, that Marcia can express herself both in how she has experienced the play sessions themselves and in telling more of her own and her family's story. Here, the list of extrapolations taken from the analysis of the feedback discussions presented originally in the flow diagram, are further analysed and here depicted under eight identified themes in the form of a table. The blue-print are Marcia's voice, that is verbatim examples taken from the feedback sessions.

Ability to reflect on own skill development	Use of VIG enables M to observe and be pleased with her interactions with G and to see where she can improve (s7 self- direction, s8) 'I am doing well!' (s7) M sees evidence of her 'limit setting' difficulties with P but unable to change behaviour. (s7,8) 'I played well and I understood the themes and feelings well.' (s10)
Ability to reflect on child's preferences in play	M reflects on G's preferences in play (s1,5,10) 'He's very imaginative. He likes to play alone or with me.' (s10) M reflects on G's choice of toys and how these are significant for him in the story he creates (s3,4,5,10) 'It's true. Since we began, he just likes playing this. He likes setting up something, setting up a story. Each time, it's a story.' (s3) M reflects that G likes solitary play (s5) 'travelling alone' in play.
Ability to reflect on child's feelings expressed in play	M identifies feelings that G is expressing in play (s10) through the feedback form: happiness playing with the toys, sad the sessions are ending, proud of what he has created. (s10)
Ability to reflect on emerging themes in child's play	M aware of the story that is evolving (s3,4,6,10) 'He's creating a story, a scene…. Each time there are new things'. (s3) M shows an attunement to and ability to understand G's play and the themes emerging (s4,5,6,10) 'Each story has an objective, doesn't it?' (s4)

	'Ah, I understand it like this…he wants the soldier, the police, they are the baddies, and then suddenly come the superheroes from another place to save those in danger.'(s4)
Ability to reflect on child's process in play	M shows understanding that play can be a way for a child to communicate (s2) 'Sometimes children play and we don't even know what, or how, what is happening, but here we can start to know, what he might be saying sometimes.' (s2) M reflects that G enjoys her creating the narrative for his play and her having to work out what's happening – she interprets this as a challenge however, like he is using it to have power over her. 'He likes it. It's a challenge, isn't it?' (s3) M notices that G is more relaxed and starting to verbalise his own narrative. (s5) 'he told the story today' (s6) 'It's a way of expressing himself through play.' (s4)
Ability to make connections between child's play and real-life experience	M links G's play with his real-life experience (s3,4,5,6) M expresses and reflects on their lived experience together (s4,5,6) 'The children feel it too. We have always been together and suddenly one is here and another over there. I think he does these drawings, the danger we have confronted, we have confronted alot of danger together. Everyone pretends to be good to us, but in the end they're bad. That's what's in his drawing. He's not saying it, but yes.' (s4)
Showing self-awareness	M reflects on own preferences in play (s1) M recognises own desire and need to play (s10) 'I realise that I am a child sometimes too.' (s10) M reflects on and expresses own feelings during session (s2,4,7) M aware that P's presence is posing a challenge to her engagement with G (s3,7,8,10) 'Paulo wants to take away my attention all the time.' (s7) M expresses concern for her teenage children noticing that they are on her mind and distracting her (s4,6,8) 'I was thinking about a multitude of things – Kelly, Paulo, Gonzalo.' *s8) VIG enables M to notice the dynamics between her and P (s7, 8) 'That's not working so I'll try breastfeeding instead.' (s8 speaking as if Paulo trying different things to get her attention.)
Showing lack of self-awareness	M unable to see that she is taking over in G's play (s4) M unaware of the power struggle that develops between them, experiencing him as challenging her and trying to be better than her (s5,6) M mocks G (s7) M is unaware of her own shame triggers, vulnerability and defensiveness.

Table 4.4. Marcia's responses during feedback sessions following the filial play sessions

4.2.9. Filial Therapist's Responses

In analysing the filial therapist's responses in the feedback sessions with Marcia both in the flow-diagram (Appendix 15) and subsequently as a list of extrapolations (Appendix 16), action words or verbs were repeatedly emerging. These 'action words' can be identified as sub-themes coming under three categories: engagement of Rogers' (1951) core conditions (empathy, unconditional positive regards and congruence), direct teaching of skills and indirect teaching of skills. Again, these are presented most clearly as a table.

Core Conditions: empathy, unconditional positive regard, congruence	**Teaching - Direct**	**Teaching - Indirect**
Reflecting M's ability to observe G's play (s1,2,5) G's experience and feels as M describes real-life experience (s1,5,8)	**Explaining** The four skills (s1,4,8) Importance of play in G's development (s1,2,5) The importance of allowing G to lead the play (s6) The importance of the skills so that M understands their purpose (s4,6) The importance of affirming G's qualities of character that she notices (s1,2)	**Modelling** Empathic listening skill (s1,3,4,5,6,7,8,10)
Affirming Tracking and reflection skills (s1,2,4,7) Ability to discern themes and make links to real life experience (s1,5,8,10) M's attempts to stay attuned to and engage with G in his play (s1,3,6,7,8,10) M's developing skills (s2,3,4,6,7,8,10) M allowing G to lead the play (s6) M as parent to four children at different developmental stages (s2,4,8,10) M's growing self-awareness helped by introducing VIG (s7,8)	**Describing** The importance of G having invited M into his play and the process involved with the aim of M not slipping into shame or a power struggle (s2,3,4,5)	**Discussing** How G's play is evolving and how is becoming more verbal, providing his own narrative. (s6,8) With M her struggle with P in the sessions competing for her attention (s6,7,8)
Validating M's experience in the play sessions (s2,4,6,7,10) M's experience of real-life situations that she describes (s5,8,10)	**Drawing attention to** G's care and kindness to his brother (s7,8)	**Reframing** Play situations/interactions between G and M to help her perceive these in a different light (s3,4,5)
Being attentive to M's feelings in the process (1-8,10)	**Extending** M's understanding of themes in play (s1,4,5,6,8,10)	

Reassuring M that it's okay not to know everything (s3)	Using visual aids and worksheets Learning through VIG, visual aids and worksheets (s7,8,10)	

Table 4.5. Filial Therapist's Responses in Feedback Sessions with Marcia

4.2.10. Final Assessments

Following the completion of the filial therapy programme, the final assessments took place. These are now summarised below.

4.2.10.1. The Change Interview

Marcia's responses to the Change Interview are recorded in Table 4.6. Her answers demonstrate the changes that she identified in herself, her son Gonzalo and in their relationship because of participating in the filial therapy program. Each mother was asked to move self-chosen counters representing self, child and mother-child relationships, along a continuum 0-10 to represent how much change they had experienced for each of these. A full transcript was made of the interview in Portuguese.

Changes in Self **7/10 for changes in self**	**Changes in Child** **10/10 for changes in child**	**Changes in Mother-Child Relationship** **9/10 changes in relationship**
To realise and respect that Gonzalo needs his own space to play.	Gonzalo's enjoyment of playing with toys inside, in his own space.	I have become closer to him.
To realise that it's not just about keeping his space tidy, shouting at him and telling him what to do.	He is no longer hanging around outside (on the streets), like he didn't care about anything.	I appreciate that he needs time with me even though that's difficult with 4 children.
To understand Gonzalo a little more and that he needs his own time with me.	He is calmer.	Found a way to be and to work things out together.
To become aware that he was my 'youngest' before Paulo came along and that he has lost a lot of my attention.		
To realise that I have the ability to play with him – I know how to play		

with him and I would play with him more if I had the time.		
A greater awareness that Gonzalo is very like me. (self-awareness)		

Table 4.6. The Change Interview - Marcia

Marcio scores as 9 out of 10 for how surprised she is that the changes have happened. In each case she says that she thinks that they would not have taken place if they had not participated in the filial process. She describes how the play has helped, the 'living' it out together. She states,

> *'If it were not for this, I don't know, I wouldn't even know how to play. There are lots of things that we don't know. I am a mother with four children and I didn't know that to play was therapy. I used to play a lot as a child. I think it was my therapy. Yes, that's it. A lot has changed.'*

4.2.10.2. Summary of Final Interview with the Carer

The carer is adamant that nothing has changed by Marcia participating in the filial therapy programme. She states that there has been no change in her ability to parent her children, in the relationship between mother and child or in the family dynamics. She gives recent examples of situations that have arisen in the home to support her conclusions. She states that Marcia is still aggressive towards her children, that she lies and shows more care, nurture and affection towards the sister and younger brother. The carer believes that Gonzalo cannot change his behaviour as nothing changes within the family.

4.2.10.3. Final Family Play Observation

The full analysis of the final FPO with Marcia and Gonzalo can be found in Appendix 17. Paulo was not part of this final observation.

Although Marcia can be observed as attempting to offer Gonzalo a more attuned space, she very easily falls into habitual patterns of interfering with and trying to direct his play. She consistently loses sight of him, struggling to stay focused on his play, feelings and needs, turning instead to meet her own. She becomes dissociated and 'immobilised'. Her attachment style during the filial therapy has leaned from the insecure ambivalent to disorganised.

However, if one considers attachment as a continuum, there are moments when she slows to focus on Gonzalo, to try and attune to him and respond to his play with understanding and empathy.

Gonzalo seems to accept that this is how it is. He continues to play, making the most of the opportunity, but equally appears to have no expectation that Mum is 'seeing' him or can provide the attuned response he would like. In fact her response continues to be unpredictable. He most likely too has developed an insecure ambivalent attachment style in response, developing a sense of self that is unlovable and unaccepted.

The final working hypotheses were:

- Marcia is enthusiastic in wanting to play with Gonzalo and co-construct a scene with him as well as explore the toys available.
- Marcia has made the space to be present in the session with Gonzalo without the younger brother, appreciating that he needs this time with her.
- Marcia continues to struggle to allow Gonzalo to lead the play without interfering.
- Marcia easily slips into retrieving the locus of control – perhaps feeling anxious and vulnerable not to hold on to it.
- Marcia continues to struggle to stay focussed and attuned to Gonzalo, prioritising his needs. Her own desires, interests or needs become more pressing, often taking over.
- Her intentions seem well-motivated but become distracted and self-serving.
- Marcia has moments of dissociation, where she is lost in her thoughts and becomes 'immobilised' physically.
- The relationship between them is more like two friends playing together, co-constructing and negotiating rather than a mother attending to the child.
- Marcia allows Gonzalo more space to develop his play.
- Gonzalo shows acceptance of Mum's interaction and play, engaging with her as she is able.

- Gonzalo shows determination, focus, imagination and resilience in his play, despite Mum. He makes the most of the play times and expresses disappointment that the end is near.
- Gonzalo knows how far to challenge Mum without risking punishment.
- Marcia has shown an ability to learn the filial therapy skills yet can easily give way to her own unmet emotional needs. (Emotional and survival brain overtake thinking brain.)

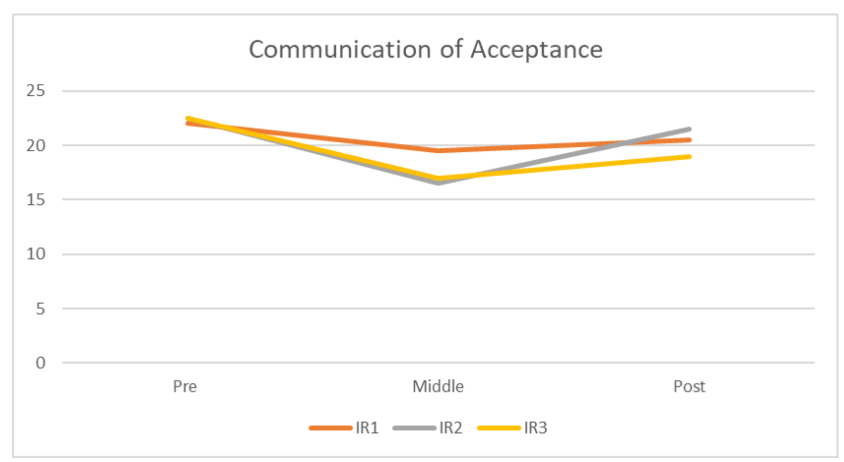
4.2.10.4. MEACI Scores

Table 4.7. gives the MEACI scores rated by the 3 inter raters (IR 1, IR 2 and IR 3) for the pre intervention session, a session in the middle of the intervention and the final post intervention session. The total score is out of 90. The *lower the score* the more able the mother was to communicate empathy in the adult-child interaction during the play session.

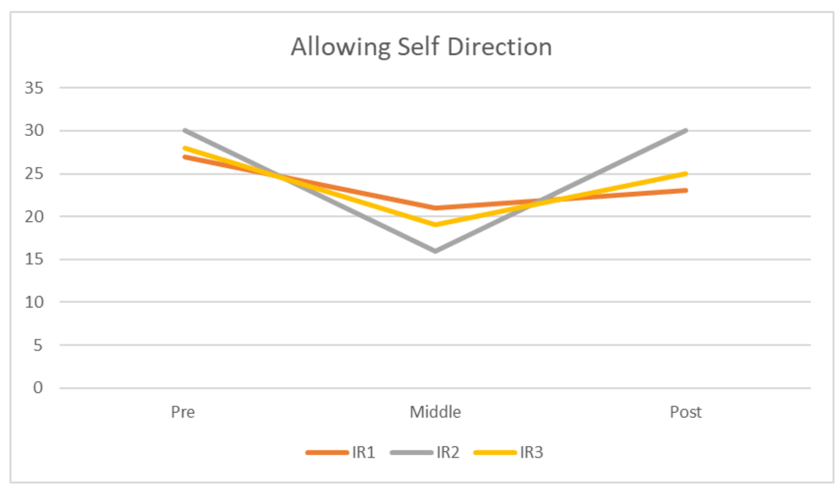
Marcia &	Pre			Middle			Post		
Gonzalo	IR 1	IR 2	IR 3	IR 1	IR 2	IR 3	IR 1	IR 2	IR 3
Communication of Acceptance	22	22.5	22.5	19.5	16.5	17	20.5	21.5	19
Allowing Self Direction	27	30	28	21	16	19	23	30	25
Involvement	19	30	19	8	6	7	23	29	20
TOTAL SCORE	**68**	**82.5**	**69.5**	**48.5**	**38.5**	**43**	**66.5**	**80.5**	**64**

Table 4.7. MEACI Scores – Marcia and Gonzalo

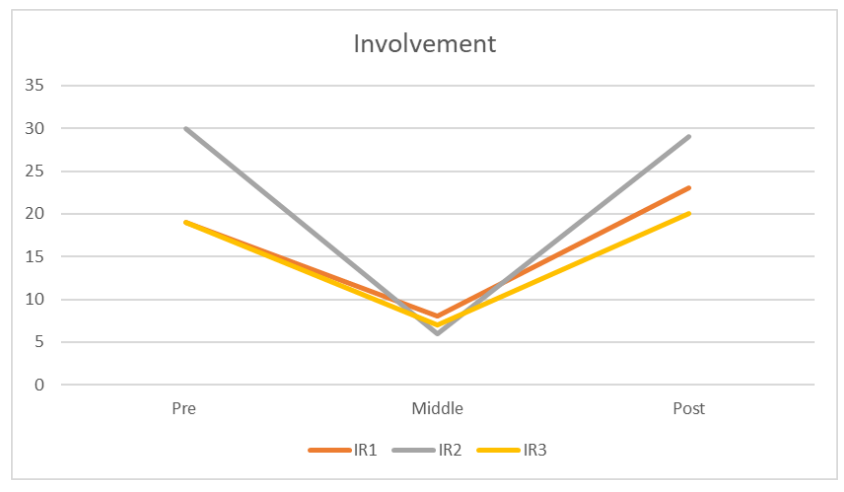
The ratings are also placed into three graphs (see below) depicting each separate element of empathy being measured. The differences in scores shown both in the table and graphs between inter raters will be discussed in Chapters 5 and 6.



Graph 4.1. MEACI Scores Communication of Acceptance: Marcia and Gonzalo



Graph 4.2. MEACI Scores Allowing Self-Direction: Marcia and Gonzalo



Graph 4.3. MEACI Scores Involvement: Marcia and Gonzalo

In comparing the graphs, the MEACI scores show a slight improvement from *pre intervention* to *post intervention* for both the 'communication of acceptance' and 'allowing self-direction', apart from Inter rater 2 who scores Marcia's ability to allow self-direction as the same. The 'involvement' scores show a drop in empathy as measured by Inter raters 1 and 3. However, the most significant improvement is between the pre intervention and middle stage of the filial therapy process. Here Marcia appears to be using her newly acquired skills to the best effect and all scores reflect this shift. Again, this will be further analysed and discussed as part of the cross-case analysis and discussion chapters.

4.3. Case Two: Melissa and Liliana

4.3.1. Case History

Melissa is the fourth child of five, the only girl. During Melissa's mid-teens her mother left her father who had become increasingly violent and abusive due to an alcohol dependency. Melissa left to live with her mother. She became pregnant by a local adolescent, giving birth to Liliana when she was only 17 years old. When her mother moved again in search of work, Liliana went to live with her grandmother and uncles as Melissa couldn't manage her care.

Melissa became involved with a man through whom she became acquainted with people involved in drug trafficking and crime. The police arrested her partner for possession of arms. Melissa returned to live with her mother. She had various relationships, all of which drew her further into the world of drug trafficking and crime.

Following the assassination of an ex-boyfriend and a close friend, Melissa became depressed. Her father, with whom she had maintained regular contact, died shortly afterwards. Trafficking drugs herself, she paid for her accommodation and sent money back to help support her mother and Liliana. Melissa fell pregnant again in a new relationship. When she found out the father was married, she left him and sought help through a local church. Having given birth to her son Daniel, she tried to live back home with her mother and subsequently with a friend. These situations proved difficult and Melissa moved to a main city with 3 month old Daniel, finally asking to be taken in by a women's shelter organisation.

4.3.2. Referral to the Filial Therapy Programme

When Melissa arrived at the shelter home, she brought only Daniel. The psychologist explained to the researcher that Melissa was initially resistant to bringing Liliana aged 6 to the home. Melissa and Daniel had completed 6 months of their stay, Liliana had only been with them for 3 months.

The psychologist and the carer in the respective interviews express concern over the poor attachment relationship between Melissa and Liliana. They describe the aggressive and disdainful way Melissa talks and relates to Liliana and her strict way of disciplining, mostly through shouting ('mostra a autoridade no berro' – 'instills her authority by screaming'). Liliana is said to 'cower', 'withdraw', become 'very quiet', 'unreactive', 'turning in on herself' in response. Melissa may offer the children basic care but does not provide nurture and emotional safety for them.

Melissa is described as intelligent, perceptive, with high self-esteem, showing leadership qualities, with organised thought processes and behaviours. Yet these qualities are not being used to developing herself as a mother who can support both herself and her young family practically and emotionally.

Liliana is described by the carer as an overly quiet child who is left alone much of the time. The carer shows considerable concern that Liliana survives on the 'scraps' of attention given by her mother, whose focus is Daniel. Liliana helps in the care of her younger brother. She can be hyperactive at times, lacking structure and attention. When playing with other children at the shelter home, she is described as a mischief maker who can cause some 'terrible trouble'.

The aims therefore in referring Melissa and Liliana for the filial therapy programme identified by the psychologist and carer were:

- To promote the positive interaction between mother and daughter thus bringing a greater quality to this relationship.
- To enable Melissa to understand her daughter's language of communication, to prioritise Liliana's needs and therefore benefit their attachment.
- To enable Melissa to really 'look and see' her daughter, her beauty, how special she is and to value her daughter.

4.3.3. Intake Interview

Melissa expresses concern for Liliana's tendency to quickly become angry and 'nervosa', particularly if something doesn't go her way. She describes her daughter as 'guardada' or guarded, rarely crying or opening up to share with others. She reflects that this is much like herself. Melissa also describes Liliana as inattentive, in her own world, imaginative.

Melissa explains that Liliana is very talkative and expressive in her manner, particularly using a range of facial expressions. She sleeps well and has a good appetite for all kinds of food. Liliana has started a new school since joining Melissa and attends the childcare centre at the home. Liliana has made friends at school and has a special friend at the home where they as a family follow the daily routines and structure.

Melissa believes that Liliana is developing well in all areas and is a healthy child. She loves playing on her mother's phone, particularly to watch cartoons. She gets bored very quickly and doesn't really have the patience to play. She would rather be outside playing with a ball or drawing.

Melissa describes Liliana as very helpful in caring for her brother Daniel for whom she has shown no jealousy. Melissa explains that Liliana had lived with her maternal grandmother since birth because she was unable to look after her.

Melissa explains that her family were originally from the city the home is in. Upon her parents' separation, her mother left taking two of her brothers and herself to live in another state. She explains that she is the only girl and the fourth child in a family of 5 siblings. She no longer has any contact with her eldest brother and his wife who she describes as 'perdido' or lost somewhere. Her youngest brother, who is younger than Melissa, lives in the same city as her, and she has regular contact with him. Melissa's mother lives with one of the other two brothers and his wife. It is this wife that Melissa admits she has a difficult relationship with. Her father died two years ago.

As the filial therapist asked Melissa to explain to a little of her story and how she arrived at the shelter home, she reflected my awareness that she had said she too was 'guardada', highlighting that she need only share what she felt comfortable to. Melissa took a risk, perhaps calculated to see how the filial therapist would respond to her and explained that

she lost the 3 people she felt closest to within a few months of each other. Her love, her closest friend and her father. Her love and friend were both ‘bandidos’ or bandits, both literally just released from prison when they were shot down. Shortly afterwards, she lost her father who had been very ill. She described him as the one who held the family together and after his death, the family dispersed.

Melissa continued by sharing that she became increasingly involved in ‘bad things’ as a way of coping. Eventually Melissa fell pregnant and lost her home. This prompted her search for help and her attempts to turn her life around.

4.3.4. The Family Play Observation

The full analysis of the FPO with Melissa and Liliana found in Appendix 18 considers their individual attachment behaviours as observed in the interactions during the FPO. Melissa appears disinterested in Liliana and her play, distracted by her own needs and wishes. She appears content to play side by side. Her attachment behaviours seeking connection with Liliana are demanding, directive and controlling, or even disengaging from the relationship. It appears that she has developed a pattern of attachment described as insecure avoidant, where she avoids the close connection with her daughter.

In contrast Liliana who has been brought up by her maternal grandmother seeks connection and closeness with her mother. She appears very attuned to her mother and persistently searches for ways to interact with her and gain her attention. She repeatedly calls out and concedes control of the play to draw her in and win her over. She takes risks. Perhaps insecurely anxious in her attachment to her mother at present, her secure attachment to her grandmother, enables her to pursue a more secure relationship with her mother. She indeed has the confidence to draw physically close to her mother as Melissa herself describes.

Initial working hypotheses about the family interactions following the FPO were:

1. Mum struggles to keep her attention on Liliana, being distracted by her own interests, curiosity, activity, thoughts, needs and process.
2. Mum therefore finds it difficult to attune to Liliana and her needs.
3. Mum demands Liliana’s attention to what she wants and needs either overtly by asking for it or covertly by disengaging from her.

4. Mum's only show of attunement was to her son Daniel commenting on his absence and how he would have enjoyed the instruments.
5. At times Mum seeks to direct and therefore control Liliana's play.
6. At other times she allows her to play by herself, so that they are playing side by side rather than together. This perhaps reflects an early developmental stage of her own.
7. Liliana, although capable of playing alone, repeatedly seeks to invite Mum's attention and engagement.
8. Liliana is very attuned to her mother and is seeking relationship with her.
9. Liliana's persistence and willingness to concede control allows them to find common activities and so opportunity to interact with her mother.

Melissa appeared engaged, interactive and maintained significant eye contact during the follow-up discussion. She reflected on her lack of patience to play with Liliana. Melissa comments that Liliana prefers to play outside, noting that she seems to play in short bursts, easily losing interest.

Melissa expresses that constructing the animal enclosure and feeding trough together was her highlight of the play time. She reflects on how Liliana likes to be physically close to her using the example of how she will come and take her mobile, sit closely to her and watch cartoons on the phone.

4.3.5. Play Demonstration

Liliana immediately takes the baby doll pretending to feed her. She takes time showing each animal finger puppet to the baby, creating brief interactions between them. The crab chases the baby's feet whilst the baby runs away. The baby strokes the tortoise. She runs away from the pecking parrot and jumps in sync with the frog. The baby has another long drink.

Liliana appears to be listening to the filial therapist's reflections and tracking. Her eyes flit up to capture her expressions. She then spends focused time setting up firstly the animals, followed by the figures into a whole scene. Wild and domestic animals are intermingled with the dinosaurs. In the center is a fenced enclosure, initially for a zebra. As Liliana sorts the figures, she removes the zebra to place any family figures within. It grows too full, so the fence is removed, further space cleared so that the family has space. She perseveres to ensure they

are all standing up. Finger puppets are added to the scene. The baby is fed again. Shaggy tries to take a walk but different animals pile on top of him. He and Pinocchio are chased by a crab.

The cars that Liliana has parked to one side, are taken one by one to drive through the middle of the scene, destroying everything. Even the soldiers who have come to help, are knocked down. Only the horse is left standing, drinking at the trough.

Following the demonstration, Melissa comments on how quiet Liliana has been and patient in setting up the figures.

4.3.6. Filial therapy training programme with Melissa and Liliana

The following table outlines the structure of the filial therapy training that took place with Melissa and Liliana.

Sessions	Summary
1 - 7	Child led play sessions with Melissa practising filial therapy skills. Filial therapist in room observing. Followed by feedback with mother, reenforcing skills. From session 6 filial therapist begins to use video interactive guidance to further learning in feedback sessions.
8-13	Child led play sessions with Melissa practising filial therapy skills. Filial therapist no longer in the room, now in adjacent room. Video recording watched together with Melissa following session and feedback discussed. Reenforcing skills.
10 -11	Baby brother present and part of play, not in nursery, reason unclear.
13	Ending session – recording used for final FPO and MEACI measurements. No feedback session as Melissa unwilling to engage.
Please note:	The child led sessions were for 20 minutes each followed by a 10-20 minutes feedback session between the filial therapist and Melissa.
	Sequence of Liliana's play over the course of the sessions can be found in Diagram 4.2. Four Stages of Therapeutic Process and Evaluation - Liliana
	Flow of Melissa's Responses in Play Sessions (session by session) – Appendix 20 (flowchart)
	Analysis of Feedback Sessions with Melissa (session by session) – Appendix 21 (flowchart)

Table 4.8. Filial Training with Melissa and Liliana

4.3.7. Liliana's Therapeutic Process and Engagement in Play

Liliana's play was largely 'projective' (Jennings, 1993, 1999) using the toys and therapeutic space to explore themes and feelings most pertinent to her. She appeared determined to 'connect' with her mother emotionally and showed herself to be very creative in the ways she pursued this. Both enjoyed interacting through physical and 'embodiment' play, allowing for

the release of aggressive energy alongside moments of attunement and nurture. Liliana enjoyed sensory and exploratory play. Profound moments of attunement were observed in ’dramatic play’, when mother and daughter engaged in nurture play with the baby doll or the doctor’s kit. Liliana took risks to pursue her mother’s attention, knowing she may be reprimanded, but seeking to establish a place in her mother’s focus.

4.3.7.1. Thematic Analysis Using Ryan and Edge (2011)

The researcher analysed each play session to identify themes using the Ryan and Edge (2011) categorization. A subsequent list of extrapolations drawn from the analysis can be found in Appendix 19 whilst here a brief consideration of Liliana’s play in light of these first four developmental conflicts will be given. Her play incorporates aspects of each of these conflicts and as the sessions progress the researcher would propose that there is an increase in the positive sub-themes and a decrease in the more negative ones. However, her most significant challenge appears to be to engage and hold on to her mother’s attunement in those moments when she becomes distracted by her own thoughts and needs.

4.3.7.1.1. Trust versus Mistrust (0-18 months)

Liliana appears to have experienced ‘good enough’ nurture and parenting from her maternal grandmother so that she has enough trust to pursue finding her place within her new family unit. She attempts to illustrate her experience and feelings, intent on becoming part of Melissa’s life and home now. In her first sessions, Liliana creates a diverse world where family is central, then destroys it into chaos. She then busies herself creating ‘food’ and plenty of it, to add to the house her mother has created for their play times. She repeatedly shows nurture and care towards the baby doll, who is fed and cuddled regularly.

Melissa’s responses can be unpredictable and to engage her can be risky, yet Liliana doesn’t give up. She consistently tries new ways of gaining her attention, pulling her into play, even if she sometimes gets reprimanded. Melissa’s own needs could interrupt her ability to focus on Liliana, sometimes ‘dissociated’ by her own thoughts, or dysregulated and less tolerant. Liliana’s trust that she can make that ‘emotional connection’ is greater than her ‘mistrust’, although she keeps a watchful eye open and alert. Liliana shows herself to be hopeful, curious and having confidence to reach out and explore her environment, using her senses.

Liliana herself enjoys physical, high-energy games and interactions. As the sessions progress and trust grows, she moves from a simple mirroring game with the playing cards, to a competitive game with the colouring pencils, to foam sword fights that leave her exhausted and exhilarated. Alongside, there are calmer, quieter moments of play where touch becomes nurturing and care-giving. For example, mother and daughter take turns to be the doctor, carefully examining and treating the other (session 7). In Session 12 Liliana's hands are covered in foam clay, needing Melissa to gently rub her hands and gather it away. Both invite Melissa to be present and attuned to Liliana.

When brother Daniel is present, Liliana is caring and thoughtful about his needs. She puts away sensory foam clay so that he can't eat it. She finds toys that he can play with.

4.3.7.1.2. Autonomy versus shame and doubt (18 months – 3 years)

Liliana responds with increasing confidence to the invitation to lead and direct the play, enjoying instructing Melissa in what to do. It allows her to be creative in drawing and craft activities, in inventing her own interactive games and in finding ways to engage Melissa. 'Power' is more equally balanced, as Melissa concedes control to her and gives her the space to express herself, to make choices and decisions, to effect change.

Liliana makes the most of the opportunity to practice skills and gain mastery over these. She spends an entire session and most of another, using scissors to cut up paper into increasingly small pieces of 'food'. Melissa observes, holding back when, she later admits she would normally take over, witnessing how capable she is. In the games she invents, Liliana masters her interactions, adding new challenges and rules of play. Sometimes she needs time out, and finds ways to rest and self-regulate, creating a den for instance and singing to herself.

Images 4.3.& 4.4.: Liliana adds ‘food’ to her mother’s house.

Liliana enjoys completing activities and appears to be satisfied with what she has done. She adds her cut up food to the shoe-box house, she draws a picture entitled ‘Land of the Sea’, she role plays doctor and patient with Melissa.

However, now and then, Melissa reminds Liliana who is boss. She can use force or physical touch to discipline or re-take control, like pinching her nose to insist she closes her mouth on chewing a biscuit. A consequent sense of shame is expressed through ‘sulking’ and withdrawal. Liliana finds small ways to test limits and to defy her mother. She continues twisting the twistable pencils even when told not to. Her anger perhaps is released safely through the foam sword interactions which allow her to do ‘battle’ in a fun and playful way.

4.3.7.1.3. Initiative versus Guilt (4-6 years)

Liliana’s play reflects the themes of goodness and helping/healing as she cares for both the baby doll and her baby brother when he is present in the sessions. She shares her toys with him, putting his needs first and trying to keep him safe from putting unsuitable toys in his mouth. In session 7’s doctor and patient role play, both Liliana and Melissa show attuned care and nurture through their interactions.

Liliana consistently gauges her mother’s ‘frame of mind’, taking risks to engage her and regulating her play to ensure that she will respond playfully. Although this can be described as adaptive to her mother, it also shows her sense of purpose to achieve a goal and her perseverance to build that relationship. In the foam sword battles, Liliana ‘titrates’ the sword fighting with other activities allowing for self-regulation and continued playful interaction with Melissa. She seems to be aware that her ‘hits’ are increasingly aggressive and so moves to striking the floor rather than her mother’s sword during play. She regulates her own behaviour and emotions as well as in relationship with her mother and her baby brother.

Liliana is able to express her wishes verbally, perhaps less so her feelings. She cries ‘again, again!’ whilst playing the game she creates with the colouring pencils, laughing enthusiastically. She directs Melissa in a drawing activity, giving her directions on how she wants things done. She expresses her hurt in response to Melissa pinching her nose through facial expression, submissive posture and vocalisation ‘Ai!’, wincing in pain. Sometimes

‘sneaking and trickery’ are her only defence against her mother. In the pencil game she finds ways to trick Mum or change the rules of play so that she can win, for instance.

Liliana looks after the toys, often wanting to tidy up at the end of the sessions. She role plays adult roles and interests, playing ‘mother’, ‘doctor’, ‘patient’ and ‘big sister’. She balances her sense of curiosity and desire to play alongside caring for her brother and playing with him.

4.3.7.1.4. Industry versus Inferiority (7-11 years)

Liliana, although not 7 years yet, shows some aspects of this developmental stage. Through the playful interactions she sets up with Melissa, she initiates relational activities that also enable her to explore social and friendship dynamics. The singing and clapping games are ones that peers often play together for instance. Persistence is a significant element of Liliana’s sessions. She persists in the activities she chooses as well as in engaging her mother’s attention as previously noted. As she explores the gooey foam clay with a mixture of delight and disgust, she leaves it to then return various times, perhaps titrating her tolerance (and curiosity) of its messy nature.

Liliana is actively involved in learning through exploring her environment and her own physical body, through problem-solving (eg how do I get this glue into a suitable container? Session 13), and through interaction with her mother. She enjoys the occasional positive feedback from Melissa when she manages and achieves something, although this is a skill Melissa is developing. She takes great pleasure in her own achievements, enjoying her own creativity and efforts, for example the paper dolls she creates in the last session. She is relational in her play and seeks to share her interests and activities with Melissa and her brother when present.

4.3.7.2. The Four Stages of the Therapeutic Process

Diagram 4.2. below depicts Liliana’s development of play throughout the filial therapy sessions. It shows the main themes explored following the thematic analysis of her play. The different colours reflect how she moves through the four stages as outlined by West (1992) and Landreth (2012), showing progression in his play.

Stage One coloured blue is the initial exploratory play and outpouring of negative feelings. In Liliana’s case this appears to occur in the play demonstration and the first session with

Melissa. Here she explores the variety of toys in the filial kit creating a landscape that incorporates animals, dinosaurs, figures, finger puppets and cars. The cars are then used to cause widespread destruction.

Stage Two is red as the negative feelings become more directed. For Liliana this includes focusing on cutting up an abundance of 'food' which she adds to the shoe-box house created by Melissa for their play times. She appears to make her intent clear: to pursue a relationship with mum and to find her place in the family unit.

Stage three is orange and Liliana feels safer to explore the push and pull of wanting an attuned engagement with Melissa. It can be seen later that this coincides with Melissa becoming more confident in her filial therapy skills and providing more attuned and empathic responses.

Stage four is green and represents a stronger emergence of positive and realistic feelings where Liliana feels confident in engaging with Melissa in many different playful ways, both finding physical play and touch particularly fun and rewarding.

This progression can also be seen in the sub-theme of *attunement* under Erikson's (1963) first developmental conflict of trust vs mistrust extracted from the play theme tables. The same colours are used here to depict the stages of therapeutic process and evaluation for this sub-theme in Table 4.7.

L observing M's facial expressions and reactions whilst she explores and sets up a complex world with all the toys to then destroy it all into chaos.	1
Invites M to play with cards and to mirror her movements – turn taking, no rules of play.	1
L frequently checks M's facial expressions and reactions to what she is playing. (R)	2
Attuned interactions between L and M during role play with the doll – changing, feeding, examining with doctor's kit.	4,5
Drawing, colouring together – individually, mirroring, side by side, working on task together.	5, 6
Playing games together with colouring pencils. L in control and M attuning to rules and L's body language. Energetic, physical play – attuning to each other's movements.	5, 6
Attuned play with foam swords, M responding to ebb and flow of L's energy – moves and countermoves.	7

Attunement in role play – M and L taking turns role playing doctor and patient, caring for each other. Little verbal expression – mostly facial expressions and body communication.	7
L is developing her own sense of attunement to her baby brother, giving him appropriate toys to explore and blowing bubbles for him to catch.	10
M plays with L with the foam clay, creating food together and mirroring each other's movements.	11
M and L explore the foam clay, creating a messy goo together followed by cleaning each other's hand – a repeated sequence between them.	12
Working side by side making their own paper dolls, it appears that L is more attuned to M than vice versa who seems absorbed in her own thoughts.	13

Table 4.9. Attunement in Liliana's play: Erikson's subtheme of Trust and Mistrust

Below: **Diagram 4.2. Four Stages of Therapeutic Process and Evaluation: Liliana**

Play Therapy Demonstration

Stage One: Diffusion of Negatve Feelings

L feeds baby doll with milk cup and bottle, returning intermittently to do so: 'thirsty baby'.

L introduces finger puppet animals one by one to baby, miming her response. Shark and parrot frighten her, she runs from the crab, jumps with the frog, strokes the tortoise.

Explores the toys, setting them out into one landscape. Family figures placed within fenced area, then taken out and set in middle. Horse feeding at trough throughout.

Cars one by one destroy scene, running over everything else. Soldiers placed in line in front of cars.

Checks mine and M's responses throughout.

Session 1

L explores the play kit, setting the different toys out in groups eg. sorting animals and placing around feeding troughs.

Creates evolving scene as explores all the toys, all becoming part of a wide landscape.

Sets to destroying everything using cars to drive and fly through scene knocking other toys over into big heap of chaos.

Continually checking/observing M for reaction/response.

Relational play using pack of cards with M. No rules. Just mirroring and turn taking, then creating patterns.

Session 2

Stage 2: Negative Feelings More Directed

Expression of physical affection between L & M.

L becomes very task-focused, cutting card and paper into tiny pieces.

L glues tiny pieces onto bigger pieces of card before placing them into house that M made.

Practising and mastering skills.

Observing M for reactions/responses.

Making food for home - contributing to what M has made for their play sessions.

Session 3

L intent throughout session of cutting up paper as food to go inside the house that M has made.

Taking ownership of house, re arranging what's inside and adding to it.

Food, nurture, more than plenty.

M attentive, witnessing.

L silently working with focus and determination.

Session 4

Mobilisation as come up the stairs. M pursuing L.

Individual art work - M loses sight of L and struggle with glue.

Interactive, exploratory and role play with the baby doll. Nurture, feeding, taking care of baby, playing with baby.

Sound - music and rhythm.

Fun, laughter, playfulness in finger puppet play - L tries to scare her mother with the crab and lion. Embodying fear.

Relational play.

Session 5

M holds baby doll whilst L feeds, tends to, examines with Dr's kit and sets out dinner for them all.

Playfully threatens M with scissors and knife.

M holds baby - L moves to arts and crafts, creating figure.

Invites M to mirror her in drawing. L in control.

Move from individual to joint piece of paper. L continues to direct and control.

L creating games with rules between them - safety and control.

Play becomes more energetic, physical, laughter, mischievous, and into rough and tumble.

Session 6

Stage 4: Stronger Emergence of Positive and Realistic Feelings

Energetic, physical play with the spaghett swords.

Imaginative play with the puppets, L leading brief interactions.

Playing games with pencils, L creating rules and controlling play.

Colouring - L asks M to lead whilst she mirrors, then colour side by side, then together on same task.

L chatty, narrating play and directing play.

M present, following lead but less reflective/present.

L wants to tidy up together.

Session 7

Energetic, physical play with spagetti swords - flow of attunement and release of aggressive energy. Movement and sound. (Safe way to be angry/rageful at M?)

Resting together on cushions. Attunement continues although L watchful of M's moves.

Role play with doctor's kit - move into examining and caring for each other. Dance of attachment, safe physcial touch, faces very close to each other.

Laughter and mischief - perhaps to make such closeness 'tolerable', expanding window of tolerance.

Tidy up together at L's direction.

Session 8

Researcher no longer in room.

Limit setting on spaghetti swords and with twistables.

Embodiment play and interaction with swords.

Playing games with pencils.

Drawing side by side, individual pictures. L sings to self creating story/narrative about her drawing.

L asks M to sing narrative to her own drawing. L becomes embarassed by M's gaze but returns to own song once both drawing again.

M draws around animals for them both, then L develops her image. M loses focus on L, intent on own drawing.

L want to tidy up together - rather frenzied.

Session 9

Physical interactive games, sometimes with boundaries unclear and L getting hurt. L defying M.

Setting up animals then putting them away.

Pencil games - rough and tumble. L controls and stops game when had enough.

See-saw, clapping, singing games - early developmental games.

Affection - taking L's head in hand and kissing forehead.

Rock, paper, scissors.

Rough game - pinching cheeks, slapping foreheads.

Imaginative play with foam swords - what could they be?

Session 10

New filial kit. Baby brother present.

Exploratory play. Noticing new toys and those that are absent.

Role play/Nurture of baby doll/play food. Delight that doll is same skin colour as she is. L now mother and M cast as daughter.

Sensory play with pink foam clay - curiosity.

L and M engage D in sensory play - bubbles, foam swords.

Return to sensory play with foam clay.

Excitement over new toys, tidyng up.

Session 11

Baby brother present, both taking account of his needs.

L explores toys, playing particularly with baby doll and food. Sings to self.

Sets up figures and creates brief interactions between them. Reassures baby that she doesn't need to be afraid.

Sensory play with foam clay - sticks to fingers. M shows L how to make food with it. Both make together.

M takes care to help L get foam clay off fingers - tenderness and care. Brother close and attentive to their play.

Session 12

Sensory play with bubbles and foam clay.

L engages M in 'touch' experience as last session - asking M to rub her hands over her own to clean off the foam clay. Laughter, tickling.

Small pieces eventually made into big ball. Throwing it back and forth, squeezing, tearing, stretching it, enjoying texture, sounds and mess.

Tries to scare M with it.

Repeated process.

L asks M to make gooey mess on her own hands for L to clean up - unsure but takes mess into hands.

Sharing mess making, cleaning up - touch tickles, giggles and laughter.

L expresses fear that might be leaving home tomorrow.

Session 13

Blowing up the saxophone, self efficacy - M critical.

Creating paper dolls side by side.

Work silently, L singing to self.

L tries to engage M who is very focused on own art work/distracted. Various playful attempts.

L solves problems for self.

Mirroring through activity - freedom of expression.

L exploring materials.

No time warning - tidy up together.

Conclusions

L progresses through tht four stages of therapeutic process.

Attachment with M - attunement, nurture, rough and tumble, physical proximity. Unmet needs and stages of development for L in relationship with M.

Seeking and play systems.

Expression of fear and anger through safety of play.

M making space for L in her life, integrating baby brother too.

M's own concerns interfere with her presence, availability and attunement to L.

Liliana's play across the filial therapy demonstrates a development and progression illustrated in both the above table and diagram.

We consider Melissa's engagement in the filial therapy sessions which will help to place Liliana's play and behaviour in the parent-child context.

4.3.8. Analysis of Melissa's Responses in the Filial Therapy Sessions and Feedback Discussions

Four overarching themes were detected following the initial thematic analysis (Braun and Clarke, 2006) of the session summaries and feedback discussions as described in Chapter 3 Section 3.10.2. of all three families. These were:

- The mother's responses to the child within the play sessions
- The mother's developing skills
- The mother's voice in the feedback sessions
- The filial therapist's responses to the mother during feedback sessions.

Two visual flow diagrams to portray the themes identified were created. Appendix 20 shows Melissa's responses to Liliana and her developing skills throughout the sessions. (The black font annotates where she uses the skills effectively with the red font highlighting where she loses track of these.) Appendix 21 shows Melissa's reflections (in black font) to the filial therapist in the feedback responses (summarised in the brackets in blue font). The purple font shows the filial therapist's responses and interventions during the feedback sessions. From these, further 'extrapolations' were made and presented as lists in Appendix 22.

4.3.8.1. Melissa's Responses to Liliana During the Play Sessions

Firstly, the mother's responses in the sessions were linked back to the four skills being learnt, here illustrated as a table. As well as the four skills, two other 'themes' were added: (i) responses that showed the mother was overtaken by her own emotional reaction or needs; (ii) responses that showed she was integrating (or not) feedback from the discussion sessions with the filial therapist. Melissa shows not only an ability to learn the skills, but also to incorporate feedback from the discussions with the therapist into the following sessions. Again, the green type corresponds to responses where Melissa is not using the filial therapy skills.

Structuring Skill	M able to introduce and structure each session clearly (s1-13) M can 'zone out' and then end the session abruptly without time warnings to L. (S8, 11,13)
Empathic Listening Skill (attunement)	M practises empathic listening and reflecting (s1,2,3,4,9) M remains attentive even when not verbally tracking – eye contact, facial expression of openness, curiosity (s2,3, 4,5,6,7) M celebrates/affirms L's successes (s4) M identifies feelings (s4 fear, s anger) M and L share moments of affection through physical touch (s1, 2, 7,9, 11,12) M and L share moments of mirroring and attunement without verbal expression (s5,7) M and L attuning to baby brother's needs and adapting play accordingly (s10,11) M misses opportunities to track and reflect back (s2, 3, 4,6, 8,12,13) M loses focus on L, distracted by own play/needs (s4, 6,8,11,13) M critical of L (s13) and asks L for affirmation (s13)
Child-Centred Imaginative Play Skill (including allowing self-direction)	M allows L to lead the play (s1,2,3,4,5,6,7,8,9,10,11,12,13) M enters into imaginative play with baby doll – nurture and care (s4,10) M engages in creative games that L sets up, allowing for rule changes (s5, 6, 7,8,9,10) M engages in physical play initiated by L (s5, 6,7,8,9) M engages in role play with the doctor's kit (s7) M allows L to engage in sensory and messy play (s10,12) M initiates singing and clapping games (s9). Both enjoy the interaction and attunement initially but becomes more aggressive and L gets hurt.
Limit Setting Skill	M uses direct order and then a more aggressive tone to limit set (s6, 9) M uses distraction and then a direct order (s8) M uses physical discipline with L by pinching her nose (s9) M directs L with aggressive tone not to touch her artwork (s13)
Own emotional reaction/needs taking priority	M's own tiredness preventing full engagement with L (s3, 5) M distracted by own thoughts, loses sight of L so that no longer reflecting or tracking play (s6,11) M distracted by own engagement in play, particularly drawing (s8, s9, s12,13)
Incorporating feedback from discussions with researcher	Following intake process and training, M volunteers information that had a playtime with L the night before starting the sessions. S2 M explains that she had allowed L to use the scissors and glue without intervening which she normally would have done. She chose to let her lead in choice of play/activity. S3 M expresses curiosity about L's play and more actively tracks and reflects. S4 Celebrates L's success when persevering in task using suggested responses. She identifies the feeling of 'fear' in puppet play.

	S5 Awareness that she too enjoys the physical play with L, appears to embrace more. Identifying everyday situations coming into play. Continues to allow L to lead and invite her into play. S6 Understanding importance of empathic listening skill and child led play, noticing L's growing confidence. Awareness of themes. S7 Allowing L to lead interaction with foam swords, responding to her energy. Having fun together – 'social engagement' S8 Appears more comfortable with foam sword play and its purpose. S9 Being playful to repair relationship rupture with L. Researcher addresses limit-setting process to remind M but goes unheeded in later sessions eg s13 S10 Inclusion, nurture and care toward baby brother in session and remaining attentive to L. S11 Allows baby brother to try messy play with foam clay. Managing both children being present.

Table 4.10: Melissa's Responses to Liliana During Play Sessions

4.3.8.2. Melissa's voice and Reflections in the Feedback Discussions

Melissa had the opportunity to express herself during the feedback discussions both in how she experienced the play sessions themselves and also in telling more of her own and her family's story. The list of extrapolations taken from the analysis of the feedback discussions presented originally in the flow diagram, are further analysed and here depicted under eight identified themes in the form of a table. The blue-print are Melissa's voice, that is, verbatim examples taken from the feedback sessions.

Ability to reflect on own skill development	M reflects on allowing L to take the lead with the scissors even though it makes her feel nervous. 'I had the courage to let her use the scissors more today.'s3 M observes L making the most of the child-led play: I have never allowed her to control the play. (laughs) It's a new thing.' S6
Ability to reflect on child's preferences in play	M aware that L likes to play with the baby doll and nurturing toys and that she helps her with taking care of Daniel her baby brother. 'She helps me a lot, she gets his nappies for him. She helps me take the things for him to have a bath.' S4 M aware of L's creativity and enjoyment of 'mirroring' activities like drawing. (S2,3,4,5,6,7,8) M reflects L's enjoyment of the foam swords (and her own) and on the playful interaction between them: 'She starts to laugh and she loses her strength, she goes limp.'s6

Ability to reflect on child's feelings expressed in play	M reflects on L's happiness as she finds gloves and slippers for the baby using the finger puppets. 'Happy' s4 M notices L's facial expression in her engagement with the foam swords : 'She pulls a face just like Daniel does when he is angry.' S7 'She showed a lot of happiness today, and I don't know if it is anger, I don't know what it is. When she strikes with the sword, her face shuts. It's very funny.' S7 When L realises M is listening to her sing as she draws, M comments: 'She is embarrassed, look.'s8 M explains why L was angry with her: 'She was angry because she wanted to eat the biscuit.' S9
Ability to reflect on emerging themes in child's play	M reflects on L's desire to be independent and try things for herself. (S2,3) M notices L's engagement in play sequences that she has experienced in daily life. (s4, 5,7,8) Eg. care for and nurture of baby, doctor role play. M uses the themes of play forms to further identify themes: Taking initiative, competition, winning and losing, rules of play, control, creativity, co-operation, nurture, organising (s8,9,13) Real-life situations, friendships, feelings (happiness, pride), identity, daily routines (s9,11, 13) Family, problem-solving, attachments, food (s11,13)
Ability to reflect on child's process in play	M reflects on how L has made the most of being allowed to use the scissors and glue independently, surprising her with how capable she is. 'She made the most of cutting as usually I don't let her near the scissors. If she has homework that involves cutting, I cut. So she really made the most of cutting things.' 'I saw that she could cut well, cutting out the furniture…She was being careful not to cut herself.'S2 M identifies L's growing confidence: 'She invited me to play. I think she is becoming more confident.' S4 'She is talking more, isn't she?' s6 M notices that L has an 'emotion' that she is expressing through the foam sword interactions but isn't sure what it is. The notion of 'aggressive energy' resonates with her and she reflects that both L and all of us need to release it. 'Release. True. I think we all have some of that, it needs releasing, that energy.' S7 M points out that L is enjoying being in control and is using the same words spoken to her: 'On the other piece of paper, she said, 'you can do what you like.'' S8
Ability to make connections between child's play and real-life experience	Reflecting on L playing with the doll, M reflects: 'She sees it, because sometimes when I take Daniel to the doctor, she comes with me. Food, she sees me and helps me give him his food. She sees. She already helps to look after him.' S4

	Reflecting on 'aggressive energy' M realises she too feels the build up being 'stuck' at the home and abiding by their rules. (S7 See example below in self-awareness.) In discussing co-operative and competitive play following s9, M shares that there is much competition between the mums at the home: 'Here at the home there is lots…competition between them and them with me.' S9
Showing self-awareness	M reflects on not letting L use scissors or glue by herself before out of fear that she may hurt herself. She realises how much L can do if she is given the opportunity. 'We leave children dependent on us, and then when we see that they can be independent we are surprised how they are growing up.' S2 M is aware of her own tiredness and distraction (s3, 5) 'my head is at a thousand' 'my thoughts are far away…travelling far away.' S3 On watching s6 through VIG M witnesses the playful interaction between them and how much L enjoys this. She notes: 'I have never allowed her to control the play. (laughs) It's a new thing.' S6 M aware of how much she is enjoying process and playing with L (s5,6,7) 'It was really good fun. And when the game starts, we forget a bit don't we, we enter into the play.' S5 As the researcher explains what aggressive energy and how it needs releasing M reflects on her own experience: 'We are stuck in here all week and it's awful. Sometimes, like you say we hold all this energy and then something makes us pop and there is an argument'S7
Showing lack of self-awareness	M appears unaware of the times that she becomes so focused on her own activity, that she withdraws her attention and attunement from L, particularly evident in drawing and craft activities, when they work side by side. M's own mood/needs can affect her engagement in the session. M maintains her own way of limit setting, even if this involved hurting L, finding her daughter's reaction amusing. She appears unaware of how this might feel for L.

Table 4.11. Melissa's Responses During Feedback Sessions Following the Filial Play Sessions

4.3.9. Filial Therapist's Responses

In analysing the filial therapist's responses in the feedback session with Melissa presented again firstly as a list of extrapolations (Appendix 21 and Appendix 22), she became aware of how many action words or verbs were emerging. These 'action words' can be identified as sub-themes coming under three main headings or themes: engagement of Rogers' (1951) core conditions (empathy, unconditional positive regard and congruence), direct teaching of skills and indirect teaching of skills. Again, these are presented most clearly as a table.

Core Conditions: empathy, unconditional positive regard, congruence	**Teaching - Direct**	**Teaching - Indirect**
Reflecting M's feelings and facial expressions (s2,3,7,10) L's abilities and qualities (s1,2,4,5,6,7,8,10) L's play (s3,4,6,8,9,10) M's experience of the play (s2,4,7,9) The relationship between M and L (s2,9,10) The dynamic between them during physical play (s5,6,7,8,9)	**Explaining** The four skills (2,3,5,6,7,8,9) Importance of/the why using skills (s2,4,5,6) The limit setting skill (s9)	**Modelling** Empathy and acceptance to M (s2,3,11) Empathy for L (s9) As M disengages from feedback session R mindful to respond in a way that models skills (s10,11,12,13)
Affirming M making time for play time in daily routine (s1) M's developing skills (s1-8) M's understanding of process between herself and L (s2,4) M holding back own anxiety and allowing L to use scissors (s2.3) M's ability to connect L's play to everyday life (s4,7,9,10) M's observations about L's play (s6,s7) M's own problem-solving ability and transferring learning to everyday life (s7)	**Describing** How play links back to training (s1,2) The importance of M holding the space for L with appropriate boundaries and limit setting. (s6) The importance of the singing and clapping games and nurture and care play in relationship building (s9)	**Discussing** M's experience and perspective (s2,4,5,6,7) What might be happening for L including possible feelings expressed (s1,2,4) Similarities between L and M's behaviours (s,2,4) Aggressive energy (s7) Difficulties M is experiencing at home (s10,11)
Validating M's experience of play through use of metaphor (s1,8 M's experience at home (s7, 10) and her pro-active interactions with staff resulting in positive outcome (s11)	**Drawing attention to** M giving voice to what she is noticing and understanding about L's play through reflection (s2) L's feelings and how she is expressing them (s3,4) Possible symbolism in L's play (s3) Moments when M becomes distracted (s4) M's facial expression in play, her own sense of mischief and humour (s7) L's care of baby brother (s10)	**Reframing** M's narrative as she expresses her belief that the family think L would be better off with them. (s9)
Being attentive to Check understanding (s2,8,9,10)	**Extending** Skill development, giving suggestions (s1-9) Using cultural links/examples to extend M's use of skills (s1,9)	
Reassuring	**Using visual aids and worksheets** VIG to draw attention to positive skill development and interactions (s6,7,8,9) Worksheets to consider themes and emotions (s5, 8,9,11,13)	

Table 4.12. Filial Therapist's Responses in Feedback Sessions with Melissa

4.3.10. Final Assessments

Following the completion of the filial therapy programme, the final assessments took place. These are now summarised below.

4.3.10.1. The Change Interview

Melissa's responses to the Change Interview are here recorded as a Table 4.13. Her answers demonstrate the changes that she identified in herself, her daughter Liliana and in their relationship as a result of participating in the filial therapy program.

Changes in Self **10/10 for changes in self**	**Changes in Child** **10/10 for changes in child**	**Changes in Mother-Child Relationship** **10/10 changes in relationship**
Increased patience with Liliana.	Changes in behaviour – more self-confident, relaxed, more interactive.	Become much closer.
Realisation that daughter is 'capable' and can do many things for herself.	Believing in her own capabilities.	Less arguing and less clashes of opinions between them with neither giving in.
Increased trust in daughter's self-efficacy.	More 'organised', tidying up, valuing and taking care of things.	Found a way to be and to work things out together.
Learning to see and value the good qualities in her daughter rather than just calling her attention to the things she does wrong.	More positive play with her little brother.	
Greater self-awareness – being able to see things from different perspectives.		
Increased attunement to her daughter and what she might be expressing – that 'little things' can actually be 'big things'.		

Table 4.13. The Change Interview - Melissa

Melissa scores each of the changes as 10 out of 10 both for the changes themselves that occurred and for how surprised she is that they have happened. In each case she says that she thinks that they would not have taken place if they had not participated in the filial process. She describes her hesitancy in participating to begin with, finding it all rather strange. However, she has come to appreciate the importance of play and the impact it has had on her, on Liliana and on their relationship. She says that the training will help her in daily life, for instance, to appreciate and make the most of each moment.

4.3.10.2. Summary of Final Interview with the Carer

A different carer was interviewed post intervention due to staff changes. Experienced and familiar with the set up and the nature of the families interned, she wanted to clarify that she could only answer from what she witnessed during her early shifts.

The carer describes Melissa and Liliana as remaining much of the time within their own bedroom, often engaged on the two mobile phones that Melissa owns. Liliana is also regularly to be found out playing with the other children resident at the home. One change that she has observed is that Liliana is now always well presented with her hair beautifully done ready for school each morning. The carer says that this was not the case previously although she is unable to say for sure that it was the training that initiated this shift. She is pleased to see Liliana leaving for school looking well-groomed and presentable.

The carer reminds the researcher of the concern identified in the referral stage that Melissa always communicated with Liliana through shouting and name calling. She states that she has not heard this anymore but is not sure if it has stopped or if this is due to the times of day that she sees them on her shift. It is difficult to say she expresses, whether it has been the filial therapy training that has brought about the changes. She says that Liliana continues to snitch on or blame other children for incidents, provoking them at times to react.

The carer finally adds that one thing she has noticed is that Melissa is initiating play activities with all the children during the lunch break. She encourages them all to play with a ball or running and chasing games, joining in with them.

4.3.10.3. The Final Family Play Observation

The full analysis of the final FPO with Melissa and Liliana can be found in Appendix 23.

Melissa’s behaviour continues at time to revert to well-formed patterns, losing sight of Liliana, her play and her cues for attention and affirmation. She can still become self-absorbed, using directive and critical language with her daughter. However, as observed throughout the filial program Melissa has integrated her learning into her behaviour and has shown herself very much more present with and attuned to Liliana. She has moved along the attachment continuum to regularly show increasing patterns of behaviour consistent with a more secure attachment. Different situations, moods, triggers might involve her moving backward and forwards along the continuum but she appears to have developed a greater capacity to offer Liliana the opportunity to be seen, feel safe, be soothed and feel secure.

Liliana responds to this, continuing to work hard to draw her mother closer. When this proves challenging in the final FPO she is observed adopting ‘babyfied’ behaviours. Now she feels more safety in the relationship, perhaps she needs to return to early childhood developmental needs that were missed by her mother. They certainly have shared some moments of ‘joy’ and ‘delight’ in their play as well as moments of ‘rupture’ and ‘repair’, strengthening the bonds of attachment between them.

Final working hypotheses about the family interactions were:

1. Melissa is significantly more comfortable with Liliana taking the lead in the play sessions and in allowing her to use the materials independently.
2. Both mother and daughter appear more relaxed and at ease in each other’s company.
3. Liliana is much more self-confident using the space and materials for her purposes and finding solutions to problems.
4. Liliana continues to work hard to engage Melissa’s attention at times and resorts to ‘babyfied’ behaviours such as helplessness and an infantile voice.
5. Melissa becomes distracted and absorbed in her own activities so that she is not fully present for Liliana.
6. Although she has shown herself capable during the training of communicating empathy and acceptance to Liliana, when distracted she reverts to old behaviours.
7. Melissa’s tone has softened but she is still capable of being critical and directive towards Liliana.

Although there is no feedback discussion following the final family play observation because Melissa wanted to return to her chores, she filled in her feedback form. She writes that she

has learnt from the session that her daughter is very creative. She reflects that the emotions expressed by Liliana included happiness, pride and joy. The themes or skills explored were creativity, managing to do something/problem solving, cooperation, strengthening attachment, nurture and care, constructing, organizing and showing initiative.

Melissa expresses her own emotions during the session as happiness and pride, noting that she herself did all things well.

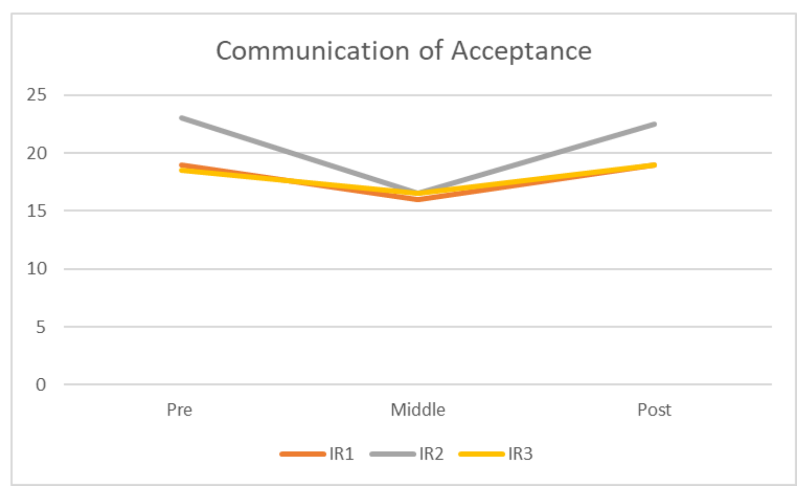
4.3.10.4. MEACI Scores

Table 4.14. gives the MEACI scores rated by the 3 inter raters (IR 1, IR 2 and IR 3) for the pre intervention session, a session in the middle of the intervention and the final post intervention session. The total score is out of 90. The lower the score the more able the mother was to communicate empathy in the adult-child interaction during the play session.

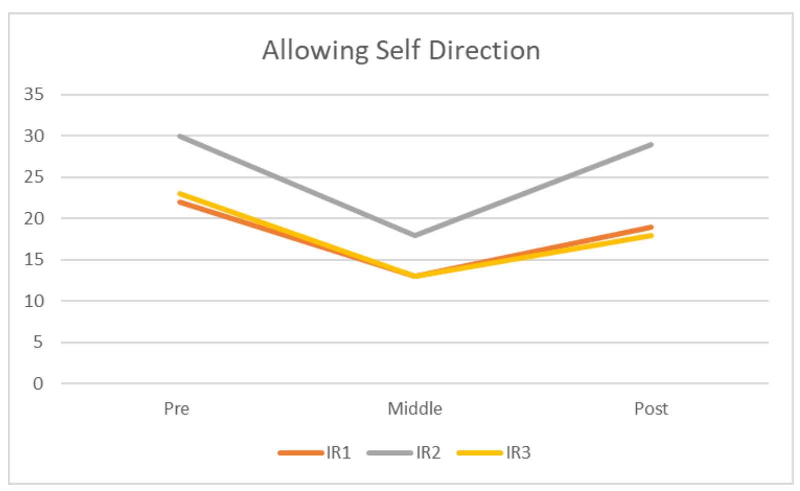
Melissa &	Pre			Middle			Post		
Liliana	IR 1	IR 2	IR 3	IR 1	IR 2	IR 3	IR 1	IR 2	IR 3
Communication of Acceptance	19	23	18.5	16	16.5	16.5	19	22.5	19
Allowing Self Direction	22	30	23	13	18	13	19	29	18
Involvement	22	27	22	13	7	11	16	27	15
TOTAL SCORE	**63**	**80**	**63.5**	**42**	**41.5**	**40.5**	**54**	**78.5**	**52**

Table 4.14. MEACI Scores – Melissa and Liliana

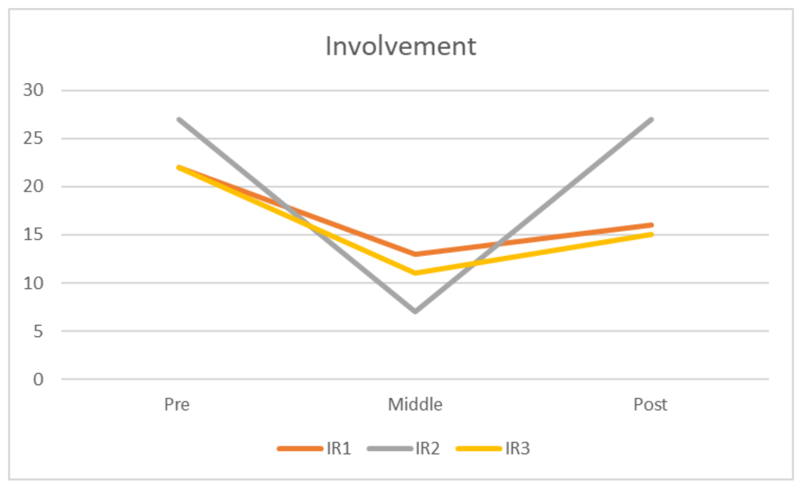
The ratings are also placed into three graphs (see below), depicting each separate element of empathy being measured. The differences in scores shown both in the table and graphs between inter-raters will be discussed in Chapters 5 and 6.



Graph 4.4. MEACI Scores Communication of Acceptance: Melissa and Liliana



Graph 4.5. MEACI Scores Allowing Self Direction: Melissa and Liliana



Graph 4.6. MEACI Scores Involvement: Melissa and Liliana

In comparing the graphs, the MEACI scores across all three elements of empathy show a slight improvement from pre intervention to post intervention. However, as with Marcia and Gonzalo, the most significant improvement is between the pre intervention and middle stage of the filial therapy process. Here Melissa appears to be using her newly acquired skills to the best effect and all scores reflect this shift. Again, this will be further analysed and discussed as part of the cross-case analysis and discussion chapters.

4.4. Case Three: Bella and Rafael

4.4.1. Case History

Bella and her seven-year-old son Rafael were 'acolhidos' (taken in) by the home following her denunciation of her partner for domestic violence, six weeks prior to the researcher's arrival. After a particularly aggressive attack, Bella had fled to her neighbour's house for help and the police arrested him. Bella was initially placed in the undisclosed house so as to protect her from his death threats.

During the twelve years with her partner, Bella described an escalation of violence. She was concerned for her son witnessing the violence and as she had no support or work herself, she felt she had no choice but to leave. She expressed that her partner had mental health problems which he needed treatment for rather than any substance dependency.

An only child, Bella lived with her mother and studied until she was sixteen. She held down various jobs until she stopped working to look after Rafael. Both her parents were now deceased. She described her partner as having turned his family against her telling lies to discredit anything she might say about him. They didn't believe he had any difficulties.

Bella expressed regret for denouncing him saying he was a hard worker and a good father. She described herself as a calm, helpful partner. She knew that his family had paid bail and he was currently living with his sister. The staff at the home suspected that she was secretly having contact with him again.

4.4.2. Referral to the Filial Therapy Programme

The psychologist and the carer in the respective interviews, described Bella has having low self-esteem and lack of self-confidence, isolated, with no support network. They expressed

that she appeared to be carrying many worries and that although quiet, her mind is working 'to the thousands' (a Brazilian expression.) They pointed to a lack of motivation for change or even the absence of a perception that she can or is able to change. The carer believes Bella is fearful of any change and that she stays within her comfort zone. She has shown an apathy and disinterest in looking after herself whether physically or emotionally and a resistance to better herself and to develop social relationships. They are concerned that Bella may seek out and return to her violent partner again as he is her primary adult attachment especially as she is expressing narratives that offer excuses for her husband's violence against her.

Although Bella's care for Rafael is evident as well as her wanting the best for him, both psychologist and carer are concerned that there is a silent complicity between them where she leans to heavily upon him and therefore that Rafael is supporting her inappropriately for his age. Should they have begun meeting Dad in secret, there is concern that holding the secret for Mum is causing him anxiety and shame.

Rafael is described as very quiet and avoidant of relationships with others, particularly adults. He has witnessed the domestic violence and abuse at home towards his mother, although it is believed that his father was not aggressive towards him. A sensitive child, Rafael is described as behaving to look after his Mum and to keep her happy. He is very obedient and compliant. Rafael has a physical disability and the carer expresses concern for the prejudice he may encounter later in life.

The aims therefore in referring Bella and Rafael for the filial therapy programme were identified by psychologist and carer as:

- To promote the interaction between mother and child thus improving the quality of this relationship, enabling a healthier attachment.
- To offer Rafael an opportunity to play and be a child.
- To generate more security for Rafael in relation to Mum's attitudes.
- To develop and strengthen the self-esteem and self-confidence of both mother and child.
- To develop Bella's self-awareness, enabling her to understand that life can be different and to want something more for her child, even if she doesn't want more for herself.

The particular carer interviewed in relation to Bella, has a degree in psychology and herself is a survivor of domestic violence. She expressed strong views on Bella's behaviour as a victim who she believed to be stuck and unmotivated to make changes for herself and her son. This is apparent in the way she describes her hopes in outcome for the filial therapy.

4.4.3. Intake Interview with Bella

Bella expresses concern for Rafael in light of the violence he has witnessed, describing him as very shy and quiet. With the researcher, she considers all the changes that he has been confronted with and had to adjust to. Bella admits she herself has struggled with all the changes. She describes an incident where Rafael had awoken at the home after she had left for work, becoming distressed and missing her.

Bella describes their current routines. She is reliant on staff picking Rafael up from school at lunch time, feeding him before he joins the childcare provision at the home and then bringing him back at 5pm to the second home. She believes that he has settled well into the new school and made friends. He enjoys playing with some of the younger children at the home. He sleeps well mostly, although some nights will thrash about in his sleep. He eats little and has a limited diet.

Bella explains that Rafael has become very competent at compensating for the disability that he was born with. She emphasizes that other children's curiosity and comments can upset and bother him, although generally he seems to take it in his stride.

Bella confirms that she has no immediate family and support network. She describes the same information as given in her case study, emphasizing her confusion as to whether he intended to hurt her or the violence being a result of mental health difficulties. She wonders whether his job made him stressed.

Bella is clear that her partner did not hurt Rafael in anyway, always being very attentive to him. She admits he witnessed the arguing and violence, becoming very frightened.

4.4.3.1. Filial Therapist's Reflection Post-Interview

Bella appeared to be at a significant crossroads at the time of this interview. She was considering the choices that she had made for herself and her son, and the impact it was having upon them both. Although very aware that her husband's aggressive and violent

behaviour towards her was not acceptable, she seemed to consider excuses for this and whether she could have responded differently.

All the upheaval for Bella and Rafael seemed to be very challenging for her and the researcher wondered whether she was considering a return to the 'known' of home - her own space, her own things, the safety of routines and familiarity.

The empathic, reflective and understanding responses of the filial therapist appeared to enable Bella to express some of these thoughts and feelings in safety. The staff team at the shelter home were clear in maintaining that she should not have contact with her husband for both her safety and that of Rafael. The 'rules' set to protect her were perhaps being experienced by Bella as too restrictive so that she did not express herself with openness to them. They suspected that she had possibly started to meet him in secret. In knowing that she would not be reprimanded by the researcher, she could therefore explore her thoughts and hopefully reach healthy decisions herself.

4.4.4. Family Play Observation

The full analysis of the FPO with Bella and Rafael found in Appendix 24 considers their individual attachment behaviours as observed in the interactions during the FPO. Bella shows an understanding that the play time is for Rafael and attempts to stay present for him. She becomes distracted and directive, mostly wanting him to enjoy the experience and sometimes engaging her own curiosity. Either way, she loses sight of what he is experiencing and exploring.

Rafael appears very attentive and attuned to his mother throughout the session whilst playing and exploring the toys himself. He will concede his interests to follow her lead. He seems protective of her. He doesn't reach out to her for attention or help, accepting her behaviour and showing himself as self-sufficient. The attachment dynamic between them suggests an insecure anxious ambivalent pattern of behaviour.

Initial working hypotheses about the family interactions were:

1. Mum tries hard to remain present, attentive and engaged with Rafael.
2. Mum at times becomes distracted by her own interests/needs and loses focus from Rafael.

3. Mum can be directive, it seems with good intent, wanting him to notice other toys and make the most of the experiences on offer.
4. Rafael is curious, eager to play and interact with the toys.
5. Rafael accepts Mum as she is and is very attuned to her throughout the session, conceding his wishes and needs perhaps to protect her and stay engaged with her.
6. Bella and Rafael have a particular dynamic between them where they have found a working balance with each other's 'strengths' and 'needs'.
7. Rafael takes upon himself a caring and protective role towards his mother, perhaps aware of her limitations and the suffering that she has been through.
8. This perhaps leads to his emotional needs being missed and not met by his mother.
9. Rafael shows himself as adaptable, resilient and self-sufficient particularly in terms of his disability.

4.4.4.1. Follow-up Discussion with Bella

The filial therapist was aware of brief interactions in play or statements made by Bella which perhaps reflected low self-esteem and confidence. In feedback she was mindful to affirm the positive interactions that she had witnessed. For instance, she draws attention to the way in which Bella largely remained present with Rafael and how both were attentive to each other. She highlights the interaction with the finger puppets where both were directly involved together in play. Bella names Rafael's 'fear' at the 'centipede' due to its strange texture and form.

In preparation for the filial therapy training, the filial therapist notes how Bella was able to let Rafael make choices and lead the play. She explains why this is important. Bella remarks how she had enjoyed playing with him as she could see how it would distract both of them from their problems.

The filial therapist observes Bella closely following her words, vocalising agreement and repeating back phrases said. She wonders if this is compliant behaviour and/or a power dynamic at play where she is seen as the professional and Bella as subservient, accepting what

she is told without questioning or discussing it. The filial therapist is aware of wanting to empower Bella, not to take power away from her in any way.

4.4.5. Play Demonstration

Rafael played by himself throughout the 20 minutes play demonstration with the filial therapist. He was very quiet and did not speak. The filial therapist allowed him space, sitting to the side, verbally tracked his play, reflecting back what he was doing and any feelings that were being expressed. Bella sat to the side of the play space observing very closely and attentively. She made sounds throughout as she accompanied his play and my tracking ('mmm' 'mmm hmmm'), sometimes offering her own words as suggestions.

Rafael's play fell into three distinct sequences. The filial therapist wonders to herself if he has 'narrated' through play and metaphor, his own story and that she has just born witness to and given verbal expression to this for both mother and son. Briefly, his play appears to illustrate (1) the two of them 'hiding' and finding the safety of the shelter home, (2) the danger and threat now at a distance but requiring care itself (possible concern for Dad) and (3) facing the 'fear', which right now is too overwhelming. This last sequence is described in Chapter 7 Section 8.

Rafael's originality and creativity provide an opportunity for recognising the uniqueness and value of Bella's son. In the feedback discussion with Bella, the filial therapist emphasises the exceptional sequence he has just created with his hand and a pair of goggly eyes. Bella responds saying that he often likes pretending that his hand is a variety of different creatures. 'It was good' Bella says and is unable to pinpoint anything different in the way the filial therapist has responded to Rafael during the play session. She is concerned with the mess he has created. The filial therapist reassures her that it's part of the process and that she is happy to tidy it up.

Using the play session that they have both just participated in/witnessed, the filial therapist introduces some of the play therapy skills that Bella will be learning. Bella's care for her son, her desire to be present and attentive, her awareness of his creativity and eagerness to play and her openness to let him lead are good foundations on which to begin building.

4.4.6. Filial therapy training programme with Bella and Rafael

The following table outlines the structure of the filial therapy training that took place with Bella and Rafael following the group training.

Sessions	Summary
1 - 7	Child led play sessions with Bella practising filial therapy skills. Filial therapist in room observing. Followed by feedback with mother, reenforcing skills. From session 7 filial therapist begins to use video interactive guidance to further learning in feedback sessions.
8-14	Child led play sessions with Bella practising filial therapy skills. Filial therapist no longer in the room, now in adjacent room. Video recording watched together with Bella following session and feedback discussed. Reenforcing skills.
14	Ending session – recording used for final FPO and MEACI measurements. Feedback completed through feedback form.
Please note:	The child led sessions were for 20 minutes each followed by a 10-20 minutes feedback session between the filial therapist and Bella.
	Sequence of Rafael's play over the course of the sessions can be found in Diagram 4.3. Four Stages of Therapeutic Process and Evaluation - Rafael
	Flow of Bella's Responses in Play Sessions (session by session) – Appendix 26 (flowchart)
	Analysis of Feedback Sessions with Bella (session by session) – Appendix 27 (flowchart)

Table 4.15. Filial Training with Bella and Rafael

4.4.7. Rafael's Therapeutic Process and Engagement in Play

Rafael's play was largely 'projective play' (Jennings,1993, 1999) where he used the toys and therapeutic space to explore themes and feelings most pertinent to him. Playing silently, he expresses himself visually through the scenes and sequences he creates using puppets, animals and dinosaurs, cars and figures. He incorporates 'role-play' using the baby, the nurturing toys and the doctor's kit. He gradually begins to add sound effects and engages his body to create movement and to release aggressive energy in a safe way. 'Embodiment play' seems to 'mobilise' him from the silent 'freeze' response and he encourages Bella to join him. He creates for himself new personas and possibilities. He finds his voice. He shows incredible determination in the face of struggle, both in light of his disability and in confronting the trauma of his past.

4.4.7.1. Thematic Analysis Using Ryan and Edge (2011)

The researcher analysed each play session to identify themes using the Ryan and Edge (2011) categorization. The subsequent list of extrapolations drawn from the analysis of the play themes can be found in Appendix 25, whilst here a brief consideration of Rafael's play in light of these first four developmental conflicts will be given. Rafael's play incorporates aspects of each of these developmental conflicts and as the sessions progress the researcher would propose that there is an increase in the positive sub-themes and a decrease in the more negative ones. He is able to explore aspects of his experience as a witness to domestic violence, finding safety, inner resources and strength as he moves from 'immobilisation' through 'mobilisation' into 'social engagement'. He invites Bella to take the journey with him, accepting the limitations to her attunement and engagement.

4.4.7.1.1. Trust versus Mistrust (0-18 months)

Rafael appears to have had 'good enough' nurture and attunement from Bella evident in the way he is able to show focused care, tenderness and attentiveness in his play with the baby doll and doctor's kit. He has the confidence to engage in sensory and exploratory play with the toys, although initially keeping himself placed in the middle of the play space. This and his voicelessness appear to echo of a child being silent and 'compliant' to keep himself safe in a situation of domestic violence. In his first session, he enacts the 'drama triangle' with Bella using the puppets. A 'persecutor' lion pretends to eat the 'victim' rabbit who cries out in pain. A person comes to 'rescue' the rabbit, scaring away the lion. The rabbit now 'persecutes' and responds by threatening to eat the person, suddenly the 'victim'.

There are many examples in Rafael's early sessions of characters fleeing predators and finding shelter and protection as well as care from the doctor. Indeed, a significant theme in his play, Rafael seeks in all sessions to create safe and protected spaces from threat. These evolve from fenced enclosures such as within a farm housing both farm and wild animals, to crafting his own superhero cape and mask, to creating a complex home base for a spy with many hidden resources. The cape and mask, made of tissue paper, perhaps signify a rebirth, although fragile, which enable him to defeat the once frightening 'centipede'.

Rafael is aware of Bella, sometimes inviting her in to play with him, yet mostly playing individually and alone with Bella as his 'witness'. He appears attuned to Bella and her needs. He nurtures her through a shared 'coffee time'. He engages her in physical play as an

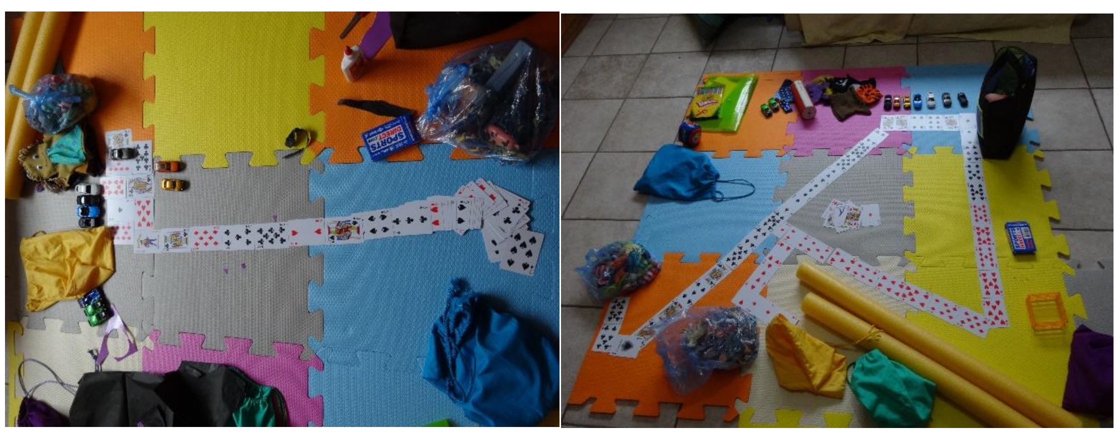
opportunity to have fun together and perhaps to release pent-up anger and aggressive energy. He seems to accept what she can give in their relationship, but maybe not always asking for help when he needs it. Rafael appears to be more confident and trustful on one hand, but uncertainty remains as to whether he fully trusts his environment or those who care for him to protect him from danger. His play reflects his inner resources and resilience but who has got the spy's back?

4.4.7.1.2. Autonomy versus shame and doubt (18 months – 3 years)

The crab who chooses not to engage with the centipede in the cave, does not give up. He returns to face his fears, to take back his own power progressing to defeat and overthrow that which appears to haunt him. Rafael declares that he is no longer afraid of the centipede and can now play with it, release aggressive energy upon it and care for it with the doctor's kit. Rafael can be seen to explore the various sub-themes of this developmental conflict. He creates different scenarios playing out the dynamics of power and strength vs helplessness and weakness, aggressor vs victim, predator vs prey, dominance vs submission, life or death. As he does, he explores his own capabilities, gaining strength and self-confidence, practising and mastering new skills.

Rafael does not allow his disability to impede him in his endeavours. He undresses and dresses the baby, redoing so until he is content she looks comfortable, he manoeuvres finger puppets on to his own fingers, he cuts tissue paper, he creates scenes with the toys, he fights with the foam swords. He completes tasks, not giving up until he is satisfied with the outcome. He becomes very task focused, absorbed in what he is trying to do. He often appears to have a vision of what he wants to create and do. He sets to task, persevering, problem-solving until he fulfils his purpose. He rarely asks for help, finding a way to manage and succeed.

The creation of a safe and protected home for the spy re-enforces his self-efficacy and independence. To access the spy's home, there is a complex system of roads to navigate (made from playing cards placed in pre-determined order), some of which hold traps to ensnare intruders. The spy has various cars, some hidden in a secret garage. It reminds the filial therapist of The Incredibles, as does the cape he so carefully made.



Images 4.5.& 4.6.: Rafael's evolving spy hideout

When Bella and the filial therapist reflect back his creativity and achievements, Rafael seems to beam, pleased with himself. This in turn appears to encourage him to explain more of what he has created at the end of each session.

4.4.7.1.3. Initiative versus Guilt (4-6 years)

Detailed, focused examining of and caring for the baby doll, the injured centipede and Pinocchio with a 'splinter' in his leg are examples reflecting 'goodness', 'healing and helping', sub-themes in this developmental stage. He shows care and acceptance of his mother, perhaps at times too adaptive to her limitations and needs, inviting her to share in a nurturing 'coffee time' with him. He is highly attuned to her and whilst playing with the foam swords, seeks to regulate himself within their 'social interaction', even when she becomes more aggressive in her 'hits'.

Rafael plays quietly yet he is able to express some of his feelings and his wishes. He names his fear of the centipede, he takes risks in pursuing to engage with it, and in a later session announces that he is no longer afraid of it with its strange texture. He explains his intentions in play and how these have not always been possible so that he has had to adapt and change the expected outcome. For example, he sets out to cut a road out of tissue paper, but when it proves too difficult, he decides that it will be a kite. He enjoys verbalising what he has done when prompted but he doesn't always volunteer the information.

Rafael plays respectfully with the toys throughout the process. Rafael explores various adult roles and interests, developing in particular the role of the superhero spy. He takes risks in playing out and exploring themes of domestic violence. 'Shaggy' for instance, 'smashes up'

his home in anger (the shoe box house his mother created), runs away on a horse pursued by a policeman who catches him and places him in prison. The policeman falls in with him but after finding a way out, stays on watch in case Shaggy tries to escape.

There are also examples of injury and harm within his play and the world is not always a safe place with predators threatening prey and aggressors intimidating victims. One may sometimes need a doctor and at other times be prepared by setting up protective measures for safety like the traps set for trespassers navigating the complex road system enroute to the spy's house. Indeed, the resourceful spy is concerned for safety and puts in various measures to keep his home safe.

Rafael appears to have a 'vision' of what he wants to create in play and sets about bringing it to life with the toys. He is determined, tackling complex themes, persevering in the light of challenges and problem solving along the way.

4.4.7.1.4. Industry vs Inferiority (7-11 years)

As Rafael's play progresses during the filial therapy programme there are increasing examples of the sub-themes in this developmental stage. As he explores the toys, he learns about himself, his own capabilities, relationship dynamics and about caring for and nurturing another. He experiences and embodies being 'immobilised' and silent vs being 'mobilised' and reaching out. He enjoys both his mother's and the filial therapist's affirmations for the way he persisted and created the mask and cape out of tissue paper, having been persistent and finding solutions to difficulties. He increasingly shares what he has created and enjoys the recognition for his skills and accomplishments as well as pleasure in his own achievements.

Despite his mother's own silence and at times apparent 'dissociation' in sessions, Rafael seems to find a way to 'do what he needs to do', persisting to pursue his goals and taking pleasure in what he creates and achieves.

4.4.7.2. The Four Stages of the Therapeutic Process

Diagram 4.3. depicts Rafael's development of play throughout the filial therapy sessions, showing the main themes explored following the thematic analysis of his play. As with the two previous families, the different colours reflect how he moves through the four stages as outlined by West (1992) and Landreth (2012), showing progression in his play.

Stage One coloured blue is the initial exploratory play and outpouring of negative feelings. In Rafael's case this appears to occur in the play demonstration. He plays silently and alone, creating three clear sequences each perhaps communicating different narratives expressing his own experiences.

Stage Two is red as the negative feelings become more directed. In the first session with Bella, Rafael creates a safe place in the shoe-box house created by his mother for their play times. He then explores aspects of their joint experience of domestic violence.

Stage three is orange where Rafael engages with the ambivalent feeling and conflicts around building safety and nurture alongside threat and aggression. This stage is where Bella is most engaged and more confident in her developing filial therapy skills and providing more attuned and empathic responses.

Finally stage four is green and represents a stronger emergence of positive and realistic feelings where Rafael appears more self- confident, exploring his own skills and capabilities, pursuing goals and developing self-efficacy, resilience and self-reliance.

This progression can also be seen in the sub-theme of *safety and protection* under Erikson's (1963) first developmental conflict of trust vs mistrust extracted from the play themes tables. The same colours are used here to depict the stages of therapeutic process and evaluation in Table 4.16.

Pairs of cars finding hiding places, then coming together in a car park with the other pairs of cars.	Play Demo
Placing family figures within the house that Mum has made.	3
R creates a safe enclosure for the cow within a farm.	4
Pinocchio placed in house as safe place.	5
R creates a fenced enclosure for the pig within a farm. House at centre of farm which contains both farm and wild animals in separate areas.	
Creating a superhero cape and mask out of tissue paper.	7
Cars seeking hiding place from chase.	7
Creating a safe base/home for the cars or 'spy', including hidden resources.	8, 9, 10
Paper doll boy gives lion puppet a flower to eat to keep himself safe.	10

R creates traps within his complex road system around the spy's home, possibly as protection for the spy. **Creates a barrier between, and enclosures for, different animals at the farm. Wild and farm animals co-existing. Tow truck helping create with fence panels.**	11 14

Table 4.16. Safety and Protection in Rafael's play: Erikson's subtheme of Trust and Mistrust

Below: **Diagram 4.3. The Four Stages of Therapeutic Process and Evaluation: Rafael**

Play Therapy Demonstration

Stage One: Diffusion of Negatve Feelings

R plays silently and alone.

Creates 3 clear play sequences each perhaps communicating different narratives expressing his own experiences:

1. Hiding vs finding and being part of a community
2. Threat to safe place
3. Fear - learning to be cautious, to test the lay of the land. 'Crab' afraid to approach 'centipede'.

Session 1

Stage 2: Negative Feeling More Directed

Creating safe place in shoe box house that B has made. Placing family figures.

Puppet play with Mum: enactment of the drama triangle with lion, rabbit and person.

R and B silent. R uses sound effects, facial expressions and physical body to communicate.

Exploratory play - fear of centipede. Violence against vs nurture, care of.

Session 2

Stage 3: Ambivalence and Conflicts

R silent throughout.

Feeding, caring for needs of others, baby and nurture.

Doctor and patient.

Determination, problem solving and perserverance in light of daily struggles. Resilience. 'I can do it.'

vs B's attempts to divert away from struggle.

(R stabilising, creating safety and nurture, engaging with struggle.)

Session 3

R plays silently.

Safe enclosure for cow with hay, surrounded by other farm animals. Threat of pteradactyl removed. Remains in center of mat throughout.

Exploratory play with sensory toys.

Playing with/tolerating centipede - up to a point.

Having control.

Care and nurture of baby.

Colouring figure.

Session 4

R plays silently.

Completes task of colouring figure.

Puppet play: worm outrunning 3 different predators. Movement, energy, body engaged.

'Crab' overcoming fear of centipede - releasing aggressive energy.

Playful and energetic engagement with ball.

Role play: Doctor treating Pinnochio as patient.

Pinnochio returns home, pursued by soldier.

(R mobilising against fear.)

Session 5

R creates a whole scene - a farm with people coming to visit.

Works silently as B reflects what he is doing. Creates sound effects.

Areas of safety and areas of potential threat/danger - containment.

Cars allow movement around the farm.

T-rex - threat.

Prominence of horse, later ridden by 'Shaggy' to escape T-rex and crashing into pig pen.

Session 6

Exploratory play with finger puppets, playing out brief sequences: prey vs predator, victim vs aggressor, weakness vs strength.

Accompanied by sound effects and physical, energetic movement.

Engages Mum more and responds more verbally.

Pile of victims.

Struggle - between puppets, himself with putting on finger puppets.

Begins to create cape out of tissue paper.

Session 7

Stage 4: Stronger Emergence of Positive and Realistic Feelings

R creates his cape out of tissue paper.

Struggles but perserveres.

Cuts out a mask.

Superhero - Mr. Incredible. Observes self in mirror.

Fragility of cape and mask.

Plays alone with cars, racing them around adding sound effects.

Engages with centipede - destroying it with a horned sheep. Cast out.

Back to solitary play with car.

Session 8

(Researcher no longer present in session).

Sustained 'spaghetti sword fight' between R&B - mobilisation. Safe release of aggressive energy. Sound effects.

R attempts to create a road out of card and tissue.

Plays with toy cars and creates a safe place/home.

Uses playing cards to create a road to and from home.

More conversation between B and R who provides more of a narrative for his play.

R explains to researcher that home belongs to a spy who has lots of cars, including 3 that are hidden for missions.

Tissue paper 'road' becomes a kite.

Creativity, problem-solving, resourcefulness.

Session 9

Sensory, exploratory play with the instruments. centipede and ball - engagement with B. Loss of fear of centipede.

Building and extending roads to spy's house, offering choice of roads to be taken.

Aggressive interaction between tiger and pteradactyl. Containment of tiger. Car escaping.

Cars taking turns going for a drive accompanied by sound effects.

Session 10

Paper figure feeds paper flower to aggressive lion to appease him.

R creates story with house B has made - angry Shaggy flees capture by policeman. Put in prison with policeman trying to find way in and out. Non-verbal.

Engages B with spaghetti swords- fun, playful, energetic, mobilised, laughter and sound effects. Safe body touch and release of aggressive energy. Like rough and tumble play.

R returns to creating spy home and road system - sorts cards, takes up more space. Runs out of time.

Session 11

R spends entire session developing spy's home and roads leading to and from.

Has own plan - taking control, sorting cards into colours and number order.

Choice of two roads lead to a trap or to wild animals. Both appear to be protection for the spy.

More verbally expressive to B.

R flexibility - noticing toy bags in different positions so having to construct roads differently. (unpredictability of life)

Session 12

Introduction of own filial toy kit.

Exploration and play with finger puppets, engaging B.

Nurture and care of baby - dressing until as he wants it. Focus, determinatiion in struggle.

Setting out tea set for guests.

Exploring soldier figures and setting these out in two's - arguing, fighting and shooting each other.

R verbally providing narrative to B. Sound effects.

Session 13

R silently sets out the tea set and motions to B to join him in role play as they share coffee time together.

Nurture and care of the baby. Humming.

Cuddling and rocking baby. Soothing.

Observing and exploring self in mirror.

Disconcerted by sudden stop in play.

Session 14

Attempts to blow up big lollipop, asks for help from B who directs him to put it away.

Exploring cars and animals. Sound effects.

Perseverance in creating barrier rather than enclosure with fence panels.

Perseverance in fixing crown together - struggles alone.

Creates a farm - both wild and farm animals together, co-existing. Cars there to collect and bring anything that is needed for farm. One drives around periphery of farm, perhaps as protection.

Conclusions

R moves through 4 stages of therapeutic process.

Silence - key theme. Moving from silence, to sound effects, to having voice.

Movement, sound, story-telling, mindfulness. - bottom up and R-L-R hemisphere processing and integration.

Narrating to Mum and also to researcher at end of sessions.

Telling story through play, to exploring fear and aggression, finding safety, own resources and strengths, regaining control, mobilising body, fun, playfulness, care, nurture, tenderness.

Struggle - vision, creativity, resourcefulness, determination, focus, perseverance, flexibility, resilience, strength.

A new order/world.

B 'good enough' - communication in metaphor, in felt sense and body even if unable to bring into more conscious left brain. Emotional absence at times.

Rafael's play across the filial therapy demonstrates a development and progression illustrated in both these diagrams.

We now consider Bella's engagement in the filial therapy sessions which will help to place Rafael's play and behaviour in the parent-child context.

4.4.8. Analysis of Bella's Responses in the Filial Therapy Sessions and Feedback Discussions

The four overarching themes detected following the initial thematic analysis (Braun and Clarke, 2006) of the session summaries and feedback discussions of all three families were:

- The mother's responses to the child within the play sessions
- The mother's developing skills
- The mother's voice in the feedback sessions
- The filial therapist's responses to the mother during feedback sessions.

The two visual flow diagrams portraying the flow and changes in Bella's responses during each play session with Rafael and the analysis of the feedback discussions with the filial therapist can be found in Appendices 26 and 27. Further 'extrapolations are made (Appendix 28) from the two flow diagrams alongside the sessions where these occurred and discussed below.

4.4.8.1. Bella's Responses to Rafael During the Play Sessions

Firstly, the mother's responses in sessions were linked back to the four skills being learnt, here illustrated as a table. As well as the four skills, two other 'themes' emerged: (i) responses that showed the mother was overtaken by her own emotional reaction or needs; (ii) responses that showed she was integrating (or not) feedback from the discussion sessions with the filial therapist. The green print illustrates where she has not been able to integrate the learning of the skills.

Structuring Skill	B able to introduce and structure each session clearly (s5-14) B can 'zone out' and then end the session abruptly without time warnings to R. (S10, 13)
Empathic Listening Skill (attunement)	B shows ability to track and reflect back (s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12, s13, s14) B able to identify and reflect back feelings/emotions in play (s4, s5, s6, s7, s9, s10, s13) B checks her understanding/tries to connect with R by posing observations as questions - cultural (s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12, s13)

	B attentive to narrative/story line in R's play, repeating this back to him (s8, s9, s10, s11, s12, s13) B is aware of/acknowledges shared experience (s3 centipede, s9, s13) B celebrates R's creativity and achievement (s7, s8, s9, s12, s13) B stays present even in the silence (s3, s4, s5, s6, s7, s9, s10, s11?, s12, s13, s14?) B appears passive and unresponsive to R (s1, s10, s11, s14) possibly immobilised (s11,14) B rocks self perhaps to stay present or self-soothe (s2, s3, s8) B appears distracted and loses focus on R (s1, s7, s8, s11, s14) B sustains prolonged periods of silence (s1, s2, s7, s8, s10, s11, s14) B stays in concrete, perhaps not used/able to think beyond to more abstract (s3 emotions, s12)
Child-Centred Imaginative Play Skill (including allowing self-direction)	B allows R to direct the play (s1,2,3,4,5,6,7,8,9,10,11,12,13, 14) B able to join in interactive/relational play when invited by R (s1, s6, s8, s9, s10, s13) B able to join in imaginative play when invited by R (s1, s6, s12, s13) B responds to R's play with enthusiasm and dynamics in voice (s6, s7, s8, s10, s13) B allow R to struggle and succeed (s2, s3, s4, s5, s6, s7, s8, s9, s12, s13, s14 (fails)) B steps in to help if asked (s2, s6, s7, s12) B plays out drama triangle with R in his play unconsciously (s1) B interferes in play by being directive (s2, s5, s10, s12, s14)
Limit Setting Skill	B struggles with limit setting skill – more likely to raise voice and be directive. Cultural discipline. Doesn't really need to use this skill as R very attuned to B and does not challenge her in any way. (s12, s14)
Own emotional reaction/needs taking priority	B distracted by own thoughts so that no longer reflecting or tracking play (s1, s7, s8, s11, s14) B doesn't want to help R blow up saxophone, directs him to put it away (s14).
Incorporating feedback from discussions with researcher	S2-6 B tracks and reflects more actively S7 – more confident tracking/reflecting s4, s5, s6, s7, s9, s10, s13 – noticing and reflecting feelings/emotions

Table 4.17: Bella's responses to Rafael during play sessions

4.4.8.2. Bella's voice and Reflections in the Feedback Discussions

Bella has the opportunity to express herself during the feedback discussions both in how she has experienced the play sessions themselves and also in telling more of her own and her family's story. The list of extrapolations taken from the analysis of the feedback discussions

presented originally in the flow diagram, are further analysed and here depicted under eight identified themes in the form of a table. The blue-print are Bella's voice, that is, verbatim examples taken from the feedback sessions.

Ability to reflect on own skill development	B aware and verbalises that has reflected more in session (s2, s3, s4, s5, s6) B aware and verbalises that has enjoyed the session and felt more at ease and confident (s6, s8, s9, s10, s13) 'Good. The game was enjoyable. It was different.' s8 B explains her own choice of response in session voluntarily (s12) B keen to learn, attentive (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12) B checks understanding of what FT is saying by repeating back words and phrases. (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11) Eg 'You can get rid of some of your energy without hurting each other.' (repeating back what the researcher has just explained about the safe release of aggressive energy with the foam swords. s8) B struggles to offer her own thoughts often giving one words answers (s1, s4, s7, s10, s11) B's learning style - FT as expert (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12)
Ability to reflect on child's preferences in play	B notices detail of R's play and describes (s3, s5, s6, s7, s8, s9, s10, s12 'Animals, cars. He made a farm with people on a day out at the farm. Out in their cars.'. s5 B notices change in R's play (s4, s6, s9) B taking responsibility for sessions herself with FT no longer in room allows her to be the expert of what is happening – describes in more detail what is happening (s8, s9, s10, s11, s12 'He made a road with the cards…. 'The (paper) road became a kite.'s8
Ability to reflect on child's feelings expressed in play	S4 identifies that R was happy in the session – needs the Re to explain how happiness 'visible' in countenance and behaviour eg humming, twirling on bottom, smiling. With Re's help notices R's mixed feelings towards 'caterpillar': 'a little bit scared, a little bit curious' (s3) On session notes B identifies : Happiness (S8); happiness, fear (s9); happiness, anger, rage (s10); calm, concentration (s11); joy (s12); happiness (s13,14).
Ability to reflect on emerging themes in child's play	B noticing possible themes in play (s5, s6, s8, s10, s11, s12, s13) 'A farm, the animals at the farm and the cars having a ride.'s5 S3 Links R's play with the doctor's kit to his own early experience of seeing a doctor when he had rhinitis.

	She describes his struggle to overcome with his arm as sheer 'force of will.' (S2)
Ability to reflect on child's process in play	B notices how both of them are more relaxed and enjoying the play interaction: 'It was good, playing with the finger puppets…he was more relaxed, I think I am too.' S6 B noticed R's determination and perseverance: 'I thought that the paper was going to tear, but he did it.'s7 'It looked like the paper was going to rip. He had to be careful. He's very creative.' S7
Ability to make connections between child's play and real-life experience	With examples and highlighting by FT, B makes connections between play and real-life situations (s3, s13) B able to describe real-life situations to R (s3) B's responses to filial therapist's questions stay in the concrete, the visible and more tangible experience (s8, s9, s10, s11)
Showing self-awareness	B able to explain choice of whether to help R in his struggle or not to do things using his disabled arm (s8, s12) 'I couldn't tie the mask, but I could secure it behind his ears. The paper is very soft.' S8
Showing lack of self-awareness	B appears not to be making conscious links between R's play and their situation having fled DV (s5, s6, s10)

Table 4.18. Bella's responses during feedback sessions following the filial play sessions

4.4.9. Filial Therapist's Responses

In analysing the filial therapist's responses in the feedback sessions with Bella (Appendix 24) presented again firstly as a list of extrapolations (Appendix 25), she became aware of how many action words or verbs were emerging. These 'action words' can be identified as sub-themes coming under three main headings or themes: engagement of Rogers' (1951) core conditions (empathy, unconditional positive regard and congruence), direct teaching of skills and indirect teaching of skills. Again, these are presented most clearly as a table.

Core Conditions: empathy, unconditional positive regard, congruence	Teaching - Direct	Teaching - Indirect
Reflecting B's experience of the play and feelings expressed. B's experience of being in home, outside of sessions (s3,6) Re reflecting the metaphor in R's play when sensing that B not ready to make link between play and reality (s5,6,10)	**Explaining** Importance of reflective listening skill (s1,4,6,7,8,10,11,12) Using cultural links/examples to explain skills and enable learning of skills (s8). Explaining themes in play (s1-12) Explaining importance of allowing R to struggle and succeed rather than 'rescue' (s2,12).	**Modelling** Skills through relationship with B and R (s1-14).
Affirming B's developing structuring skill (s1,3,4,5,12) B's attentive presence and tracking (s1-12) B's reflecting back of emotion (s1,4,5,6,7,10,12) B's allowing R to struggle and succeed, offering help when needed (s2,6,7,8,9,12)	**Describing** Examples of good skill use (s3-12). R's qualities of character (s5-9, 11,12).	**Discussing**
Validating B's experience of sessions and skills development, encouraging further practise (s2-10) B's experiencing in home, outside of sessions, showing empathy (s3,6).	**Drawing attention to** Possible themes that are out of B's awareness (s2,3,5,6,7,9,10,12) R's creation of a 'whole scene' and the flow of the narrative (s5,6,7,9,11) B's experience of the play/process in the moment (s8,12).	**Reframing**
Being attentive to Obstacles to B remaining involved and using skills eg R's silent play, visibility of clock, B's discomfort on the floor (s1,2,3,7,8). Challenges to B attending sessions and seeking ways to support her (s1,9). B's ability to make links between play and reality and remaining in the metaphor when appropriate (s5,6,10).	**Extending** B's understanding of skills and process by encouraging her to reflect on these herself (s1-6). Using examples from R's play to extend skill development (s1-11). Using humour to extend skill development (s1,6,10,11,12). Asking B to describe/give narrative to her observations (s5-12).	
Reassuring	**Using visual aids and worksheets** Worksheets to consider themes and emotions (s4,6,8,9,10,11). VIG as learning tool, to draw attention to positive skill development and interactions (s7-12). VIG to draw attention to R's play and process (s7-12).	

Table 4.19. Filial Therapist's Responses in Feedback Sessions with Bella

4.4.10. Final Assessments

Following the completion of the filial therapy programme, the final assessments took place. These are now summarised below.

4.4.10.1. The Change Interview

Bella's responses to the Change Interview are here recorded as a Table 4.20. Her answers demonstrate the changes that she identified in herself, her son Rafael and in their relationship as a result of participating in the filial therapy program.

Changes in Self **8/10 for changes in self**	**Changes in Child** **10/10 for changes in child**	**Changes in Mother-Child Relationship** **10/10 changes in relationship**
I learnt many things, for instance I learnt how to play.	Learning and having the opportunity to play with many toys.	Become much closer through the play.
It changed my way of being as I learnt how to play with my child.	Being very creative.	Paying attention to him in his play and playing with him.
I understand that playing with him and giving him attention in this way is important.	He is happier in himself.	Giving him more attention and knowing that this is important to him.
I have enjoyed playing.	He is more self-confident.	It has been enjoyable playing with him and I know it's important for us to play together.
I have enjoyed seeing how creative he is with all the toys.		

Table 4.20. The Change Interview - Bella

Bella's responses reflect a new understanding about the importance of play, not just on a cognitive level, but also on an experiential one. She has witnessed Rafael's creativity with the diverse range of toys, she has noticed the difference it has made to him to have her focused and attuned attention in the sessions and she has both learnt and enjoyed playing with him herself. Bella expresses that she believes these changes will continue to impact their day-to-day life and that she will make time to play with Rafael.

4.4.10.2. Summary of Final Interview with the Carer

As Bella has moved Casa during the filial therapy programme, the carer interviewed post intervention was a different one to the pre intervention. She is not aware of what was said in the first interview and was still getting to know Bella. That said, she made some poignant observations.

The carer comments on Bella's enjoyment of and dedication to the training, always ready and waiting for me to arrive. She and Rafael haven't missed a single session. She says that even before Bella moved to the present Casa, she would come and have lunch with Rafael whilst they waited for the session. She would then sit and do homework with him. The carer expresses that they already appeared to have a good attachment between them with Mum being attentive to him and caring of his needs. She notes too that Rafael is a 'good' son, polite and caring.

The filial therapist reflects on Rafael's creativity and how he does not allow his physical disability to impede him in what he wants to achieve. The carer agrees, re-enforcing how the disability is not a barrier to him or perceived as a difficulty. He is developing just like the other children and responding to day-to-day tasks as would an able-bodied child. She hopes he will continue to be like this. He gives out, she adds, what he receives from Mum, politeness and care.

The filial therapist notes that Bella seems to actively encourage him to engage in tasks even if they present him with challenges, allowing him the opportunity to succeed. The carer agrees and reflects that this is why he has so much ability.

The carer expresses that she believes the training re-enforced the attachment between mother and son. She notes that Bella's response is to have gone beyond 'what I already know and can do well', to do even better. (This is interesting in comparison to the previous carer in the initial interview who stated that Bella showed no motivation to better her situation.) She states that the training has been excellent for Bella, commenting how not only did Bella and Rafael wait for me to appear, that also all the children seemed to be expectant and awaiting my arrival. Both those partaking in the training and those who weren't. I express my sadness that I couldn't offer the opportunity to play to all of them but hope to leave some toys for each child.

The carer explains that she believes that Bella will take what she has learnt forward with her into the future.

4.4.10.3. Final Family Play Observation

The dynamics between Bella and Rafael in the final FBO reflect a strong shift along the attachment continuum in favour of a more secure attachment. Bella is more attuned to her son, comfortable (largely) with him taking the lead, whilst she tracks and reflects back his play. In the FPO this is intermittent as Bella appears to 'zone out' at times, however, she has shown herself much more capable of this filial therapy skill and attachment enhancing behaviour throughout the program.

In return Rafael appears more at ease, confident and secure in his way of being and playing. He remains attuned to his mother, but this no longer inhibits his curiosity, imagination and play. He will still concede to her firm and direct instruction but does so less anxiously as she has provided the safe space to explore and direct the play as she tries to follow and respond empathically. This is not to say that there won't be ruptures or movements backwards on the continuum, but the general direction, as evidenced in other data points, has shifted to a stronger attachment between them. In other relationships, Bella will most probably continue to relate from an insecure anxious ambivalent style although one can propose that she has afforded her son the opportunity to develop more secure attachments.

The final working hypotheses about the family interactions are:

- Mum continues to try hard to remain present, attentive and engaged with Rafael.
- Mum is comfortable in structuring the play times and allowing Rafael to direct the play sessions. She is able to track and reflect back his play although this happens intermittently.
- Bella is more attuned to Rafael in play.
- Mum appears at times to 'zone out' and not be fully present, although her sudden observations show she is still watching Rafael's play.
- Rafael is curious and imaginative in his play.
- He is self-directed and self-motivated.
- He is resilient and perseveres in achieving his goals, in spite of his physical disability.
- Rafael continues to accept Mum as she is, accepting her limitations.

- He remains attuned to her, although shows more confidence in playing as he wants to.
- He concedes to Mum's direct instruction but seems less anxious about pleasing her whilst she allows him freedom to play and lead the play.
- Rafael and Bella continue to have a comfortable dynamic between them that is perhaps more balanced now that Bella appears to understand the value of play for him, even if at times she struggles to verbally track and reflect what he is doing. It seems to be 'good enough'.

The full analysis of the final play observation can be found in Appendix 29.

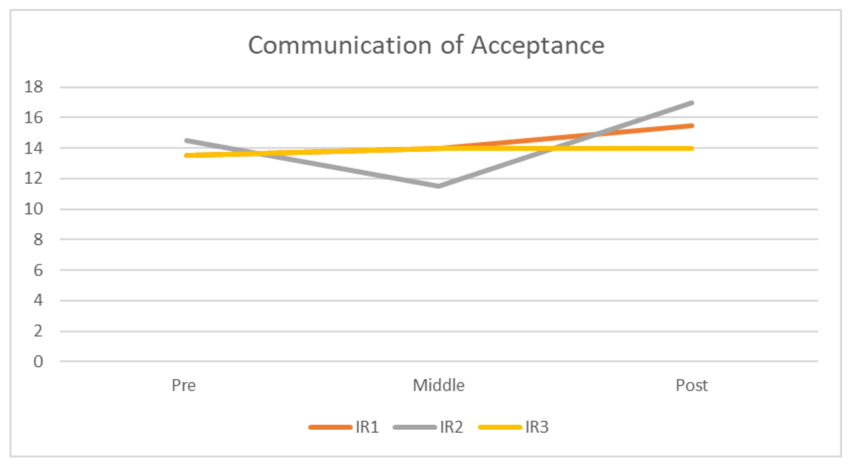
4.4.10.4. MEACI Scores

Table 4.21. gives the MEACI scores rated by the 3 inter raters (IR 1, IR 2 and IR 3) for the pre intervention session, a session in the middle of the intervention and the final post intervention session. The total score is out of 90. The lower the score the more able the mother was to communicate empathy in the adult-child interaction during the play session.

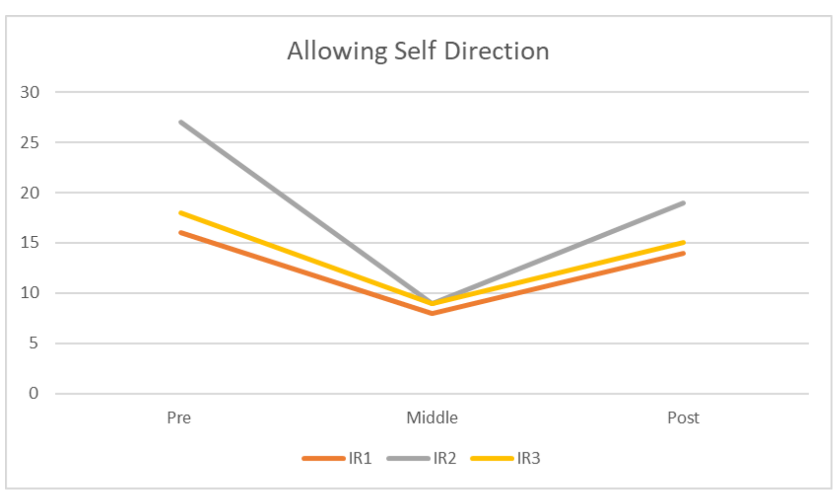
Bella & Rafael	Pre			Middle			Post		
	IR 1	IR 2	IR 3	IR 1	IR 2	IR 3	IR 1	IR 2	IR 3
Communication of Acceptance	13.5	14.5	13.5	14	11.5	14	15.5	17	14
Allowing Self Direction	16	27	18	8	9	9	14	19	15
Involvement	12	16	13	6	7	6	6	24	6
TOTAL SCORE	**41.5**	**57.5**	**44.5**	**28**	**27.5**	**29**	**35.5**	**60**	**35**

Table 4.21. MEACI Scores - Bella and Rafael

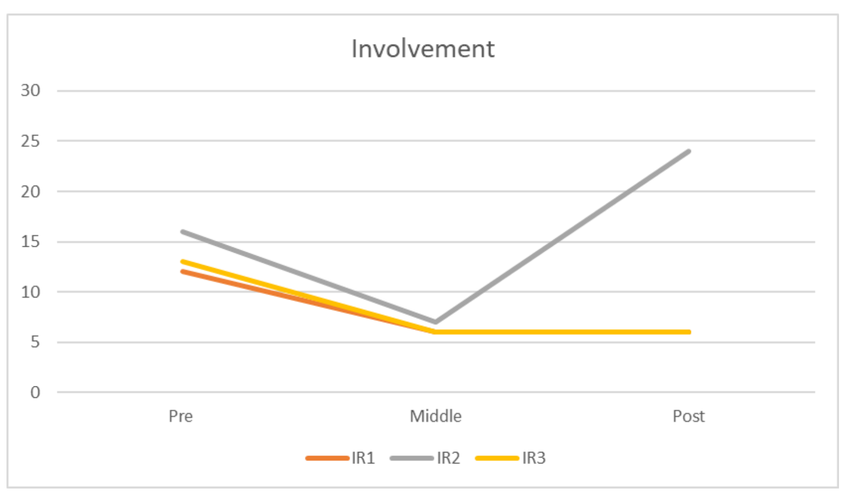
The ratings are also placed into three graphs (see below) depicting each separate element of empathy being measured. The differences in scores shown both in the table and graphs between inter raters will be discussed in Chapters 5 and 6.



Graph 4.7. MEACI Scores Communication of Acceptance: Bella and Rafael



Graph 4.8. MEACI Scores Allowing Self Direction: Bella and Rafael



Graph 4.9. MEACI Scores Involvement: Bella and Rafael

The MEACI scores show mixed results for Bella's ability to show empathy to Rafael pre-intervention to post-intervention. All three inter raters score Bella as having less empathy in regards to communication of acceptance in the final post-intervention session. Verbalising her empathy appears a struggle for Bella yet in contrast she finds it easier to allow self-direction. There is a stark difference between Inter raters 1 and 3 in comparison to Inter rater 2 on the final scores for involvement. Like the other two mothers, Bella shows an improvement mid-intervention when she appears to be using the newly acquired skills and demonstrating empathy to the best effect. These results will be further discussed in Chapters 5 and 6.

4.5. Conclusion

This chapter presents the results of the data analysis considering each family separately and in turn. It provides a comprehensive record of both the pre-intervention intake process and assessments, the filial therapy intervention with both child and mother looking in detail at their responses to the process, the filial therapist's interventions and the post-intervention assessments. It builds a case for each family by analysing the collected data in detail. In Chapter 5 these results will now be cross-case analysed in order to glean further understanding, knowledge and learning from the families' involvement in the filial therapy programme.

Chapter 5 – I Will Build My Hamlet

Results – Cross Case Analysis

5.1. Introduction

Having analysed each of the three cases in significant depth, it is now possible to consider these in relationship to each other. This allows for a greater degree of generalizability, yet more importantly, offers the opportunity to observe the processes and outcomes across various cases, 'to understand how they are qualified by local conditions and so to develop more sophisticated descriptions and powerful explanations.' (Miles and Huberman, 1994: 172)

Initially it felt important to note down all emerging similarities and differences between the families or cases in response to the data analysis so far completed. A return to the research questions then enabled a focused consideration on how best to draw the individual cases into comparison with each other to verify these hypotheses and seek further insight. Miles and Huberman (1994) advocate the use of what they call meta-matrices or master charts (or more affectionately, 'monster-dogs') to assemble descriptive data from each of the cases in a standard format. This juxtaposes the single-case displays and includes all relevant yet condensed data. From this, it is then possible to divide the data further in new ways and to cluster data that fall together so that contrasts between the sets of cases on variables of interest can become clearer. The partitioned and clustered meta-matrices become progressively refined, usually requiring further transformations of case-level data. These may be into short quotes, summarizing phrases, ratings and/or symbols.

The first step was to create a 'monster-dog' using post it notes on the researcher's study wall to draw out how the data analysis of the individual cases had begun to answer the research questions and therefore what aspects would thus need to be cross-compared (see Meta-Matrices 5.1. and 5.5. below). This then allowed for the creation of further meta-matrices to assemble the data from each case considering the identified aspects or clusters of data.

For instance, in re-identifying the 'measurements' used to determine the extent to which the filial therapy intervention is effective with this 'client group' in their local situation, it had become clear that other factors or elements were influencing how the mother was able to

access the programme, for example, what she brings with her into the space. This needed to be broken down further and placed in comparison to the other cases to understand it's importance, if any, and impact.

Research Question 1:

To what extent is the filial therapy intervention effective in bringing about change to the Brazilian mother's capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness?

How to determine: (identified in methodology)

- Skill learning
- MEACI
- Mother's voice in change interview
- Changes in child – Erikson's developmental stages
- Final assessments: FPO, interview with carer, change interview, MEACI.

Elements: What does the mother bring into the space?	How is she able to learn the skills? Final FPO.	Mother's voice in the change interview.	MEACI measurements.	Interview with the Carer	Observable changes in child's play and behaviour.

What does the mother bring to the space? Case history – typical for ECD. Common factors: • In danger • Poverty, homelessness, vulnerable • At least one child	Trauma – impact on mother and her ability to attach and/or parent child.	Individual personalities	Individual learning styles and cultural background.

Meta-Matrix 5.1: Research Question 1

The second research question appeared to lend itself to more of a synthesising of aspects of the intervention that were emerging as significant parts of a whole picture through the data analysis both in the individual and cross case analysis. This meta-matrix will be illustrated and discussed in part 3 of this chapter.

5.2. Breaking down the Monster-Dog – Research Question 1

5.2.1. What the Mother Brings

The process of the data analysis highlights 'what she brings into the space' as key to each of the mothers being able to access the filial therapy training, to learn the skills and to engage with their child. As the individual case analysis was undertaken this appeared to entail:

- The mother's own Adverse Childhood Experiences or ACEs
- The mother's family history and experienced trauma
- The family make up
- The reasons that they had found themselves at the shelter home
- The mother's individual personality, attachment style and parenting style
- The mother's learning style.

The meta-matrix below compiles the information for each family and allows for comparison between cases.

	FAM01	FAM02	FAM03
ACES (Case Notes and Initial Interview)	Father murdered when M 3 years old Mother alcoholic M thrown out onto streets Neglect, abandonment Begging for food Taken in by maternal uncle 3 siblings – two drug addicts on streets, one murdered whilst trafficking drugs.	Alcohol dependent father, violent and abusive Domestic violence in home Parental separation in teens Secret relationship and teenage pregnancy – Liliana 4th child of 5	Only child to single Mum No information about father Studied until 16 then going out to work.

Family History/Trauma (Case notes and Initial Interview)	Cared for by maternal uncle Completed school until 4th grade Teenage pregnancy – still born baby Father of two eldest children – domestic violence throughout 5 year relationship Lack of education around contraception One-night stands with G's father and P's father, latter's full name M doesn't know – no contact or support from either String of jobs to support family Thrown out of last home owned by drugs related gang. Poverty, homelessness, isolation, lack of support	Separation from baby daughter – cared for by Melissa's own mother. Relationships with men lead her into world of drug trafficking, crime and murder. Betrayal and broken trust in marriage Losses – ex boyfriend, close friend (both shot dead) and father (ill health) Depression Drug trafficking to earn keep New pregnancy and baby (married man) Strained relationship with sister-in-law made difficult to live at home	B married for 12 years to man who became increasingly violent towards her. Began with threats moving to violent assaults that became daily. Husband mental health problems. Both parents dead, no other support, very isolated.
Children (Case notes and Initial Interview)	Boy - 15 years, not at shelter home Girl – 13 years Gonzalo – 10 years Boy – 2 years (present in most sessions)	Liliana – 6 years old, brought up by maternal grandmother until 6 weeks prior to study Daniel – 6 months	Rafael – 8 years old Witness to domestic violence. Left arm/hand not formed correctly at birth.
Reason at ECD (Case Notes and Initial Interviews)	Poverty, unable to maintain rent to drug related gang. Dangerous neighbourhood, various moves. Homelessness with four children, various ages. Isolation, lack of support network.	M discovers she is pregnant to a married man whilst trafficking drugs to earn keep. Finishes relationship and seeks help from a church - wants to change lifestyle with arrival of another child. Taken in by women's refuge and passed on to ECD.	Following aggressive attack, neighbour called police and B's husband arrested. Taken to ECD safe house - husband having made death threats. Refuge from domestic violence for both B and R. No other support/isolation.
Personality/Parenting Style (Initial Interviews with Psychologist, Carer and Researcher observations)	Shy yet feisty Hard worker Friendly, playful Prone to shame – avoidant or aggressive	Described as intelligent, perceptive with high self-esteem, leadership qualities, organised thought	Low self-esteem and confidence – making excuses for husband's behaviour and wondering if should

	Hypervigilant and protective on behalf of family Lacking in parenting skills, most likely not having been parented herself. Oscillates between being harsh, critical, rejecting, shaming disciplinarian to too indulgent, soft. Temper and physical punishment. (Disorganised/ambivalent attachment style)	processes and behaviours Eg M negotiating with staff to have access to 'quadra' for family activities, sports Strict, disciplinarian, shouting to command obedience Aggressive and 'disdainful' Initially resistant to having L move to ECD to be with her and D. (Insecure avoidant attachment style) Difficulty trusting Self-reliant	have denounced him/ considering going back Absence of perception that she can make changes, lack of motivation for and fearful of change Passive Apathy, disinterest in looking after self Resistance to better self/develop social relationships Wants best for R but silent complicity between them – leans on him for support Strict – tells him straight when displeased Insecure anxious ambivalent attachment style
Learning Style (Researcher observations)	Avoided group training Preference for one on one Likes to be hands on, engaged – desire to play herself Visual learner. Sees and identifies what she is doing through VIG – difficulty changing behaviour Explains in initial FPO that has never played with her children.	Abstract thought: Able to understand new concepts and apply to different situations eg. understanding why she and L 'clash', taking a different way of responding from the training and applying it to daily life Self-awareness and ability to change behaviours Desire to grow/develop as parent Could also be overwhelmed by own needs, dissociating in session. Physically active/play important part of relationship with L.	Attends all group training and every session possible, always on time. Participates as is led. Belief that other holds knowledge and she is receiver of that. Being told what to do. One to one encourages more personal engagement. Difficulty bringing own thoughts and ideas to discussions Wants to do what's best for R but often overwhelmed by own thoughts, becomes dissociated. Not present in own body.

Meta-Matrix 5.2.: What the Mother Brings

On first comparisons, each of the mothers has suffered adverse childhood experiences which have impacted their lives to a greater or lesser degree as well as trauma in their adult lives. Abandonment, parental separation, loss, domestic violence, exposure to alcohol and drug dependency, lack of nurture and care, poverty, hunger, isolation, crime and homelessness are part of the lived experience of these three women. Each has arrived at the shelter home with their own story and via a different route, yet all are escaping a crisis situation, vulnerable to danger and homelessness. They each bring their families of different sizes, children dependent on them for their safety and well-being. They know they need help and are accessing the services provided at the shelter home to support and benefit their family's needs. Each mother agrees to participate in the filial therapy training and takes a step of faith with this enthusiastic 'gringa'.

What differs between them, is the individual life story, the lived experience of being themselves with their own unique family situation, members and dynamics as well as the environments they have inhabited. Each has their own personality, their own ways of responding to, coping and meeting life, their own defences and adaptations to survive, their own experience of being parented (or not) and of 'learning' or being a learner. Such details are vast and not within the scope of our understanding or this study. Yet, these things each mother brings into the space to bear upon how she engages with the filial therapist/researcher, the training and with her child in every session.

For instance, Marcia has most likely never been parented, has experienced rejection, very little love, care and nurture herself. She's grown up in a harsh world, working hard to earn a living, even begging for food. She's had unhealthy and violent relationships with men, starting at a young age with no understanding of contraception. She lacks in her own parenting skills, oscillating between being critical, disciplinarian and punishing to being soft and indulgent. Marcia is easily triggered into shame, becoming avoidant (group training) or aggressive (in response to Gonzalo). She remains hypervigilant, ready to defend and protect her four children. She has never had the time, toys or safe space to play with her children. With a disorganized/ambivalent attachment style, she struggles to focus on her child's needs and stay present with him, being overcome with her own unmet needs or more pressing matters that hold her thoughts elsewhere.

Marcia learns best by being hands on, physically engaged. She shows curiosity and wants to play herself. The use of the video interactive guidance helps her to see herself, her developing skills and the challenges she faces. She tries hard to practise the skills, but often 'forgets' as her needs take over or dissociation kicks in.

In contrast we know little about Bella, whose case notes and interview tell us that she was an only child brought up by a single mum, both parents now deceased. Her narrative is more descriptive in her adult life finding herself married to an increasingly unstable and violent man. The aggression had slowly escalated until the police had stepped in following a particularly vicious attack. She is described as having low self-esteem and confidence, lacking in any motivation to change, or perhaps she simply lacks awareness that she can, that life can be different. She makes excuses for her husband's behaviour, aware that he has mental health struggles. It is the only life she has known and she misses her home. Bella may not have found herself on the streets in the same way as Marcia growing up, but her withdrawn, quiet, passive manner and disengagement with her 'self', lead one to surmise she has experienced significant trauma. She is isolated, lonely and lacking any support network. Bella dissociates easily, becoming lost in her own thoughts, not present in the moment.

Bella cares deeply about her son Rafael who was born with an undeveloped arm and hand. She appears to lean on him emotionally but is capable of verbally chastising him when she is displeased. Her attachment style would be described as anxious.

Bella doesn't miss one group or training session. She's early or on time. She looks to the researcher as holding the knowledge from whom she must learn. It is very difficult to engage Bella in feedback sessions as she appears not to have learnt to think for herself, share her experiences and opinions, to have a voice.

In contrast again, Melissa is proactive in making changes for herself. As family dynamics break down and change amidst violence and alcohol abuse, she seeks her own path, albeit in unhealthy relationships which lead her into the world of drug trafficking and gangs. She becomes attached to men who are involved in crime, experiencing various betrayals, losses and twice becoming pregnant. As a teenager she cannot care for Liliana who is taken in by her own mother. With the birth of her second child, she realises she needs help, reaching out initially to a friend.

The path her teenage life took is reflective of Melissa's ACE's and early trauma, leading her into further danger and trauma. She can be sullen and difficult to engage, distracted by her own thoughts and needs. She appears to hold resentment and anger, quick to discipline Liliana, who she realises reminds her of herself. She doesn't trust easily or yield control. She's self-reliant and relates on her terms. An ambivalent attachment style.

What appears to make Melissa different to the other two mothers, is what the staff describe as her being intelligent, perceptive with high self-esteem, having leadership qualities, organised thought processes and behaviours. This certainly appears true in how she engages with the filial therapy training. Melissa is capable of abstract thought, understanding what her daughter is communicating in play, making connections with daily life and their experiences together. She can take what she is learning and apply it to other situations. She shows self-awareness, a desire to learn and to change behaviours. She can discuss and bring her own experience and opinions into conversation. She also has a support network of friends and family.

How then do these very different mothers with complex trauma as their commonality, apply themselves to learning the filial therapy skills?

5.2.2. Skills Learning

The table below considers how each mother was able to learn each of the four filial therapy skills. Providing a summary of their ability in first instance, the final Family Play Observation then observes how they manage the skill in the last session of the programme.

	FAM01	FAM02	FAM03
Skill 1 **Structuring**	Practises introducing play time in all sessions – uses visual aid initially. Gains in confidence. Struggles to give reminders that sessions coming to an end (5 and 1 mins warning). Ends abruptly. **FPO**: Introduces well. Gives time warning but then becomes curious by craft materials herself	Very confident in structuring session for L. Can be distracted by own thoughts and forget to give 5 mins/1 min warnings. **FPO:** Introduces session well although taps L on head with foam noodle. Forgets to give time warnings and ends abruptly.	B needs lots of support to start with but gains confidence and is able to structure session well. Once researcher outside room, more likely to end abruptly than remember to give warning. **FPO**: B introduces the session well. She gives a 5 minute warning but then ends the session abruptly.

	and contradicts her own warning.		
Skill 2 **Empathic Listening: Staying attentive Tracking activities and reflecting feelings Allowing self-direction**	M shows ability in all aspects of empathic listening. M's own needs can interfere with this ability – eg concern for other children preoccupies her mind, own need to play, shame, own feelings taking precedence. **FPO**: Allows G to develop the overall scene but M's ability with the skill gives way to her own unmet emotional needs – distracted by own desire to play and be involved, directing aspects of play, not being attentive to feelings being expressed, dissociating.	M has strong ability and is confident in all aspects of empathic listening. Sometimes, own 'mood'/emotional state can interfere with her being 'present' and emotionally available for L. Can present as grumpy or distracted/dissociated. M able to reflect on session and process afoot, to see beyond to applicability to daily life, to make connections between L's play and everyday experience. She can reflect on self and own process as well as their relationship. **FPO**: Both working individually on creating and decorating paper dolls. M becomes more focused on own creations and misses opportunities to be attuned to L.	B shows ability in all aspects of empathic listening. Allowing self-direction. B often sustains long periods of silence, appearing immobilised, and thus interfering with her ability. Struggles to see beyond the apparent. Sometimes, it appears that she has become dissociated although intermittent responses indicate that she is somewhat present, observing and aware of what R is doing. Sometimes it feels like R has been 'emotionally abandoned' as he calls to her and she doesn't respond. **FPO**: Not consistent in tracking and reflecting R's play. Intermittent responses. Allows R to direct play, observing quietly. Unclear if present or dissociated although occasional responses show awareness and understanding.
Skill 3 **Child-centred Imaginative Play**	M is able to enter into imaginative play with G but this is when she is most likely to take the lead and influence/direct the play. Own desire to play and be imaginative takes precedence. **FPO:** M expands, adds to the scene that G is constructing, allowing his imaginative play but also	M has ability to enter into imaginative play with L. She is energetic and playful. She generally allows L to lead. Physical play/rough and tumble very important to both and in their relationship. **FPO:** M follows L's choice to create paper dolls. Both work side by side on own designs rather than together. M becomes	Limited ability to enter into imaginative play. Does attempt but responses very basic – enquiring after name of character and how he/she is. Physical play easier, like she knows her role/what to do. Eg ball play, foam noodle play. **FPO:** R plays by himself throughout session

	trying to direct/ interfering in it. Co-constructing play but often with her direction.	disconnected from what L is doing, absorbed in her own work.	
Skill 4 **Limit Setting**	Introduced only in s8. M missed the group teaching session. Not needed with G but clear in s8 that not able to take on board. Rigid to chaotic parenting evident in responses to P. Power struggles with G. **FPO:** Tells G what to do, takes toys from him, hits him on head with microphone, insists verbally on having his attention, criticises, laughs or contradicts him. Tells him he can't use craft materials as end of session but then engages with them herself.	M tries to take the limit setting skill on board. If she has time to think, she attempts to use the steps but usually responds in the manner that she is accustomed to. Tone aggressive and critical, direct order to change behaviour. **FPO**: Directly orders L to not touch her paper dolls in slightly aggressive tone. Critically challenges L's choice to squeeze glue into lid, then realises that it is a solution to her struggle to access the glue. Later helps her squeeze more into the lid. Doesn't verbalise her understanding or change of opinion.	B has not integrated limit setting skill. Is directive and tone is quite aggressive in telling R to stop particular play that she is not happy with. R does not challenge limits. **FBO:** B refuses to blow up the lollipop he asks her to inflate. She tells him to put it away and play with something else. R compliant.

Meta-Matrix 5.3.: Skill-Learning

The meta-matrix comparing the mothers' abilities to engage with and learn the 4 main skills of filial therapy reveals that all have had varying degrees of success with the first three skills. The easiest to learn is the structuring skill and with initial support from the therapist the mothers can all introduce the play sessions well whether the therapist is in the room or not. Once the latter is no longer present in the sessions, they all appear to 'forget' the time warnings as the end of the play time approaches, often ending abruptly whilst the child is in mid-flow.

Skill Two, that of empathic listening appears very dependent of the mother's 'state of mind' in the present moment. All three mothers show themselves capable of being attentive to their child, tracking activities, reflecting feelings and allowing self-direction. This is apparent in the MEACI scores mid-intervention which demonstrate improved empathy in the adult-child interaction (see below).

For example, Marcia shows understanding and makes links between the narrative Gonzalo explores in play with his frightening experience living amongst and observing the police raid streets and homes, with their weapons, searching for gang members. By reflecting back her understanding in an accepting way she holds Gonzalo's experience whilst he appears to search for some control over the powerlessness felt at the hands of the 'enemy' or 'threat'.

Marcia and Gonzalo: (Session 5)

Gonzalo is setting up his version of 'Jurassic Park' with the toys:

M: More reinforcements were arriving, a lot of reinforcements to help the people, although the people were not really in danger as the dinosaurs were not evil. (*G busy trying to fix a soldier into the mouth of the large dinosaur.)*

G: Only he was.

M: And the dinosaurs started to attack the, the ...

G: The people, these ones.

M: The policemen.

G: These dinosaurs, you know the ones from Jurassic Park? This one who fought, is left hanging. This one is good, it just kills the soldiers only.

M: I know. They were killing the soldiers as they were afraid the soldiers would start attacking the people too.

Yet, each one appears to lose their newly acquired skill when their own needs or emotional state distract or overwhelm them. Marcia's concern for her other children not in the room can consume her thoughts and ability to stay present, for instance when she learns that her eldest son has run away from the placement he had been in. Equally, her own desire to play and interfere or triggered feelings of shame can side-line her into losing sight of Gonzalo. Melissa's disgruntled relationship with the shelter home rules and staff impact her mood and therefore her ability to be attentive and responsive to Liliana who works hard to draw her mother out of her dissociated state. Bella often sustains long periods of silence, appearing immobilised and dissociated. Intermittent responses make it unclear as to whether she is present or not at

times, and Rafael calls repeatedly to her to draw her back in to the 'space.' She also responds harshly if she doesn't want to enter a particular type of play.

Bella and Rafael: (Session 14)

R: *(Picks up blow-up lollipop.)*

B: Are you going to blow it up?

R: *(Nods and tries really hard to blow in it up.)* Eche! *(exclaims). (Passes to Mum.)*

B: I don't know Rafael. *(Takes and wipes opening.)* Ah, I'm not doing it. I'm not going to blow it up. Find something else to play with! *(firmly and crossly)*

R: *(Puts is back and starts looking in box. Glances back at Mum.)*

The child-centred imaginative play skill appears to be where the mother's own way of engaging in 'life' and 'learning' seems to come most to the fore. Marcia brings her enthusiasm for being actively involved into the imaginative play with Gonzalo. She has herself an ability to be imaginative and creative, as she once described playing as a child in a parking lot with matchsticks, the only 'toy' she had access to. Yet, her exuberance takes over, pushing her to lead and influencing Gonzalo's play. Melissa is able to enter into imaginative play with Liliana, bringing her energetic and playful self to participate whilst generally allowing Liliana to lead. They discover that physical play and rough and tumble are very important to them both and in their relationship. Bella struggles to develop imaginative play with Rafael, although showing willing. She can give simple responses but lacks the capacity to be imaginative and creative. She responds better to play where she knows what she is meant to do, like playing catch with the ball or sword-fighting.

None of the mothers totally grasp the limit-setting skill, remaining with their tendency to criticise, scold, demand or use physical punishment. The latter is not permitted at the shelter home although Melissa finds a way around this rule by squeezing Liliana's nose and Marcia hits Gonzalo over the head with the blow-up microphone. All the mothers use a direct statement with a hint of aggression, an intolerance for the behaviour in question. Melissa is the only one who listens, thinks it through and has a go at using the skill when she is in a calm, socially engaged state (Dana, 2018).

The need for limit-setting throughout the sessions is minimal for all mothers, so it is the most difficult to practise. When under pressure, in the moment, it is perhaps easier to revert to learned patterns of behaviour than hone a new skill that doesn't fit with one's own experience of parenting.

The final Family Play Observations reflect and support the mixed learning of the skills as here described. The final MEACI scores show a decrease in empathy from those taken mid-intervention. The possible reasons for this are discussed in Chapter 6.

So, what do the mother's think of their own learning throughout the filial therapy programme? We listen now to their own voice and expressions of change.

5.2.3. The Mother's Voice in the Change Interview

The mothers' responses to the questions in the Change Interview (informed by Elliot, 2001, 2002) have been summarised into three main areas: changes they have noticed within themselves, changes in their child and changes in their relationship. They were also asked to rate whether they believed those changes would have occurred without the filial therapy programme. In all aspects they each expressed that the changes would not have taken place without the intervention.

Changes in Self- Marcia **7/10 for changes in self**	**Changes in Self – Melissa** **10/10 for changes in self**	**Changes in Self – Bella** **8/10 for changes in self**
To realise and respect that Gonzalo needs his own space to play.	Increased patience with Liliana.	I learnt many things, for instance I learnt how to play.
To realise that it's not just about keeping his space tidy, shouting at him and telling him what to do.	Realisation that daughter is 'capable' and can do many things for herself.	It changed my way of being as I learnt how to play with my child.
To understand Gonzalo a little more and that he needs his own time with me.	Increased trust in daughter's self-efficacy.	I understand that playing with him and giving him attention in this way is important.
To become aware that he was my 'youngest' before Paulo came along and that he has lost a lot of my attention.	Learning to see and value the good qualities in her daughter rather than just calling her attention to the things she does wrong.	I have enjoyed playing.

To realise that I have the ability to play with him – I know how to play with him and I would play with him more if I had the time.	Greater self-awareness – being able to see things from different perspectives.	I have enjoyed seeing how creative he is with all the toys.
A greater awareness that Gonzalo is very like me (self-awareness).	Increased attunement to her daughter and what she might be expressing – that 'little things' can actually be 'big things'.	
	Becoming aware of her daughter's emotions and learning how to respond.	

Meta-matrix 5.4. The Mother's Voice in the Change Interview: Changes in Self

Bella, who tended to hold the therapist as expert, focuses on 'play' in considering what changes have occurred for herself. She has come to understand why play and offering that attuned, attentive attention to her son is important. She says she learnt how to play, noticing how Rafael is creative and imaginative and enjoying the play experience. Interestingly she says, 'It changed my way of being'.

Marcia has understood more about Gonzalo and his needs which include more attention and time with her. She says she is aware how Paulo's birth may have impacted her relationship with Gonzalo and that shouting at him isn't helpful. She describes learning that she knows how to play but because she has little time, she may not play with him going forth. She realises that Gonzalo is like her. Indeed, Marcia seems capable of new insights and learning, but is aware perhaps herself that she will find it difficult to change and put new practises in place.

Melissa has tapped into a greater self-awareness, being able to see things from a variety of perspectives other than her own. She realises Liliana is a capable child, with many qualities. She expresses feeling more attuned to her daughter, understanding her emotions and learning how best to respond. Melissa describes herself as more patient and willing to notice that 'little things' can actually be 'big things' in a child's communication and play. Melissa has been able to learn on a more embodied level, taking that learning and using it to instil and promote change and a closer relationship with her daughter.

Changes in Child – Marcia 10/10 for changes in child	Changes in Child – Melissa 10/10 for changes in child	Changes in Child – Bella 10/10 for changes in child
Gonzalo's enjoyment of playing with toys inside, in his own space.	Changes in behaviour – more self-confident, relaxed, more interactive.	Learning and having the opportunity to play with many toys.
He is no longer hanging around outside (on the streets), like he didn't care about anything.	Believing in her own capabilities.	Being very creative.
He is calmer.	More 'organised', tidying up, valuing and taking care of things.	He is happier in himself.
	More positive play with her little brother.	He is more self-confident.

Meta-matrix 5.5. The Mother's Voice in the Change Interview: Changes in Child

Here the mothers all agree that the changes have been 10/10 for their children. The children are described as calmer, happier, more self-confident, relaxed and more creative.

Marcia describes Gonzalo's enjoyment of the toys and playing more. He no longer hangs around outside. She says he is calmer. She expresses that they have become closer and Marcia also expresses that she and Gonzalo have found a way to be and work things out together.

Rafael has enjoyed learning and playing with the toys, says Bella. He is happier in himself and more self-confident. He has been very creative in his play. Bella expresses that they have become closer and that she knows that their relationship has benefitted from her paying attention to him in his play, playing with him and learning the importance of play. She has found it enjoyable to spend time playing with him.

Melissa observes that Liliana is surer of her own capabilities, interacting more positively with her and her little brother. She describes her daughter as more self-confident and relaxed, noticing that she is being more 'organised', tidying up, valuing and taking care of things.

The observable changes in the children's play and their development through the analysis in chapter 4, would support these expressions by the mothers.

Changes in Mother-Child Relationship – Marcia 9/10 changes in relationship	Changes in Mother-Child Relationship – Melissa 10/10 changes in relationship	Changes in Mother-Child Relationship – Bella 10/10 changes in relationship
I have become closer to him.	Become much closer.	Become much closer through the play.
I appreciate that he needs time with me even though that's difficult with 4 children.	Less arguing and less clashes of opinions between them with neither giving in.	Paying attention to him in his play and playing with him.
Found a way to be and to work things out together.	Found a way to be and to work things out together.	Giving him more attention and knowing that this is important to him.
		It has been enjoyable playing with him and I know it's important for us to play together.

Meta-matrix 5.6. The Mother's Voice in the Change Interview: Changes in Mother-Child Relationship

Marcia, Melissa and Bella all describe that they have become closer to their child of focus through the filial therapy process. They appreciate that the children need that focused time with them and time to play.

In their relationship, Melissa expresses that they have found a way to be and work things out together so that there is less arguing, less clashes of opinion, less stubbornness. She believes that they have become closer through the filial training and appreciates that her children, including Daniel, need that focused time with her and time to play.

Marcia also expresses that she and Gonzalo have found a way to be and work things out together, acknowledging the importance of making time to be with him.

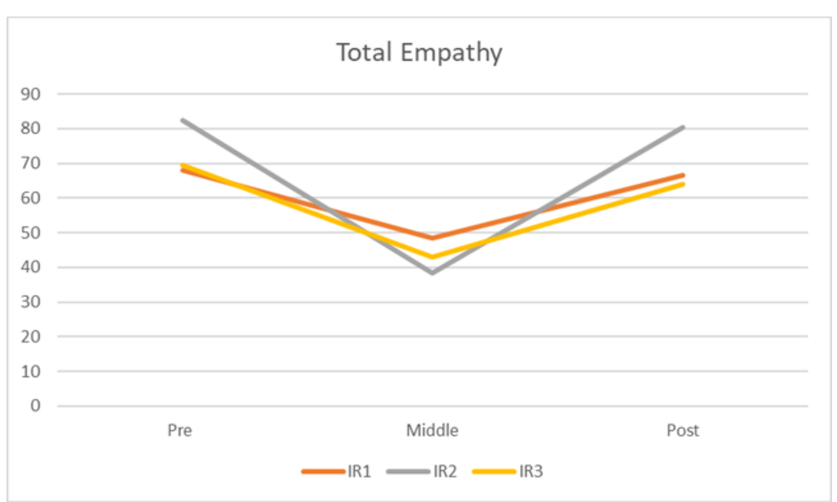
Bella expresses that they have become closer and that she knows that their relationship has benefitted from her paying attention to him in his play, playing with him and learning the importance of play. She has found it enjoyable to spend time playing with him.

The mothers' responses in the Change Interview offer support to filial therapy having strengthened the attachment between each mother and child dyad whether or not they continue to have the play times together.

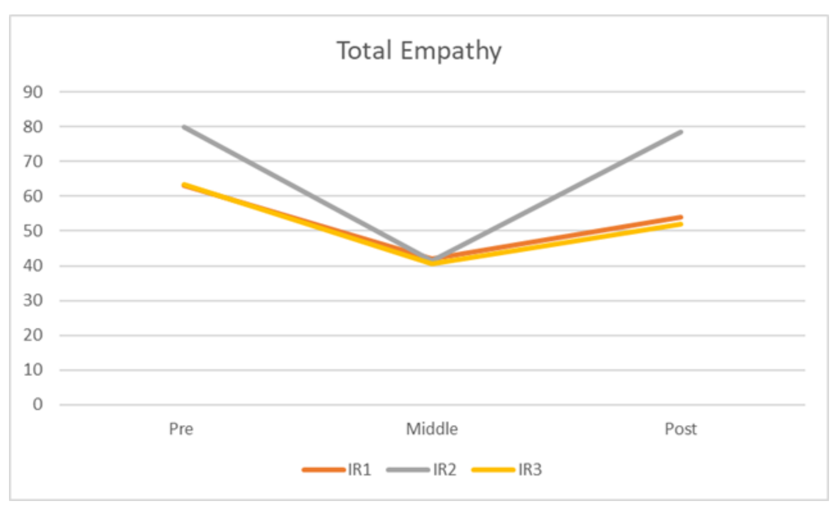
Have the mothers indeed developed increased empathy towards their child, as they describe their relationships as stronger and closer?

5.2.4. MEACI Measurements

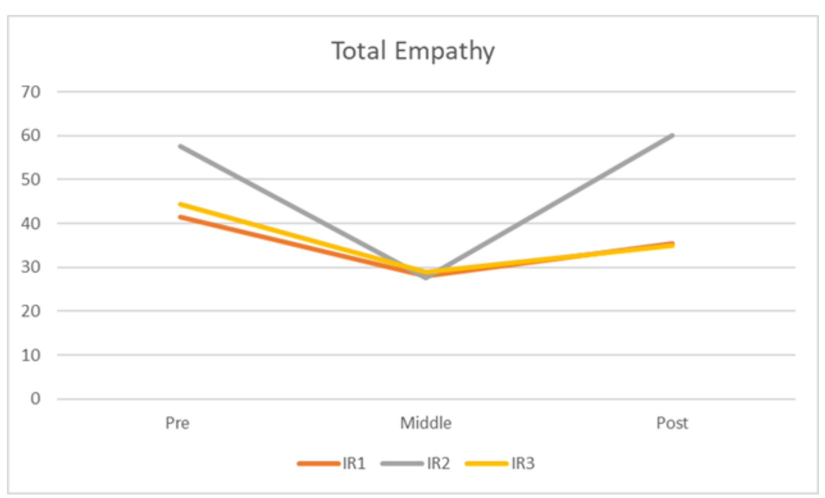
On examining the individual family scores as shown in Chapter 4, two unexpected sequences become apparent. Firstly, that although overall empathy scores showed a marked improvement mid-term for all families, the gain had decreased by the post-intervention measurement, however not dipping as far as the initial scores. This can be seen in the graphs below showing the total empathy scores for each family.



Graph 5.1. MEACI Scores Total Empathy: Marcia and Gonzalo



Graph 5.2. MEACI Scores Total Empathy: Melissa and Liliana



Graph 5.3. MEACI Scores Total Empathy: Bella and Rafael

Hypotheses only can be put forward for these two sequences. In the first case, the mothers appear to be using their newly acquired skills to the best effect and all scores reflect this shift mid-intervention, whilst the therapist is still present in the room. The latter removes herself towards the end of the program designed to enable the mothers to be fully responsible for the play session. Her absence may in fact trigger the decrease in empathic responses. This could be an effect of ‘the teacher is not in the room’ and therefore the mothers’ sense of not being monitored so closely. On the other hand, the therapist is no longer ‘holding’ and ‘containing’ the mother in the process with her empathic and attentive presence, so she is perhaps less able to ‘hold’ and to respond the child in the same way. This is explored more fully in Chapter 6.

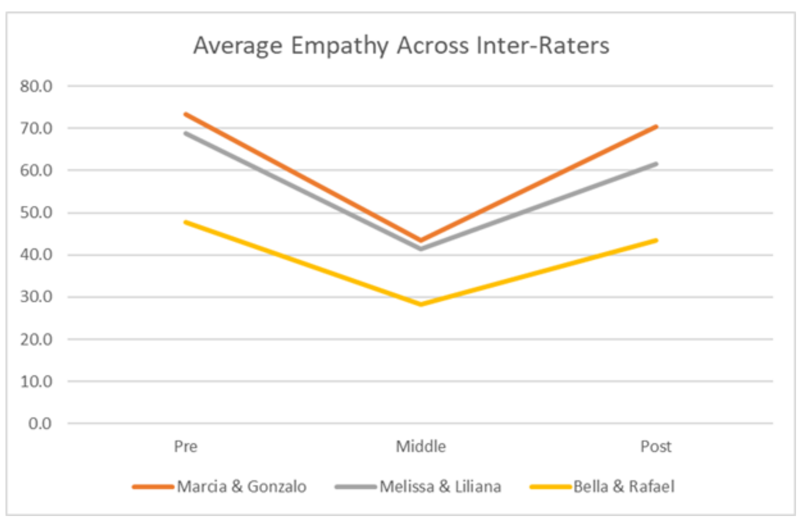
Another possibility lies with the length and intensity of the program so that the mothers become tired and less engaged with the process themselves. The mothers also carry increasing preoccupations as they relate to other professionals in the shelter home who are trying to prepare them to find employment and thus secure a new independent life for themselves and their children. Both Marcia and Melissa express some resistance to this and Melissa is often frustrated with the chores they are required to do within the home.

Various possibilities could account for the difference between the raters perhaps related particularly to the cultural differences between the raters. IR 1 and IR 3 are both British and although raised in Brazil have British parents and their first language is English. IR 2 is Brazilian, raised in Brazil. Now living and working as an adult in England, English is their second language with Portuguese being the first. The videos of the play sessions are in Portuguese and the rating scale and score sheets are in English. In addition, IR 1 and IR 3 are both female with their own families. IR 2 is male and to date has no children of his own yet works extensively with children in his role as play therapist. That is to say, many variables exist that could influence the way each rater scores and although the training attempted to mitigate against subjective differences, there appears to remain an element of this.

As these sequences were seen across cases, the total scores from the three inter-raters were taken and an average found to provide an overall score for each family pre, mid and post-intervention. These are here presented first as a table and then placed into a graph. Again, the latter shows the gain in empathy mid-term for each mother and the subsequent decrease again by the end of the intervention.

	Marcia and Gonzalo	Melissa and Liliana	Bella and Rafael
Pre-Intervention	73.33	68.83	47.83
Mid-Intervention	43.33	41.33	28.16
Post-Intervention	70.33	61.5	43.5

Table 5.1. Average Empathy Scores Across Inter-raters



Graph 5.4. Average MEACI Scores Across Inter-Raters For Each Family

Bella shows the most empathy towards Rafael in comparison to the other two mothers and this supports the stronger attachment established between them. Marcia's scores are the lowest overall yet, follow the same pattern showing a significant improvement mid-intervention. Melissa's scores place her in the middle, yet closer to Marcia than Bella in the ability to show empathy to her child.

5.2.5. In the Final Words of the Carers

With the purpose of further 'triangulating' the emerging findings, the final interviews with the carers are here compared in their own meta-matrix. It is important to note, that the same carer is now responding to the questions for each family due to changeovers in staff, whereas both Bella and Melissa had different carers responding in the intake interviews. This carer has worked in the home for over twenty years and attended to many families during their stay. She has a wealth of experience as a carer although like many of the staff, little formal training, particularly in trauma and trauma intervention.

	FAM01	FAM02	FAM03
Observed Changes in Mother's parenting abilities	No change. Gives example of finding piece of wood in bedroom that she believed was there to use as a punishment against children, especially G.	Describes that L is well presented in mornings for school.	Carer notes B's dedication to training programme, not having missed a single session. Always on time.

Observed Changes in Parent/Child relationship	No change. Eg. mother shows preferential treatment to teenage daughter and P at mealtimes, leaving G to fend for self.	Mother and child spending more time together. Has not heard M shouting at her or name calling.	B attentive and caring towards R's needs – reinforced.
Observed changes in family relationships and dynamics	No change. Eg. M struck teenage daughter following argument causing her to run away from home.	Mother and child spending more time together. Has not heard M shouting at her or name calling.	B allowing R to struggle to achieve and believe he can do it.
Observed changes in focus child's behaviour	No change. Carer states her belief that he can't change until Mum does.	L's behaviour continues the same.	Notes that R very polite, a good son. Attentive to Mum.
Any changed concerns in relation to focus child	Carer expresses her sadness that M treats G differently to other siblings, not showing him any love and affection.	Continues to be a snitch, blaming other children and provoking them. Pleased she is well presented for school.	Notes R's perseverance to tasks and succeeding even with his disabled arm.
What contribution has the filial therapy made to these changes?	None.	Carer says she can't say that it was the filial therapy that has brought about these changes. Could be other factors. Eg her doing the early shift so not observing the negative behaviours.	Carer expresses that the training has reinforced the relationship and attachment between B and R. She believes that B has pushed herself to learn and grow more. Training 'excellent' for them and B will continue to use what she has learnt.

Meta-Matrix 5.7: Final Interview with Carers

It is clear that the carer identifies no changes at all in Marcia's behaviour and relationship with Gonzalo following the filial therapy intervention. She is able to give examples to corroborate her responses from her observation of the family during daily life and routines. She believes that Marcia favours the other two siblings above Gonzalo and that he continues to fend for himself. Both the needs of teenage daughter and the toddler are placed above Gonzalo's need

for attention, love and affection. It is true, that the researcher has found him alone watching television swaddled in a blanket on a couple of occasions whilst the rest of the family are absent.

The carer has observed some changes between Melissa and Liliana, stating that they seem to be spending more time together and she has heard less shouting and name calling by Melissa. Liliana has been better presented, ready for school, although her behaviour with other children within the home has remained the same. The carer says that she is still a snitch, provoking other children and blaming them for bad behaviour. She says that she is unable to definitely attribute the changes to the filial therapy intervention. Whilst they could be, there are other factors that also may be at play such as her own shift pattern. She does the early shift so only observes them before school. She doesn't know what happens later in the day as the children return from school and into the evening.

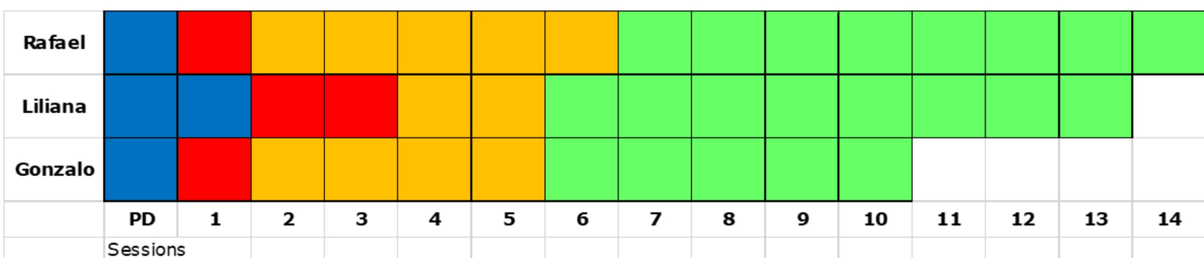
In contrast, the carer is able to attribute the changes she has observed in Bella and Rafael to the training. She has noted how diligent Bella has been in attending the training, not missing one session. She believes the sessions have reenforced her attentiveness to and care for Rafael's needs, whilst allowing him to struggle to achieve tasks with his physical disability. This has enabled him to persevere and succeed, and so to believe in himself. The carer expresses that the training has reinforced the relationship and attachment between Bella and Rafael, a good and attentive son. In contrast to how she had previously been described, the carer expresses that Bella has pushed herself to learn and grow more. The training was 'excellent' for them, she states, and she is sure that Bella will continue to use what she has learnt.

Although the researcher suspects some subjectivity in the carer's responses (which will be discussed in Chapter 6), she is appreciative of the carer's frankness. She shows no concern for offending the researcher and gives answers that are honest and congruent to her experience of the three families. Her answers hold true the researcher suspects, in how the filial therapy training will be assimilated and taken forward for each family once she has left.

5.2.6. Changes in the Child's Play and Behaviour

Detailed analysis on the changes in each child's play and behaviour during the filial therapy is described in Chapter 4. In the cross-case analysis, consideration is given to the overarching development of each child using the four stages of therapeutic process and evaluation (West

1992; Landreth, 2012). Depicted in the graph below is each child's journey through the stages session by session, illustrated in the colours originally used to highlight these.



Graph 5.5. The Children's Journey through the stages of therapeutic process

Each child readily engages in play from the play demonstration and the initial session with their mother, exploring the toys, space and therapeutic 'other', expressing their most pressing experience and negative feelings (blue). For instance, Gonzalo in the play demonstration creates a world full of danger and threat using all the figures, animals and dinosaurs, reflecting the unsafe and dangerous world which he has experienced. Rafael's play sequences illustrate his conflicts around experiencing nurture and danger, exploring ways to keep himself safe when there is threat and unpredictability.

The children quickly move into stage two (red) where those negative feelings become more directed, aggressive play emerges and expressions about their own family and self are explored. The children spend different amounts of time in Stage three (orange) whilst they build a sense of safety to express conflicting and ambivalent feelings and the relationship with their mother as part of the experience becomes more important. Liliana appears to move quickest through this phase as Melissa becomes more emotionally available to her and is also enjoying their playful interactions and building of relationship. She has an awareness that Mum enjoys and responds to physical games like the sword fighting and 'pencil game' that she creates. Perhaps it's easier for Liliana because the focus of her play is to build the closeness and attachment to her mother rather than process traumatic experiences. Her grandmother seems to have provided a safe and nurturing enough environment for Liliana whilst in her care. Now at the shelter home, Liliana seeks to become a part of her mother's and younger brother's life and she is ingenious in how she pursues this.

Rafael remains there the longest, playing more silently as his mother observes and reflects back. Having witnessed domestic violence, leading to a sudden departure from home, perhaps

he needed this longer period to process the frightening experiences and the ambivalent feelings involved particularly towards his father.

All children move into the final stage (green), with stronger positive feelings emerging around the same time as each other and also around the mid-intervention point, when their mothers are showing the most empathy according to the MEACI scores and their best use of the four filial therapy skills. They remain there for the duration of the sessions.

Gonzalo can be seen to have the least sessions due to Marcia's absences later discussed. She is perhaps the least invested in the training and thus her relationship with Gonzalo. However, his worlds expand, not completely rid of danger and threat, but with areas of safety, well-being and enjoyment, whilst threat is monitored and contained as far as possible. Although Marcia adds to his world uninvited, she does enclose some of the danger and focuses on family members together in this evolving environment. This reflects her perspective and motivation in life, which Gonzalo accepts and integrates into his world. They have after all experienced this danger together and are part of the same family which Marcia strives to look after.

Rafael creates for himself his superhero cape and mask, which empower him to explore the defences, skills and abilities of a 'spy' readying himself for possible dangers and threats. It opens up new ways of perceiving himself as capable and resilient, not just a victim.

It would seem that each child makes the most of the time they have playing with their mothers and manages to make progress according to the four stages of therapeutic process and evaluation. This by no means indicates that they have completed the healing process, but for now, have been able to work on the most pressing issues for each of them. Gonzalo has found a felt sense of safety after often being on the streets surrounded by potential danger. His physical needs are being taken care of in the home, even if nurture and care from his mother are still sparse. Rafael has begun to explore the impact of domestic violence on his sense of self, developing some resilience and inner strength. Liliana has sought and found ways to connect with her previously absent mother and to begin forging a stronger attachment with her.

5.3. <u>Breaking down the Monster-Dog – Research Question 2</u>

The original 'monster-dog' created on the researcher's wall in regard to the second research question considered both aspects that had been analysed in the individual cases and emerging themes that appeared to be impacting the success of the intervention. On further reflection, the researcher identified those that were strictly 'aspects of the intervention' as opposed to 'influencing factors'. These are identified on the meta-matrix below as AI and IF accordingly. The 'influencing factors' will form part of the discussion in Chapter 6 whilst the 'aspects of the intervention' will undergo cross-case analysis below.

Research Question 2:

What aspects of the intervention used by the therapist promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them?

Building a trusting relationship with each mother – core conditions to 'hold' the mother through the process. (AI)	**Modelling empathy** in relationship with mother. (AI)	**Teaching methods** – appropriate to culture and personal styles (AI)
Impact of the mother's own trauma – own needs become more pressing, dissociating, little experience of empathy and play themselves. (IF)	**Feedback** discussions – encouraging mother's voice and filial therapist input (AI)	**Group dynamics and shame** (IF)
Absenteeism – more pressing matters at time, intensity of course, pushing against home rules, pushing against therapist. (IF)	**Robustness of course** – structure and flexibility, applicability (IF)	**Duo role** -researcher and filial therapist. (IF)

Meta-Matrix 5.8. Research Question 2

The four identified aspects of the intervention that were used by the therapist to promote the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them are therefore as follows:

- **Building a trusting relationship with the mother:** using the core conditions to 'hold' the mother through the process.
- **Modelling empathy:** in relationship with mother.
- **Teaching Methods:** appropriate to culture and personal styles.
- **Feedback discussions**: encouraging mother's voice and filial therapist input.

The first two of these were integral to the whole process of the research study: from the researcher's first conversation with each mother over participation in the filial therapy training (and as such the research) right through to the final change interview. There were key moments for each mother in the intake interview where the filial therapist's demonstration of empathy to their experiences appeared to gain their trust and they became more open to the process. As Melissa shared the death and loss of three key male relationships within a short space of time, she appeared to feel heard, her grief affirmed and valued perhaps for the first time. Bella is caught in turmoil as she questions whether she should have called the police on her violent husband and is able to express this without judgement. Marcia's daily challenge to meet the demands of being a mother of four children at different developmental stages with no support and job or home security, is affirmed and accepted. She has clearly fought for their physical survival in an uncaring world.

This holding of the mothers' experience and process throughout the intervention is difficult to quantify and measure yet seems key to each one's engagement with her child. Once the filial therapy training had begun, the feedback discussions were when much of the 'intervention' took place. The three group trainings had introduced the skills to the mothers and offered them a time to play and be creative themselves whilst beginning to practise their skills. Yet it was in the one-to-one space that the mothers integrated the teaching and were more open in their engagement.

The first three aspects of the intervention are therefore here analysed across the cases during the feedback sessions, or fourth aspect, as in the individual cases.

5.3.1. Building a Trusting Relationship with the Mothers and Modelling Empathy in the Feedback Sessions

The filial therapist used a variety of responses during the feedback sessions with the mother to communicate and model empathy and unconditional positive regard, whilst trying to remain congruent, to build a trusting and holding relationship with them. Following individual case analysis of the therapist's responses as described in Chapter 4, here they are placed in a matrix to allow for cross-case analysis.

	Marcia	Melissa	Bella
Reflecting	M's ability to observe G's play (s1,2,5) G's experience and feelings as M describes real-life experience (s1,5,8)	M's feelings and facial expressions (s2,3,7,10) L's abilities and qualities (s1,2,4,5,6,7,8,10) L's play (s3,4,6,8,9,10) M's experience of the play (s2,4,7,9) The relationship between M and L (s2,9,10) The dynamic between them during physical play (s5,6,7,8,9)	B's experience of the play and feelings expressed. B's experience of being in the home, outside of sessions (s3,6) Reflecting the metaphor in R's play when sensing that B not ready to make link between play and reality (s5,6,10)
Affirming	Tracking and reflection skills (s1,2,4,7) Ability to discern themes and make links to real life experience (s1,5,8,10) M's attempts to stay attuned to and engage with G in his play (s1,3,6,7,8,10) M's developing skills (s2,3,4,6,7,8,10) M allowing G to lead the play (s6) M as parent to four children at different developmental stages (s2,4,8,10) M's growing self-awareness helped by introducing VIG (s7,8)	M making time for play time in daily routine (s1) M's developing skills (s1-8) M's understanding of process between herself and L (s2,4) M holding back own anxiety and allowing L to use scissors (s2.3) M's ability to connect L's play to everyday life (s4,7,9,10) M's observations about L's play (s6,s7) M's own problem-solving ability and transferring learning to everyday life (s7)	B's developing structuring skill (s1,3,4,5,12) B's attentive presence and tracking (s1-12) B's reflecting back of emotion (s1,4,5,6,7,10,12) B's allowing R to struggle and succeed, offering help when needed (s2,6,7,8,9,12)
Validating	M's experience in the play sessions (s2,4,6,7,10) M's experience of real-life situations that she describes (s5,8,10)	M's experience of play through use of metaphor (s1,8) M's experience at home (s7, 10) and her pro-	B's experience of sessions and skills development, encouraging further practise (s2-10)

		active interactions with staff resulting in positive outcome (s11)	B's experiencing in home, outside of sessions, showing empathy (s3,6).
Being attentive to	M's feelings in the process (1-8,10)	Check understanding (s2,8,9,10)	Obstacles to B remaining involved and using skills eg R's silent play, visibility of clock, B's discomfort on the floor (s1,2,3,7,8). Challenges to B attending sessions and seeking ways to support her (s1,9). B's ability to make links between play and reality and remaining in the metaphor when appropriate (s5,6,10).
Reassuring	M that it's okay not to know everything (s3)		

Meta-Matrix 5.9: Building a Trusting Relationship with the Mothers and Modelling Empathy in the Feedback Sessions

The filial therapist **reflects** features of the children's play and feelings they appear to be expressing, alongside qualities of character. She reflects the mother's observations of the play, noticing any arising feelings. She reflects on aspects of the relationship and dynamic between mother and child. With Bella she reflects (and stays with) metaphors that Rafael is creating perhaps as an expression of his trauma. The reflections enable the therapist to communicate her understanding, check for accuracy and draw the elements into the mother's awareness. For example, as Marcia describes the situation the family had been living in prior to coming to the shelter home, the therapist reflects Gonzalo's experience in that and possible feelings.

Therapist: The police are the danger for him. I know you told me at the beginning that he was on the street a lot and that you didn't know what he was witnessing. Perhaps, although we can't be sure, he saw the police in action.

Marcia: On the streets where we lived there was trafficking so the police would come and beat the drug addicts. Gonzalo would see this and be angry. They might use drugs but they are humans. He would see this and feel rage towards the police.

Therapist: Like the police were up to no good.

Marcia: Yes, some are and some aren't.

Therapist: Hmm. For a child that could be difficult to differentiate.

Marcia: Yes, so all police are up to no good. (Session 5 Feedback).

As each mother practises her developing skills, the filial therapist uses **affirming** statements to encourage their progress and value their attempts. She also affirms steps taken by individual mothers to build their relationship. For instance, Marcia's allowing Gonzalo to lead the play even when she has to sit on her hands, Melissa's decision to allow Liliana to be more independent by using scissors and glue herself, and Bella's allowing Rafael to struggle and succeed in the use of his disabled arm to create his superhero cape and mask.

Validating the mothers' experience during the play sessions, and when they share incidents that have occurred and feelings about living in the home, offering empathy, acceptance and unconditional positive regard. **Being attentive to** their feelings and needs, taking care to check understanding models the care and nurture that the therapist wants to engender in them as mothers. Bella struggled to sit for long periods on the floor and it was necessary to bring in a chair for her. Marcia, with low self-esteem and confidence, needed **reassuring** that it was okay not to know everything, that this didn't make her stupid.

It's not just 'modelling' the skills that takes place, but rather 'embodying', living and breathing the qualities and core conditions that are being taught and fostered in the filial therapy intervention. As Lisa Dion (2018) regularly repeats, the play therapist is the most important 'toy' in the playroom, and here the filial therapist is the most important element in building the trusting relationship with the mother so as to empower her to foster the attachment with her own child. As the therapist 'holds' the mother, providing the experience of a secure attachment, the mother learns to 'hold' the child, developing empathy and deepening their own bonds of attachment.

5.3.2. Teaching Methods in the Feedback Sessions

Integral to the filial therapy training is the teaching of the four skills. Structuring and limit-setting create the safe boundaries around the play space, offering containment and holding for the play and all that is shared between mother and child within that. The empathic listening skill and the imaginative play skill communicate the mother's empathy for experiences and feelings shared. The therapist uses both direct and indirect teaching methods to help the mothers learn the skills. The methods outlined below were identified through the data analysis of the individual cases in Chapter 4. Direct teaching methods are:

- *explaining* the skills and their importance
- *describing* the significance of play sequences observed in the sessions
- *drawing attention to* moments in the play sessions as examples for further understanding and skill development drawing them into the mother's awareness
- *extending* mother's understanding and skill development
- *using resources* such as visual aids, worksheets and video recordings to re-enforce learning and skill development. Visual aids were on the wall to remind the mothers of the skills. The worksheets helped the mothers to consider what feelings they had observed in their children during the session, their own feelings and themes that the child had been exploring in their play. Video recordings offered the opportunity to highlight and reflect on good skill practice and development, as well as something that could be worked on next session. The mothers responded well to the use of the videos as they could see themselves in action, often observing sequences that they did well or could improve on.

	Marcia	Melissa	Bella
DIRECT Explaining	The four skills (s1,4,8) Importance of play in G's development (s1,2,5) The importance of allowing G to lead the play (s6) The importance of the skills so that M understands their purpose (s4,6)	The four skills (2,3,5,6,7,8,9) Importance of/the why using skills (s2,4,5,6) The limit setting skill (s9)	Importance of reflective listening skill (s1,4,6,7,8,10,11,12) Using cultural links/examples to explain skills and enable learning of skills (s8). Explaining themes in play (s1-12)
Describing	The importance of G having invited M into his play and the process involved with the aim of M not slipping into shame or a power struggle (s2,3,4,5)	How play links back to training (s1,2) The importance of M holding the space for L with appropriate boundaries and limit setting. (s6) The importance of the singing and clapping games and nurture and care play in relationship building (s9)	Examples of good skill use (s3-12). R's qualities of character (s5-9, 11,12).
Drawing attention to	G's care and kindness to his brother (s7,8)	M giving voice to what she is noticing and understanding about L's play through reflection (s2) L's feelings and how she is expressing them (s3,4) Possible symbolism in L's play (s3)	Possible themes that are out of B's awareness (s2,3,5,6,7,9,10,12) R's creation of a 'whole scene' and the flow of the narrative (s5,6,7,9,11) B's experience of the play/process in the moment (s8,12).

		Moments when M becomes distracted (s4) M's facial expression in play, her own sense of mischief and humour (s7) L's care of baby brother (s10)	
Extending	M's understanding of themes in play (s1,4,5,6,8,10)	Skill development, giving suggestions (s1-9) Using cultural links/examples to extend M's use of skills (s1,9)	B's understanding of skills and process by encouraging her to reflect on these herself (s1-6). Using examples from R's play to extend skill development (s1-11). Using humour to extend skill development (s1,6,10,11,12). Asking B to describe/give narrative to her observations (s5-12).
Using visual aids and worksheets	VIG to draw attention to positive skill development and interactions (s7,8,10) Worksheets to consider themes and emotions (7,8,10)	VIG to draw attention to positive skill development and interactions (s6,7,8,9) Worksheets to consider themes and emotions (s5, 8,9,11,13)	Worksheets to consider themes and emotions (s4,6,8,9,10,11). VIG as learning tool, to draw attention to positive skill development and interactions (s7-12). VIG to draw attention to R's play and process (s7-12).
INDIRECT Modelling	Empathic listening skill (s1,3,4,5,6,7,8,10)	Empathy and acceptance to M (s2,3,11) Empathy for L (s9) As M disengages from feedback session FT mindful to respond in a way that models skills (s10,11,12,13)	Skills through relationship with B and R (s1-14).
Discussing	How G's play is evolving and how is becoming more verbal, providing his own narrative. (s6,8) With M her struggle with P in the sessions competing for her attention (s6,7,8)	M's experience and perspective (s2,4,5,6,7) What might be happening for L including possible feelings expressed (s1,2,4) Similarities between L and M's behaviours (s,2,4) Aggressive energy (s7) Difficulties M is experiencing at home (s10,11)	
Reframing	Play situations/interactions between G and M to help her perceive these in a different light (s3,4,5)	M's narrative as she expresses her belief that the family think L would be better off with them. (s9)	

Meta-Matrix 5.10. Teaching Methods in the Feedback Sessions

Image 5.1. Visual Aids as Prompts for Skills Learning

Indirect teaching methods identified were:

- *Modelling* the empathic listening skill in the therapist/mother relationship
- *Discussing* with the mother aspects of the play and the mother's experience of this as well as their struggles in other aspects of daily life
- *Reframing* situations where the mother's perspective is causing unhelpful distress.

Examples of the teaching methods are found within the feedback sessions with all mothers. What the comparative matrix does reveal is more in-depth opportunities to draw attention to, extend and discuss play sequences and skill development with Melissa. She shows the greater awareness of what is happening in the play for both herself and for Liliana, her own skill development, the dynamics between them, and their deepening relationship. She can enter into conversation with the therapist and can apply her learning both in the sessions and also into other situations in daily life.

Marcia shows an understanding of what Gonzalo is playing out, making connections between his play and his experience, but struggles to integrate the skills and be fully present for him. The teaching focuses on skill development and attempting to reenforce the importance of these as Gonzalo shares his experience and feelings with her.

Bella is attentive to the teaching and learns the skills as taught, taking on board every word the therapist says. Indeed, she repeats back words and phrases as the therapist speaks. She practises her skills. Yet she struggles to think beyond the 'concrete', the 'evident' and so there

are no examples of 'discussion'. She can identify themes in play that relate to daily life but can not see beyond the 'metaphors' that Rafael creates and explores.

The therapist makes judgement calls throughout as to whether to consider possible interpretations with her, deciding that, at this stage, to leave the 'healing' in the metaphor itself. As Bella continued to struggle with her own trauma and feelings around the domestic violence she had experienced, the researcher focused on helping her become more aware of Rafael's feelings and how these were expressed in his body and play. In enabling Bella to expand her awareness in this way towards Rafael, she might also begin to recognise aspects of her own embodied experience and feelings. For example, in Session 4 Bella knew that Rafael was 'happy' yet she needed the therapist to explain how this was 'visible' in his countenance and behaviour, eg. he was humming as he played, twirling around on his bottom, smiling.

5.3.3. <u>The Mother's Voice in the Feedback Sessions</u>

The feedback sessions were not just about the therapist 'teaching' and giving input to the mother. Indeed, a crucial part of these was to offer the mother space to have her voice and to be heard. Again, to receive and experience empathy within a safe relationship, in order to be able to offer it to her child in the same way.

In Chapter 4 the mothers' responses within the feedback sessions were analysed according to the abilities that the filial therapy sought to foster throughout the training programme. Verbatim examples were given as evidence. Rather than create another meta-matrix, the researcher will outline the abilities and key moments expressed by each mother.

- *Ability to reflect on own skill development*

Marcia: 'I played well and I understood the themes and feelings well.' (s10)

Melissa: 'I have never allowed her to control the play. (laughs) It's a new thing.' (s6)

Bella: 'It's going well. I'm getting used to it.' (s3)

- *Ability to reflect on child's preferences in play*

Marcia: 'It's true. Since we began, he just likes playing this. He likes setting up something, setting up a story. Each time, it's a story.' (s3)

Melissa (noticing that Liliana likes playing with the baby doll): 'She helps me a lot, she gets his nappies for him. She helps me take the things for him to have a bath.' (s4)

Bella: ‘Animals, cars. He made a farm with people on a day out at the farm. Out in their cars.’. (s5)

- *Ability to reflect on child’s feelings expressed in play*

Marcia (on feedback form): happiness playing with the toys, sad the sessions are ending, proud of what he has created. (s10)

Melissa: ‘She showed a lot of happiness today, and I don’t know if it is anger, I don’t know what it is. When she strikes with the sword, her face shuts.’ (s7)

Bella: ‘He’s lost his fear of the centipede.’ (s9)

- *Ability to reflect on emerging themes in child’s play*

Marcia: ‘Each story has an objective, doesn’t it?’ (s4)

‘Ah, I understand it like this…he wants the soldier, the police, they are the baddies, and then suddenly come the superheroes from another place to save those in danger.’(s4)

Melissa: ‘I have never allowed her to control the play. I think it’s a new thing.’ (s6) as Liliana takes every occasion to lead the play and invite Mum in: ‘It’s more fun. She calls me to play with her. I think her confidence is growing.’ (s4).

Bella: ‘Playing dolls, real-life situations, driving the cars, food and eating together’ (s13 Bella identifies the themes on the feedback form.)

- *Ability to reflect on child’s process in play*

Marcia: ‘Sometimes children play and we don’t even know what, or how, what is happening, but here we can start to know, what he might be saying sometimes.’ (s2)

Melissa: ‘She made the most of cutting as usually I don’t let her near the scissors. If she has homework that involves cutting, I cut. So she really made the most of cutting things.’ ‘I saw that she could cut well, cutting out the furniture…She was being careful not to cut herself.’ (s2)

Bella: ‘It was good, playing with the finger puppets…he was more relaxed, I think I am too.’ (s6)

- *Ability to make connections between child’s play and real-life experience*

Marcia: ‘The children feel it too. We have always been together and suddenly one is here and another over there. I think he does these drawings, the danger we have confronted, we have confronted alot of danger together. Everyone pretends to be good to us, but in the end they’re bad. That’s what’s in his drawing. He’s not saying it, but yes.’ (s4)

Melissa: 'She sees it, because sometimes when I take Daniel to the doctor, she comes with me. Food, she sees me and helps me give him his food. She sees. She already helps to look after him.' (s4)

Bella: 'I took him recently to the doctor's and he's doing exactly what the doctor does, he's learnt… The doctor listens to his chest and his back, she looks in his mouth, ears, nose. He did it all the same.' (s3)

- *Showing self-awareness*

Marcia: 'I realise that I am a child sometimes too.' (s10)

'I was thinking about a multitude of things – Kelly, Paulo, Gonzalo.' (s8)

Melissa: 'my head is at a thousand' 'my thoughts are far away…travelling far away.' (s3)

'It was really good fun. And when the game starts, we forget a bit don't we, we enter into the play.' (s5)

Bella: 'Good. The game was enjoyable. It was different.' (s8 in response to the foam sword fight).

The mothers' expressions in the feedback sessions can not be a 'measure' as such for their skill development and in particular, ability to express empathy to their child. However, they do illustrate moments of understanding, an awareness of their child's play and feelings and how these might be linked to their daily experience, as well as integrating how they themselves play a part in the process. As highlighted above, each mother is accessing the learning in their own unique way, given their histories and current abilities. Yet, in giving the mothers the opportunity for reflection and encouraging them to share their 'voice' in the process through the feedback sessions, it could be said that the expressions reflect a growing 'empathy' towards their child and in turn a deepening attachment, as they take small steps along the attachment continuum.

5.4. Conclusion

This chapter has sought to bring the individual cases into cross-case analysis seeking to observe and further understand the processes and outcomes across the cases and in relationship to each other. It has utilised Miles and Huberman's (1994) concept of the 'meta-

matrix’ to assemble descriptive data from each of the cases in a standard format thus juxtaposing the single-case displays whilst including all relevant yet condensed data. Two initial meta-matrices were constructed to consider the emerging data in relation to each of the research questions. The data was further divided and clustered, creating further meta-matrices, so that contrasts between the sets of cases on the variables of interest could be observed, analysed and compared.

In responding to Research Question 1, Meta-Matrix 5.1. reveals various elements which were then further cross-case analysed in order to consider the extent to which the filial therapy intervention is effective in bringing about change to the Brazilian mother’s capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness.

In response to Research Question 2, Meta-Matrix 5.8. identified nine aspects of the intervention used by the therapist which were found to promote (or hinder) the development of the mother’s capacity to express empathy to her child and therefore strengthen the attachment between them.

The findings of the cross-case analysis will now be further discussed in Chapter 6.

Chapter 6 - Living within the Hamlet

Discussion of Results

6.1. Introduction

This multiple case study offers preliminary information on the efficacy of intensive filial therapy as a therapeutic intervention with Brazilian mothers and their children who are victims of family violence, housed within a protective shelter home in southern Brazil. In answering its two research questions, it considers firstly the extent to which the filial therapy intervention is effective in bringing about change to the mother's capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness. Secondly it explores what aspects of the intervention promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them.

The mixed methods nature of the study allowed for an in-depth examination of the process and the effectiveness of filial therapy with this client group. Making significant contribution to the understanding of filial therapy as an intervention within this demographic, it also reveals potential limitations and areas for future study and development.

6.2. Empathy – A 'Way of Being'

> *'An empathic way of being with another person...means temporarily living in their life, moving about in it delicately without making judgement... to be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter the other's world without prejudice...a complex, demanding, strong yet subtle and gentle way of being.' (Rogers, 1980:142-143)*

Empathy as a 'way of being' as defined by Rogers (1980), denotes a process rather than a fixed state. It would follow therefore that the filial therapy intervention requires not only an adequate learning of skills, but sometimes a fundamental shift in a mother's 'way of being'. It requires her to set aside all that preoccupies her mind to focus solely on her child in the present moment. To have this capacity to express empathy to her child, the mother needs first to have experienced empathy herself in relationship with another, whether that be in her own childhood and growing up years, or later in life as an adult (Schore, 2003).

As each mother approaches the filial therapy intervention, the space and the dynamic with the therapist as well as her child of focus, she does so as a ‘whole person’. In the cross-case analysis, the researcher examined what the mother brings into the training space, albeit succinctly as to do so in more detail is beyond the scope of this study. Meta-matrix 5.2. ‘What the mother brings’ draws each mother into comparison with the other and highlights their commonalities and differences. Each has her own trauma narrative, most likely influenced by transgenerational trauma and community violence. Each has her individual personality and attachment style as well as learning style which influence the way she perceives and assimilates the filial therapy. ‘What the mother brings’ therefore will inherently impact her ‘way of being’ with another and her responses as a parent to behaviours, emotions and intentions expressed by her child.

In this study we have therefore encountered three mothers each with a unique life history of which we have caught only glimpses, but enough to acknowledge that they have had significant adverse childhood experiences. They have lived with poverty, threat, emotional and physical abuse, isolation, lack of a secure and safe base for themselves and their children. Violence and homelessness have brought them to seek shelter and help from authorities. We cannot measure how much empathy they have experienced, but we can witness their mobilised and dissociated states in the sessions and the struggle they have to offer empathy to their own children, their own needs often getting in the way.

Empathic listening and responding is at the heart of the filial therapy intervention (VanFleet, 2005; Thomas, 2018). Even before the training begins, the filial therapist herself embodies this during the intake stage and throughout the process. As described in the previous chapter, there are key moments in the initial interviews with each mother that appear to bring a shift and trust begins to be built in the therapeutic relationship. The mother feels heard and accepted, her voice being listened to with acceptance and non-judgement, her feelings validated and welcomed. This expression of empathy and the emotional holding of the mother by the filial therapist, who embodies a secure attachment style, continues throughout the program and with the evidence gathered, the researcher identifies this as one of the key aspects that influences how the mothers respond to the training.

In attempting to assess changes in each mother’s capacity to express empathy over the course of the intervention, the study utilised a number of measures trying to capture this central shift

to her ‘way of being.’ These have been explored in depth in Chapters Four and Five whilst here overall conclusions are discussed.

6.3. Changes in the mother’s capacity to express empathy

6.3.1. Skills Learning and States of Arousal

As observed, each mother’s learning of the skills was tracked and monitored session by session as described in Chapter 3 data analysis Sections 3.10.1. and 3.10.2 with individual summaries provided in Chapter 4 Tables 4.3. (Marcia), 4.8. (Melissa) and 4.14. (Bella). These were then cross analysed in Chapter 5 Meta-matrix 5.3. Skills Learning.

Focusing on the second skill, that of empathic listening, there appears to be a potential correlation between each mothers’ state of mind in the present moment and her ability to offer her child empathy. All three mothers show themselves capable of being attentive to their child, tracking activities, reflecting feelings and allowing self-direction. This is supported by the MEACI scores mid-intervention which demonstrate improved empathy in the adult-child interaction.

Yet, each one appears to lose her newly acquired skill when her own needs or emotional state distract or overwhelm her. Observations made by the researcher during the filial therapy sessions and during the data analysis stage using the session summaries and video recordings capture examples for all mothers. The tables identified above provide evidence of this. In Meta-matrix 5.3. examples are found in the final Family Play Observation where all three mothers lose track of their skills due to their own immediate needs taking precedence. This suggests that the mothers’ own attachment history, trauma and subsequent propensity to be ‘triggered’ into a ‘mobilised’ or ‘immobilised’ state of arousal, directly impacts her ability to offer empathy to her child. When she is feeling safe, calm and in her social engagement state she can be more present, attentive and empathic towards her child. But the slightest threat to her autonomic nervous system moves her out of social engagement and into fight, flight or freeze (Porges, 2011). Dion’s (2018) four threats (physical threat, anything ‘unknown’, ‘incongruence’ in the environment and the ‘should’ or ‘unrealistic expectations’ put upon us in life) appear to activate the mothers’ nervous systems into hyper or hypo-arousal.

This raises the question of how successful the mother can be in integrating the empathic listening skill when still so easily overwhelmed by her own needs and trauma. She may indeed benefit from more focused interventions to enable her to process some of her experiences and have her needs met first before entering the filial therapy program. This will be explored in more detail below.

6.3.2. Capturing Empathy using the MEACI

The Measurement of Empathy in the Adult-Child Interaction (MEACI) was used to capture the changes in the mother's capacity to express empathy over the course of the filial therapy training. As noted in previous chapters, all three inter-raters scored the three mothers as having significantly improved between pre and mid measurements but then deteriorate again in the final post intervention scores.

Various hypotheses were put forward for this in Chapter 5, in particular, that with the therapist no longer in the room, the mother is no longer being 'held' and 'contained' in the process by her empathic and attentive presence, so she is perhaps less able to 'hold' and to respond the child in the same way. Returning to empathy being 'a way of being' and the likelihood that these mothers have not experienced an attuned, empathic and holding 'primary caregiver' themselves, it could support the theory of this 'parallel process' occurring. They need the therapist's presence and embodied empathy and 'holding' of their 'selves' to be able to offer it to their child. Indeed, Thomas (2018) identifies the therapeutic relationship between the therapist and parent as a key agent of change.

The 'holding' of the 'holder' is a key concept in the work of Goodyear-Brown (2021) who has pioneered working with parents as partners in child therapy. In her TraumaPlay model, she describes the invaluable role of the play therapist as the 'container' and 'holder of the holder' for the parent. By 'holding' the parent as they express their feelings, concerns, challenges, frustrations and experiences, and responding with empathy, non-judgment and congruence, the parent is then enabled and empowered to 'hold' their child in the same way. She also calls it the 'cascade of care', where the care the parent receives then cascades downwards towards their child. This 'bottom-up' or neurosequential approach (Perry, 2009; Siegel, 2012a) approach where the learning is first through lived embodied experience in relationship with the play therapist, imprints physiologically in the parents. Here the learning is through

‘sensations’ in the body, activating the lowest or ‘bottom’ region of the brain (reptilian brain), up through the ‘emotional brain’, connecting the physical experience with emotions. They then are more likely to have the capacity to integrate ‘top-down’ (thinking brain) conscious learning of skills and relevant underpinning neuroscience for instance, as well as offer the same holding, care and attunement to their child.

Therefore, should the primary ‘holder’ or therapist leave the therapeutic space, even with good intent, perhaps what one could call the ‘holder in learning’ loses some of her orientation and capacity to ‘hold’. There might be a perceived ‘incongruence’ in the room, one of Dion’s (2018) four threats, maybe even a sense of abandonment, triggering the return to old patterns of response and behaviour, a loss of attunement and empathy, a raise in MEACI scores.

Having said this, if one considers Bella and Rafael, the energy in the room increases as the therapist leaves the room. In Session 9 Rafael invites his mother into playful interaction and ‘fighting’ with the foam swords and aggressive energy is released by both mother and child. Here Bella appears to ‘persecute’ Rafael with her hits and shows some ‘self-agency’ whilst he is pushed into defending himself and creating an invisible self-protective boundary. One could surmise that it is a recreation of the drama triangle again or alternatively, it could be said that they are both having the opportunity to practice skills that they need in a safe way together. Both become ‘mobilised’ and find a way to meet each other in social engagement. Indeed, exhausted, they play throw and catch with the ball, an equal ‘serve and return’ interaction (NSPCC, 2021). It seems that the ‘holder in learning’ is indeed learning to become the primary ‘holder’ of her son’s experience. Her son is now giving her the narrative and she then shares this with the filial therapist whilst watching the video recordings in feedback sessions. Meaning is created and the silence and shame which permeates domestic abuse is broken through play and giving voice to experience (Mills and Kellington, 2012).

Other possibilities put forward for the final MEACI scores were that the length and intensity of the program is such that the mothers become tired and less engaged with the process themselves. The mothers also carry increasing preoccupations as they relate to other professionals in the shelter home who are trying to prepare them to find employment and thus secure a new independent life for themselves and their children.

One should also consider that the final Family Play Observation/MEACI assessment heralds the end of the intervention and that the mothers are faced with the loss of a new attachment figure, the therapist, who is leaving at the end of the week. Perhaps they are unconsciously cognisant of the upcoming loss and 'triggered' by the feelings of abandonment that this provokes. Their sense of safety is once again being shaken which leads to dysregulation and an inability to be fully present and empathic towards their children. Tears particularly from Marcia, Gonzalo, Bella and Rafael at saying farewell might be testament to the strong bond that was potentially forged.

6.3.3. The Mother's Voice in the Change Interview

As discussed in Chapter 5, the Change Interview (informed by Elliot 2001, 2002) affords the mother the opportunity to have her voice and opinions about progress she has observed in herself, her child and their relationship through participating in the filial therapy. I would propose that it supports Roger's (1967) concept of the 'self-actualising tendency', trusting here in the mothers' capacity to move towards self-awareness, growth and integration.

The three meta-matrices (5.4., 5.5., 5.6.) in Chapter 5 denote the changes that the mothers express in themselves, the child of focus and in their relationship.

The changes that Bella has expressed, are corroborated by the carer in the final interview who says that she believes that Bella has made the most of the intervention and will carry it forward with her into daily life. The progress Rafael makes in his play also would validate the impact the filial therapy has had for this family.

Perhaps Bella's openness to receiving new information from the 'teacher' has benefitted her in this process. She appears to have established a trusting relationship with the therapist, keen to learn and assimilate the skills and information. She practises the skills as asked and is diligent in her attendance. Although she struggles to engage in discussion and widen her self-awareness, she does for the most part learn the skills, appreciate the importance of play, value the relationship she has with Rafael and do her best to integrate her learning about play into their daily lives.

As Bella often appears to become 'immobilised' and 'dissociated', it is likely that she is still traumatised herself by the domestic violence that she has suffered so at this point can go no

further. She does not seem able to see past the metaphor of Rafael's play and it is possible that her own 'defences' need to remain in place until such a time that she herself is in a safer and less traumatised place.

Although Marcia expresses new insights and learning, she is also aware herself that she will find it difficult to change and put new practises in place. With four children of different ages and developmental stages, it is difficult for this single mother who has not experienced adequate parenting herself, to give individual time and attention to each of them.

Marcia has shown herself keen to be actively engaged in the learning process. Her own lack of 'play' as a child often invades the play space as she wants to play. She appears highly sensitive to possible triggers that evoke shame in her, responding in an aggressive and hyper-aroused state. If she perceives Gonzalo's play or interactions as a threat to her sense of self, she instantly moves from social engagement to 'fight'. Possibly linked to the way she has been treated by men during her lifetime, this is a defence that she is not willing or able to lay down. However, it causes conflict between them and Marcia perhaps projects her shame and low self-esteem onto Gonzalo. The carer, although perhaps lacking in understanding and compassion towards Marcia's experience, is very aware and critical of the way she treats Gonzalo. This is reflected in her responses in the final interview, discussed below.

Melissa is described during the intake process as intelligent, perceptive with high self-esteem, having leadership qualities, organised thought processes and behaviours. Indeed, in her responses to the Change Interview it is evident that she has tapped into a greater self-awareness, being able to see things from a variety of perspectives other than her own. Melissa has been able to learn on a more embodied level, taking that learning and using it to instil and promote change and a closer relationship with her daughter. One could describe it as a shift in her 'way of being'.

Melissa appears to have taken the training on board to a deeper level than the other two mothers, learning more about herself in the process and being able to change herself at a more fundamental level which then had a knock-on impact on her relationship with Liliana. That did not mean however, that she did not lose sight of her new skills in the play times with Liliana, particularly in the absence of the filial therapist. She like the other mothers, could become distracted in thought, dissociating from the present moment with her daughter, or

revert to familiar ways of responding through direct and harsh instruction, and even inflicting physical pain to control Liliana's behaviour.

Liliana herself can be observed working hard to maintain the psychological contact with her mother, drawing her out of immobilised states by engaging her with physical play and movement. Similar to the Still Face Experiments by Ed Tronick (1978) where the baby tries harder to regain the mother's attuned responding in light of her 'still face' and blunt affect, Liliana ramps the energy up. Fortunately for Liliana, Melissa responds re-engaging with her so that there is no need to decompensate as the baby in the experiment does.

Even with the limitations of the mothers' assimilation of the skills, they each express that the filial therapy has been the reason for the changes that have taken place for them, particularly for their children and their relationship together.

6.3.4. Carer Interviews

Although the carer's responses in the final interviews do not always affirm the efficacy of filial therapy with these three families, the researcher would propose that they are reflective of the processes at play within the family dynamics. They could be argued as both objective and subjective.

The carer for instance, does not approve of Marcia's relationship with and handling of Gonzalo. She shares her own sadness that Gonzalo receives no love and affection from Marcia. Marcia herself has told the filial therapist that she thinks Gonzalo is like her and it is certainly possible that she projects her own dislike of self, her shame, her lack of self-worth and value, onto Gonzalo. As noted above, there are examples in the play where her shame is triggered and she becomes defensive and aggressive towards Gonzalo.

The filial therapy has had no impact on this family, as noted by the carer. Marcia continues to discipline through aggression. The carer quite rightly states that no changes can occur until the mother is able to change herself and from her perspective Marcia has not visibly taken anything on board from the training. Although within the sessions there is some evidence, if only a little, that Marcia has become aware of certain things, living it out day to day where she faces the same challenges and attitudes in those around her, it would seem she needs her 'defences' and current 'way of being' to survive. The old familiar ways of perceiving and

responding to the world appear to remain intact whilst she continues to feel ‘threat’ to her system.

However, the carer’s view could also be described as subjective. She herself shows no compassion and understanding towards Marcia, a single and poverty-stricken mother who has faced much trauma and danger in her life. She has fought to keep her family safe in a hostile environment, having never received nurture and care herself apart from a roof over her head whilst young from her Uncle. She is used to fighting for survival – it’s what she does. Trauma training had not reached the carers at the shelter home at this point, so the carer responds to the evidence she sees, with perhaps little insight to Marcia’s own struggles.

In describing Melissa, the carer has noticed some fundamental changes particularly in the way she relates to Liliana in a more positive manner. Yet she states that she can’t directly attribute the changes that have occurred to the filial therapy. She is pleased however that Liliana is well-presented for school, placing importance on this. The changes that the carer highlights, confirm those that Melissa herself describes saying she is now more patient and attentive to Liliana, appreciating the importance of spending time together, playing. She expresses that they have found a way to be and work things out together so that there is less arguing, less clashes of opinion, less stubbornness on both sides. Melissa’s voice validates the changes observed by the carer.

Bella’s dedication and commitment to the training have not gone unmissed by the carer, who believes that the training has reinforced the attachment between them through Bella’s attentiveness and care towards Rafael. The carer describes him as a good son, very polite and attentive to his mother.

As noted in Chapter 5, the carer is frank and congruent to her lived experience of the families and their engagement in the filial therapy. She makes helpful and valid observations. Yet her own ‘introjects’ or prejudices also can be identified through comments which reveal her views of what a ‘good son’ is for instance or how presentation is important, in Liliana’s case. Bella, if you like, has been a model student alongside her son, and made the most of this opportunity. Marcia is perhaps the ‘rebellious child’ whose aggression and ‘disorganised attachments’ distract the carer from being able to have compassion and insight into the ‘whys’ of her inability to engage fully. Melissa is the ‘streetwise’ one, making the most of the situation, but

also maintaining her independence and sense of control within the structure of the shelter home. She's made changes but her 'distance' from the carer, shields the deeper processes at work. Again, these are perhaps subjective observations by the filial therapist.

Like a multi-faceted diamond, there is 'truth' in all the observations made, making it a complex system from which to draw conclusions about the efficacy of filial therapy with these Brazilian mothers and their children, victims of family violence.

6.3.5. Child's progress in play

Another facet of the diamond of evidence, is the progress each child makes in terms of their development of play and therapeutic process. The detailed analysis of each child's play in Chapter 4 and then the cross-analysis in Chapter 5 reveal how all three of them were able to make progress even when their mothers' abilities in the skills proved unpredictable.

It is interesting that although these children have most likely had limited opportunity to play freely or with a breadth of toys, due to their life circumstances, they each engage readily from the word 'go' as it were even if more shyly and cautiously to begin with. This natural propensity to play, to express themselves through the worlds they create further supports the theory that children's use play as a language of communication and a medium to explore their experiences so that they can integrate these into their understanding and develop their sense of selves (Axline, 1989; Landreth, 2012; Cattanach, 1992,1994; Jennings, 1999, 2011).

As seen, all three children move through the four stages of the therapeutic process and evaluation, making the most of the time they have playing with their mothers. They demonstrate the emergence of stronger positive feelings around the same time as each other and also around the mid-intervention point, when their mothers are showing the most empathy according to the MEACI scores and their best use of the four filial therapy skills. As noted in Chapter 5, this by no means indicates that they have completed the healing process, but for now, have been able to work on the most pressing issues for each of them.

6.3.5.1. How does this progress evidence the presence of empathy in the mother-child interaction?

Winnicott's (1971) concept of the 'good enough mother' is perhaps our first port of call. Marcia, Melissa and Bella commit to the filial therapy training and mostly are physically

present, making the time each day to attend and dedicate the time to playing with their child. They practise their skills under the watchful eye of the filial therapist, they engage in feedback discussions, they try to integrate their learning into the next play session. Although they at times struggle and lose focus, the researcher would propose that the children experience their commitment and sincere attempts to offer empathic listening and reflections. The evidence would suggest that the structure and setting of the intervention and the availability of their mothers to their children within this, provides a 'good enough' safe space for play to take place, witnessed at least and at best held and contained empathically. All three children appear to know that their mothers can shift instantly from social engagement to hyper or hypo-arousal but perhaps are all too familiar with it, accepting the 'good' with the 'bad'. Thomas (2018) points out that by engaging in filial therapy, the parents send a message to the child that they are prepared to learn the child's language of play. This in turn signals a shift in the adult-child power dynamic from the outset contributing to the child's feelings of empowerment.

It is possible that the children are also aware of the filial therapist's 'presence' and holding of the process, adding another layer of safety and containment. Both Gonzalo and Rafael in particular share their narratives with her as she returns to the room following the play sessions with mums, having earlier left them to play independently together. It seems important to them to have that extra layer of acceptance and validation. The mothers also enjoy rewatching the sessions through video and this provides areas for discussion and learning. Their experience of the session finds acceptance and non-judgement which then feeds back into the next session, creating emotional safety and empowerment for both mother and child (Thomas, 2018).

It is interesting here to consider Schaefer and Drewes' (2014) twenty identified therapeutic powers of play, which they define as the specific 'change agents' that improve a child or adult's attachment formation, self-expression, emotion regulation, resiliency, self-esteem and stress management. The latter are all elements that the filial therapy intervention is trying to foster in both the mother and subsequently in the child through strengthening the mother's capacity to respond with empathy as she enters into her child's play. The therapeutic powers are classified under four broad headings which Parson (2021) illustrates in the following diagram here recreated by the researcher:

Diagram 6.1. The Therapeutic Powers of Play (Schaefer and Drewes, 2014) in diagram form (Parsons, 2021).

As the research has tracked the child's progress through play using Erikson's developmental stages in Ryan and Edge's (2011) thematic analysis, it is possible to see also many moments in their play with their mothers that correspond to these therapeutic powers of play. Gonzalo for instance finds *self-expression* and *abreaction* through creating his 'jurassic worlds', using the metaphor to *access his unconscious*, represent his *fears* and explore ways to respond and *solve problems* in this frightening world. This is *cathartic* for him, allowing him to find ways to *manage his stress* and to *self-regulate*, helping him to grow in *self-esteem*. His mother sees and understands his play, offering *empathy* in the moment and hopefully strengthening their *attachment* even just a 'tiny bit'.

Liliana found *catharsis* for her aggressive energy whilst at the same time using her energetic and playful games as a *creative way to solve her problem*: how to engage her mother and build

the *attachment* relationship with her. She pursued *positive interactions and emotions* between them, *counterconditioning her fears* of not being accepted by her mother, *inoculating and managing stress* for both of them, whilst developing nurturing play and *empathy.*

Through recreating powerful metaphors in play, Rafael silently gives voice to his experiences and feelings as a witness of domestic violence (*self-expression, access to the unconscious, catharsis and abreaction)*. His creation of the superhero cape and mask as well as the spy's home, show *creative problem-solving, the counterconditioning of fears, stress inoculation, stress management,* the development of *resiliency, self-regulation and self-esteem*. His play is witnessed by his mother who gives voice where she can through *empathic* attunement and reflection, going some way to building a stronger *attachment* between them.

The children's growth, harnessing the therapeutic powers of play, bears testament to the 'self-actualising tendency', that Rogers (1967) and Axline (1989) highlight. That is, their ability to move towards self-integration through their own resources, when they feel safe enough and are allowed freedom of expression. The environment the mothers provided was 'good enough' for growth and self-actualisation to prosper at least to some degree in the 'here and now'.

6.4. <u>Conclusion: To what extent is the filial therapy intervention effective in bringing about change to the Brazilian mother's capacity to express empathy to her child both of whom have experienced possible trauma resulting from poverty, family violence and homelessness?</u>

The trajectories portrayed by the Measurement for Empathy in the Adult-Child Interaction appear to support and illustrate the extent and path of each mother's learning and assimilation of the ability to offer empathy to her child. All of them learn the skills as evidenced by the dropping of scores mid-intervention denoting an increase in empathy and this appears to enable their children to progress in their stages of therapeutic process in play. However, the many factors which impact this learning preclude the sustaining of it on a consistent basis and all the mothers undo some of the gains by the Final Play Observation (VanFleet, 2005) and MEACI post-intervention measurements.

These factors have been analysed and discussed at length over the course of this study. Yet the gains that have been made, not least for the children, would suggest that the filial therapy intervention is effective at least in part to bring about change in the mother's capacity to express empathy for her child, to instil changes in her 'way of being'.

6.5. What aspects of the intervention used by the therapist promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the attachment between them?

Through the cross-case analysis, the Meta-matrix 5.8. identified nine key components of the intervention used by the therapist that impacted either in a positive or negative way, the mother's capacity to express empathy to her child. It is a major contribution to both knowledge and method in this study.

Building a trusting relationship, modelling empathy, indirect and direct teaching methods and the feedback sessions (encompassing the mother's voice and the filial therapist's input), were all found to be direct and integral aspects of the filial therapy intervention that promoted the development of empathy. These were further broken down, analysed and described in Chapters 4 and 5. Five influencing factors were found to be: the impact of the mother's own trauma (discussed above in Section 6.2), group dynamics and shame, absenteeism, the duo role of the researcher and therapist, and the robustness of the filial therapy course itself as designed by VanFleet (2005, 2006). These will now be discussed and initial thoughts on how the findings would influence future interventions will be considered.

6.5.1. Building a trusting relationship and modelling empathy

Sitting towards the end of this six-year PhD journey having navigated across many landscapes, it seems so obvious and has been highlighted at length: the most important factor or aspect of the intervention used by the therapist to promote the development of the mother's capacity to express empathy to her child and consequently strengthen the attachment between them, is simply 'holding the holder'. Simple to state but requires much skill and capacity to do.

Building a trusting relationship with each mother by *listening to her story and voice*, providing the core conditions, attuning to her feelings and needs, emotionally 'holding' her and so *modelling empathy* were found to be essential and crucial in each triad. In other words, building an attachment relationship with each mother, being vulnerable and open, creating safety, meeting Thou with I (Buber, 1958). The mothers' own attachment histories, childhood adversity, poor coping and anxious, avoidant or disorganised parenting styles are met with a safe and empathic new way of responding and relating.

If one pauses to consider this through the lens of attachment theory**,** the 'holder of holders' (Goodyear-Brown, 2022) draws upon their own secure attachment style to model and embody the attachment behaviours and key concepts in their relationship with each mother. By offering the mother the opportunity to feel 'seen', to feel safe, soothed and secure in the relationship, the mother's own internal working model of relationships can be challenged and reviewed. They can learn to take steps along the attachment continuum and then offer increased attunement and empathy to their child.

Within this relationship, ruptures or moments of misattunement can be addressed and repairs made, again offering a new pattern of behaviour that strengthens and enhance the bond of attachment. The 'cascade of care' enables the mothers to experience this process themselves to then be able to offer it in their relationships with their children (Goodyear-Brown, 2022).

The shift takes time and fluctuations backward and forwards are evident, but as reflected throughout the program and in the discussion of the individual final Family Play Observations, glimpses of positive shifts towards more secure attachments can be seen.

There is of course, the obvious 'rupture' of when the 'holder of holder' leaves, provoking perhaps a sense of abandonment and rejection once again. However, this can be prepared for within the structure and boundaries of the filial therapy program and worked towards so that the mothers can experience a 'healthy ending' rather than a broken, disrupted, rejecting one. There may still be the sadness of separation and loss, but this will be experienced from a place of more secure attachment rather than an insecure, anxious and ambivalent one.

There are implications for the filial therapist here in working within this particular context. She needs as identified by VanFleet (2005, 2006) to be a fully trained play therapist and filial therapist and with significant experience working with families with complex trauma. The researcher also identifies the need for an understanding of trauma and neuroscience alongside an ability to be aware of interpersonal processes that might emerge between herself and the mother as well as between the mother and the child, hand in hand with an ability to self-regulate and co-regulate. The filial therapist needs to have completed much of her own personal therapy work so that she has a good understanding of herself and has a thorough self-awareness. Personal therapy is part of the training of play therapists and filial therapists as is regular supervision, another pre-requisite for engaging in the filial therapy process.

This of course takes us back to the discussion of power and privilege in Chapter One and to a consideration of cultural sensitivity in filial therapy which has been highlighted in many studies discussed in Chapter Two.

6.5.1.1. Power, Privilege and Cultural Sensitivity

In her article 'White Privilege: Unpacking the Invisible Knapsack', McIntosh (2010: 1) describes white privilege 'like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks'. These 'unearned assets' are cashed in each day, mostly without conscious realisation and McIntosh lists what for her she came to identify as her personal white privilege resources. In this list she focused just on those that linked to skin-colour and found 26.

Again, I move from the objective third person to 'I' to consider my own privilege as the researcher and filial therapist in this study. I decided to 'unpack my own invisible knapsack' and here include all factors that could impact the mothers, the therapeutic relationship and the outcome of the study: skin-colour, class, religion, ethnicity, geographical location, language.

1. I was born, wanted, into a loving family who had financial stability in a first world country.
2. I have always had food to eat, clean water to drink, shelter over my head, people around me who care for me. I without thought expect this to always be the case and I don't live in fear of not having these needs met.

3. Even if I am separated from those who love me, I know that they are there.
4. I am white with fair hair and green eyes. I expect to be looked upon favourably.
5. I have good health and on the whole am not limited by any physical disability.
6. I have had access to good education throughout my life and can pursue further study as I choose.
7. I have and have had access to medical care, dentists and personal therapy when I have needed it.
8. I have always experienced financial stability through my family and through my own ability to find jobs and work. I take this as a given.
9. I am married to a white, middle-class man who also has experienced stability and privilege in his life. He also is educated and always had work and therefore financial stability.
10. I am British, a 'kingdom' that has enjoyed many privileges throughout its history and is considered a successful first world country by other nations of the world.
11. I was brought up in Brazil, a third world country, experiencing another culture and language, widening my understanding and perspective on life.
12. I speak two languages fluently.
13. I have always been free to make choices for myself, including faith and religion, however, I was brought up in the Christian faith which in both Britain and Brazil are the majority.
14. I can travel, go on holiday, visit different parts of the world.
15. I can choose to undertake a PhD which takes me to Brazil.
16. I have the social skills to build relationships with others, including the directorate at the shelter home which led to this PhD study developing.
17. Because of all the above, I 'expect' many doors to open up to me when I pursue them.
18. Should I find myself in a place of vulnerability or 'trouble', I have inner resources to call upon and access to external help through a network of other people and financially if needed.
19. I can live my life without the daily threat of hunger, racism, abuse, violence, discrimination, poverty and homelessness.
20. My children are safe and they have access to many of the privileges above.

21. I experience empathy and love in my daily life, it is part of my way of being and mitigates against the knocks, blows, fears and anxieties that do arise along my path.

I am sure that this list is not exhaustive, but it begins to draw a very stark contrast with that of the mothers who were invited to participate in the research. It's like I hold the Aces, Kings, Queens, Jacks and higher numbers in a pack of cards whilst the mothers hold less than a handful of the lower ones. It recalls the roads that Rafael created with the playing cards placing them in order, the higher ones nearer the spy's home, traps set along the way.

As the mothers were called upon and invited into the research project, I wonder whether they felt invited to travel that road by a person of privilege and power, fearing what threats and traps they might encounter. Although they won't have known many of the actual details of those 'assets in my knapsack', they will have both potentially 'felt' them, intuited them and unconsciously projected their own experiences of inequality and discrimination upon me for all that I was and represented. Did they take the risk to participate because they felt coerced, like they had no choice or did they hope that it would indeed benefit themselves and their children? Was the bag of toys an incentive? I can't fully know but I am grateful for them taking that risk and finding their own individual ways to relate to the filial therapist throughout the programme.

The strongest way that the researcher could mitigate against these evident divides of power and privilege was to be fully present for each mother, to hold her awareness of their differences, to be her authentic self, to be genuine, trustworthy, non-judgemental, congruent and model empathy as a way of being.

It also by implication means being culturally sensitive. As raised in the introduction, it would be easy for me to presume that I understood the culture as 'one of them', having spent my entire childhood and significant part of my adulthood in Brazil, amongst Brazilians. My 'Brazilian-I' jumping in with enthusiasm and delight at being back 'home'. However, that would be a denial of my 21 'assets', the 'Privileged-I' and 'English-I' that also form part of my identity, the way I see and interact with the world, and therefore my subjectivity (Peshkin, 1988).

Instead, I sought to take a step back and learn firstly from Brazilian parents themselves through a pilot study. Again, the findings were limited in that these are Brazilians who have moved to England, enjoy a more privileged, stable middle-class life and are already being

influenced by another culture themselves. Yet, their insights into the cultural values, beliefs and practices about parenting and the place of play held by Brazilian parents offered valuable understanding into the Brazilian culture. The concept that play is something that children do alone or with other children is evident in each of the mothers' attitudes and behaviours prior to the study. In the Change Interview (informed by Elliot, 2001, 2002) all the mothers describe how they have come to appreciate the importance of play for their child's development and how playing with their child can benefit their relationship with and understanding of them.

All the mothers would limit set by a raised and angry voice showing aggression in their tone, and as identified in the focus study, using physical force would be a more natural response had it been permitted at the shelter home. Marcia admits this herself and Melissa finds a way of hurting Liliana by squeezing her nose. Indeed the limit setting skill has been identified as the most challenging for the mothers to learn. Yet to assume that all Brazilian parents parent using physical discipline would also be wrong. The focus group discussed how attitudes are changing rapidly as parents grow in knowledge and understanding of child development. Even in the parameters set by the shelter home and the attitudes of the staff team, this understanding was already very evident and more healthy styles of discipline were being promoted.

Brazil is such an immense country and has been called the 'melting pot' of many different cultures and races. It would be very wrong to make generalizations about the culture as every town, city and state holds its own uniqueness, its own diversity and social injustices. Our three mothers are each from a different part of Brazil, with their own lived experiences of cultural influence, community living, societal oppression and 'being othered'.

Returning to the filial therapy studies discussed in Chapter Two, the importance of filial therapists being aware of and understanding the specific social and cultural context of each of the participants is emphasised (eg. Solis, Meyers and Varjas, 2004; Glover, 2010; Braonáin and Lyons 2012). In so doing, the filial therapist communicates her unconditional positive regard for the parents, her genuine desire to meet them with empathy and congruence.

However, these conditions can only be present if I, the filial therapist, have engaged in my own self-awareness, acknowledging my own power and privileges. Unaware of these, Cornelius-White (2016) argues therapists can indeed re-create oppressive relationships with

their clients. As person-centred therapists there is a need therefore for a never-ending critical exploration of ourselves so that we can be fully present with the core conditions with our clients. As I write this, I become cognisant of the research study being the start of this process, an opening up of conversations, a provoker of thought and discussion. In future studies, my recommendation would be that these conversations be had more openly with the mothers as part of the feedback discussions.

6.5.2. Indirect and Direct Teaching whilst Listening to the Mother's Voice

It could be argued that *teaching* was foremost through the embodied experience of receiving empathy, being seen and heard, attuned to as a valued and worthy human being. As evident in the analysis, much of this took place in the feedback discussions where the researcher sought to encourage *the mother's voice*, to listen and respond with Rogers' (1951) core conditions.

It is important here to re-emphasise that the learning of empathy, beginning with newly-born infants, relies first on bottom-up information processing, mediated by first-hand emotional experience and implicit non-verbal associations before more advanced cognitive processing takes place as the brain develops and matures across the life-span. The low-level processing becomes the affective and perceptual foundation to enable humans to modulate and regulate their emotional response, to understand another's perspective and make socially appropriate decisions (Gaskill, 2014). In the relationship between filial therapist and mothers that have not experienced enough empathy at the experiential and lower-brain level, this embodied experience feels crucial to both mother and her capacity to cascade that same care and empathy to her child.

This 'bottom-up approach', Perry (2009) and Siegel (2013, 2020) amongst others (Malchiodi, 2014; Badenoch, 2018; Kestly, 2014, 2016) also advocate for the healing of traumatic experiences and memories held largely in the body as implicit memories. The aim of the filial therapy is not to heal the mother's trauma, but through offering her that empathic holding, the embodied experience, she will better be equipped to pour that same care into her child in the play sessions and eventually in other life situations. It is the mother 'feeling felt' (Siegel, 2013) by the presence and resonance in the relationship with the filial therapist which then expands her capacity to provide that same experience for her child:

> 'Presence involves being aware of what is happening as it is happening, being receptive to our inner mental sea, and attuning to the inner life of another person. Being present for others means we resonate with what is going on in their inner worlds, creating the essential way we feel their feelings. This feeling felt sensation is at the heart of how we can help one another feel seen, safe, soothed, and secure. Feeling felt is the basis for secure attachment. It is also the essence of healthy relationships in all domains of our lives.' (Siegel, 2013:218)

Indeed, it is clear from the study that all the mothers are still struggling with their own emotional well-being albeit in different ways. The impact of their own adverse childhood experiences and traumatic life experiences as adults and mothers one could argue is evident throughout the intervention. They describe aspects of this themselves at intake and it shows up in the family play observations and the play sessions with their child each time for instance, they misattune and respond from a place of dysregulation. It is in the therapeutic space, in their 'way of being' (Rogers, 1980). Each would strongly benefit from more individually focused therapeutic interventions and psychological support preferably prior to engaging in the filial therapy program or running alongside. Returning to Ramos (2010) who recommends a team of professionals around the family, the study has confirmed the importance of this.

In future interventions at the shelter home, the researcher would in fact spend more time preparing the mothers before beginning the filial therapy program for instance by running a play course, where they can experience the therapeutic powers of play themselves first. As many of them have missed the opportunity to play as children, it seems vital to offer the mothers their own journey through the embodiment-projection-role paradigm. Here they would learn more about themselves, extending their own 'window of tolerance' (Siegel, 2020) whilst learning to 'self-regulate'. The wider their 'window of tolerance' and the more able they are to 'self-regulate', the greater their capacity to offer this same care and experience for their children. It was evident in the group filial therapy training how much the mothers enjoyed the playful and creative aspects introduced by the researcher.

Indeed, Panksepp (1998, 2009; Pansksepp and Biven, 2012) in his animal research laboratory, identified circuitry dedicated specifically to play, circuity that lies deep in the 'instinctual action apparatus of the mammalian brain' (Panksepp, 2009:16). He also found six other emotional systems, also called motivational or affective systems, in the mammalian brain: RAGE, FEAR, PANIC/GRIEF/SEPARATION DISTRESS, CARE, LUST and SEEKING (capitals suggested by Panksepp to identify the seven core circuits). These primary circuits are often

interwoven with one another, in particular the SEEKING system. PLAY, CARE, LUST are activated when we are in connection with our significant others and within our social engagement system whilst RAGE, FEAR and PANIC/GRIEF/SEAPARATION DISTRESS are activated when we are out of connection with them, taking us beyond our window of tolerance and into hyper or hypo arousal. Kestly (2014, 2016) describes how PLAY exists in the context of the other emotional systems where they are interwoven with one another in practical terms. For instance, PLAY and CARE are integral to one another in the play therapy relationship, as is the attachment system involving the combination of the CARE and PANIC/GRIEF circuits, such that a caring person will respond to the reaching out of another who needs care.

The researcher would argue that these same processes are activated in the therapeutic relationships within the filial therapy. Harnessing the mothers' SEEKING, PLAY and CARE systems in the group training using playful and creative activities, it can then be possible to also enable them to experience joy themselves in playing, receive CARE as they SEEK connection. Using the relational play themselves, they can learn more about emotional regulation as they experience the sensations of being at the edges of their windows of tolerance, when the FEAR circuit might also be activated through exposure to new experiences for example, whilst being held by the PLAY circuit itself and the CARE of the therapeutic and group relationships. Panksepp (2009) highlights how important relational play is in helping develop the emotional regulation for social relationships and attachment. The findings of this research study strongly indicate how relational play experiences for the mothers would harness their own capacities for PLAY, CARE and SEEKING thus building their capacity for emotional regulation and social relationships, including most importantly that with their own children.

Harnessing the therapeutic powers of play as described above and engaging the mothers' motivational brain circuitries SEEKING and PLAY, both work on an embodied and sensation-oriented level of experience and learning.

Only when the mothers have experienced significant 'bottom-up' learning are they then able to engage with the 'top-down' teaching using the 'thinking brain'. The *direct teaching* took place in the group training phase where skills were taught didactically and experientially, and during the feedback sessions as analysed both in individual cases and across cases. This

included offering reflections on the child's play and behaviours so that the mothers could reflect on their own responses and consider alternative, more empathic ways of responding. For instance, reframing Marcia's perception that Gonzalo was trying to make her feel stupid to the possibility that he was finding a way of interacting and being playful with her. The former took her into a 'fight' response whilst the latter could help her stay in connection and relationship with him.

The increase in empathy over the course of the first half of the play sessions indicated by the MEACI scores was gradual and consistent and perhaps indicates the assimilation of the direct teaching of skills the more these were experienced in relationship with the therapist and in the sessions with the child. This would corroborate the decrease in empathy as the embodied experience of being held is removed when the therapist removes herself from the therapeutic space, albeit in the room next door.

Having herself become significantly more trained in trauma and interpersonal neurobiology during the Covid-19 pandemic, the filial therapist would integrate much more of the concepts introduced in Chapter One into her work with the mothers. Understanding for instance, how our bodies are primed to assess threat in our environment without our conscious awareness, potentially triggering us into hyper or hypo arousal, taking us out of our ability to engage socially with another, is one would say, liberating. Liberating from shame, guilt and self-judgement, freeing energy to invest in learning ways to self-soothe and self-regulate, being able to offer that to one's child.

The use of Porges (2011) traffic light system or Dana's (2018) ladder metaphor to understand the autonomic nervous system and its activation would enable Marcia for instance, to understand her own susceptibility to be 'triggered' by perceived threat which so often took her into shame and 'fight' (yellow traffic light). It might have allowed her more consistently to slow her pace, attentively listen to Gonzalo, accept and hold his feelings of fear and terror, offer him a secure base rather than feel shame herself and respond with anger and unkind words, rupturing the fragile attachment between them once again. Bella who was more prone to 'hypo arousal' and 'immobilisation' (red traffic light) could come to understand what's happening for her in those moments when she loses sight of Rafael and how then to mobilise herself back to 'green' or the social engagement system and place of connection.

6.5.3. Group dynamics and shame

Although the group training phase has not formed part of the detailed analysis of this study, the researcher would like to draw attention to two dynamics which have been observed and previously noted. These are of importance particularly in looking forwards to possible future research, therapeutic interventions and training.

The mothers (and participating psychologist) as discussed above, responded with curiosity, eagerness and engagement whenever the filial therapist introduced activities that were playful, creative and interactive. These appeared to break down barriers and defences, engaging the 'right hand brain' and bringing a sense of fun and joy into the room: the release of dopamine and oxytocin bringing relief to the more common flooding of cortisol, the stress hormone (Szalavitz and Perry, 2011).

In contrast however, putting the mothers on the spot to practise the skills either in pairs or in a 'goldfish bowl' scenario with each other, appeared to trigger 'shame' and therefore a refusal to engage in skills practice with one another. They happily observed scenarios being played out between the filial therapist and the psychologist and once feeling more confident, Melissa and Bella agreed to attempt dyad work with the filial therapist role-playing the child. Marcia was notably absent for most of the group training and the skills teaching was completed in the individual sessions with her.

'Shame' was also found to be a factor influencing uptake in Braonáin and Lyons (2014) study with socially and economically disadvantaged Irish parents. As we have seen, shame was particularly present in Marcia and Gonzalo's sessions. Again, the researcher would propose that the more work that can be done to support and hold the mother, the more empathy can 'mitigate' the showing up of and the impact of shame in the filial therapy sessions. Perhaps spending time engaging in play together as highlighted above, is one of the keys to building individual and group capacity and learning before embarking on dyadic work with mothers and children.

6.5.4. Absenteeism

As observed, Marcia was absent for much of the group training. She would also quite often 'disappear' just prior to a scheduled filial therapy session. Various reasons were given and the

filial therapist was never sure whether these were genuine or a way out of what Marcia was possibly experiencing as an intense intervention. Perhaps she was 'titrating' or 'putting on the brakes' (Rothschild, 2000, 2021) herself in light of her emotional capacity to engage with the training and the play sessions with Gonzalo. The consequence was that Gonzalo missed out on that time with his mother and could be found somewhere on the premises alone, usually wrapped in a blanket watching TV.

Melissa's absences were experienced by the filial therapist as more of a need to exert control in an environment where she felt frustrated by the 'powerlessness' of having to abide by the rules of the home. She could be found doing her washing or sleeping, insisting that she would come soon. She did, but under her conditions, leaving both the filial therapist and Liliana waiting. Perhaps she unconsciously wanted to 'project' or set the therapist up to feel (Dion, 2018) some of her own feelings of frustration and powerlessness. Indeed, as Dion (2018) describes, therapy is a shared experience between therapist and client, in this case the mother, and therefore both will get activated by each other's autonomic nervous systems, through non-verbal and verbal cues. She defines this as the transference and countertransference. The therapist needs to be able to mindfully hold arising feelings (transference) for the client/mother whilst at the same time self-regulating, or as Dion calls it, keeping 'one foot in and one foot out', so as not to respond from a place of her own 'triggered' dysregulation or countertransference. A key ability that the filial therapist seeks also to teach and enable the mother to do in relationship with her child.

In understanding the 'set up', the therapist was able to ensure she met Melissa with openness and empathy when she eventually did arrive. One could propose that this experience provided Melissa with another opportunity to 'feel felt' and to broaden her own capacity to find different ways of responding to situations in her own life (Kestly, 2016). Supervision also allowed an important space for the filial therapist to explore the impact on herself of these challenging processes in the therapeutic space.

Bella was always on time and present every session. She perhaps is Flyvjerg's (2006) 'black swan' in this situation! The regularity, structure, routine and rhythm of the sessions seem to offer Bella the holding and containment that she needed. Her case history described that she lived with her mother until she was 16 so it is possible that she experienced 'good enough' care from and attachment with her own mother which enabled her to build a 'good enough'

relationship with the therapist. One could strongly argue she is attempting to do so with her son.

Absenteeism then played a part in how many sessions each family was able to engage in during the short time within which the intervention was taking place and therefore the time possible for skills practice. Yet, even these can be seen as important data points as they reflect a facet of the diamond, encompassing the overall therapeutic process of each family.

6.5.5. Duo role and Subjectivity

Throughout the research process, the researcher has been acutely aware of her duo-role as researcher and filial therapist and therefore 'unconscious allegiance bias' and subjectivity. The uniqueness of the study required the two roles to be undertaken together. A co-researcher would have been a helpful and welcome addition, however there was no-one suitable who could undertake this. As seen, steps were taken to mitigate foreseen possible consequences of this. These included:

- The involvement of the psychologist in the initial stages of identifying and inviting participants to join the filial therapy intervention/study as well as the group training phase
- The gathering of multiple sources of data
- A personal journal
- Weekly supervision both for the clinical work and the PhD study
- Inter raters for the MEACI scoring.

As the relationship between therapist and mother has been highlighted as of vital importance, it could be argued that it needed to be a duo-role, for in all aspects of the study and intervention, the researcher/therapist sought to continue being 'the holder of holders', offering the 'cascade of care' (Goodyear-Brown, 2021).

Indeed, if we are proposing that the authenticity, genuineness, empathy and warmth (Rogers, 1980) of the filial therapist has an enormous determining influence on the outcome of the filial therapy, the mother's ability to experience and consequently pass on that empathy, then she needs to be fully present and available in that relationship. She is hugely invested in the outcome not least because she genuinely cares for the families who have experienced such

trauma and strongly desires to see change in the mother's capacity to show empathy towards her children and closer attachments between them, research aside.

As Peshkin (1988:17) describes, '…one's subjectivity is like a garment that cannot be removed.' Peshkin calls his subjectivity, his 'subjective I's' and explores how these different aspects of himself impact his research either in reality or imagined. Subjective I's in this research study could include *Play therapist I, Filial Therapist I, Researcher I, Brazilian I, English I, Privileged I, Being Other I* and *Mother I*. There are most likely others that the researcher is unaware of and the reader might come to suspect.

The *Play Therapist I* and *Filial Therapist I* are perhaps closely related. They are both passionate about play and its therapeutic powers to bring healing, new self-awareness and self-understanding, freeing an individual to grow and more fully access their organismic self. Whether through individual work directly with a child or empowering a parent to be the therapeutic agent for their own child, these I's are fully invested in the therapeutic process. These I's did not prevent the researcher sometimes being conscious of how what was unfolding would impact on the 'results' but at all times, it was the 'duty of care' as a therapist to 'hold' the family at the forefront. The filial therapy came first, research second. That is easy of course to say and the tension between the two is felt, particularly when the researcher witnessed the final play observations and the MEACI post-intervention scores.

These I's also 'contained' the most challenging aspect of the intervention, the emotional demand on herself as therapist and she was grateful of the support received in supervision, from the staff team at the shelter home and from her own family.

The *Researcher I* sought to 'suspend' her subjectivity as far as she was able through the steps outlined above. It could be argued that more objectivity would be established had the interviews been conducted by another professional, perhaps one of the psychologists. However, as explained in Chapter 4, the mothers had strained relationships with staff who they perceived as authority figures or those 'doing to them'. They trusted the researcher/therapist, having completed the journey with her and like in the study by Winek et al (2003), it again felt appropriate for the researcher to carry out the interviews for this reason.

This 'I' had the drive to keep going, to keep the overall goals of the project in mind, to remain focused on the 'research plan' and to maintain the 'bigger picture' in mind.

The *Privileged I*, *Brazilian I* and the *English I* were evident as described above (6.5.1.1.) and contribute to the next I. *'Being Other I'* perhaps is what attracted the researcher to these mothers, all with their own individual and strong narratives of 'being othered' by their families, communities and society. *Being Other I*, who often feels she doesn't fit in, for she is neither fully Brazilian nor fully English for example, is drawn, pulled towards them with that extra dose of empathy and desire to meet them in their place of need, or it could in fact be in her own place of need. By helping them, she might feel a little less 'othered' herself. As Peshkin (1988:18) challenges us, 'we bring all of ourselves – our full complement of subjective I's' to our research sites which need eliciting and acknowledging even if they feel less comfortable.

Finally, to mention *Mother-I.* A mother herself, the researcher/therapist can't ignore the emotional pulls as she observes the dyadic relationships between mother and child. Being a mother gives her first-hand experience of the challenges, difficulties and joys parenthood brings. This enables further empathy with the mothers and at the same time empathy for the children when their mother is unable to show the care and response they need and look for. For example, Marcia's struggle to remain attentive to Gonzalo's play whilst trying to 'parent' his younger sibling demanding attention in the session at the same time. *Mother-I* may also have shown more empathy when scoring the MEACI videos and therefore been less objective than Inter rater 2 for instance.

The 'protagonists' are here set on 'stage', and there may be more 'hiding behind the curtains'. They all play a part and here the researcher has attempted to account for their roles in subjectivity, in her part of the therapeutic relationship and research.

Wosket (1999) like Peshkin (1998), considers in detail the place of the therapist's use of self in research and therefore the duo-role of therapist and researcher. Her own research conducted with her client Rachel describes the process and outcomes of the study and serves as an example where both parties were given their voice to tell their own stories in their own words. This allows for reflexivity, self-awareness and empowerment of those involved, so that even the sharing can be cathartic and therapeutic in itself (Grafanaki, 1996). Attempting to capture the mothers' voices throughout the filial therapy particularly through the feedback sessions

in relationship with the therapist and researcher as one and the same person, contributed to the development of their own reflexivity, self-awareness and empowerment as seen in the examples given in Chapter 5 Section 5.3.3. and responses to the adapted Change Interviews (Elliot, 2001, 2002) found in Tables 5.4., 5.5. and 5.6.

6.5.6. Robustness of the filial therapy course

Throughout the study, the filial therapist adhered to the filial therapy intervention as designed by VanFleet (2005). The intake phase, including the Family Play Observation, allowed for the gathering of information on the family's historical background, the presenting difficulties in the child's behaviour and family interactions, the attachment and parenting styles whilst assessing their suitability for the filial therapy intervention. The four skills were initially taught in a group format incorporating mock sessions, then breaking into work with individual families where skills learning was able to continue on a more tailored basis. The model is robust offering important structure and guidance throughout to the filial therapist as well as enough flexibility for it to be delivered in different contexts, both physically in terms of location and space for example, as well as social, economic and cultural situations.

Most importantly for the families in this particular context, it allowed the crucial experiencing of the 'holder of the holder holding the child' (researcher's expression adapted from Goodyear-Brown, 2021) as all three were involved together in the process. In the Child Parent Relationship Therapy model (Bratton et al., 2005), the therapist only works with the parents and most commonly in group format. As noted previously, the parents hold the play sessions at home and bring videos to the group meetings. As discussed, this model has proven itself a potent way to work with families in diverse settings and contexts. However, in this study's context, the involvement of the children directly brought the mother-child relationship, attachment, the mother's progress in learning the skills and the child's process in play right into the therapeutic space where more poignant observations could be made. The process of the 'holder of the holder' (Goodyear-Brown, 2021) is highlighted and how this impacts the 'holder's developing ability to hold the child' unfolds throughout the study.

The one aspect of the filial intervention as developed by VanFleet (2005) that raised difficulties was the limit-setting skill. As noted in the results chapters, the mothers struggled to assimilate this skill, easily reverting to speaking harshly and directly to their children, tempted to enforce

a physical threat/punishment to that. Further opportunity to practice this skill would enable better uptake but the therapist also considered whether the process of identifying unacceptable behaviours and giving warnings was too wordy and not immediate enough for the mothers. Having herself struggled with it in her own practice, she now adopts Landreth's (2012) ACT limit setting as a more direct and concrete way of responding to limit-setting incidences and without the threat of ending the session. This could be taught to the mothers and would perhaps fit more comfortably not only with their cultural expectations, but with the concept of developing more empathic responses.

ACT stands for 'Acknowledge the feeling', 'Communicate the limit' and 'Target alternatives'. Again with three stages, it acknowledges for instance that a child might need to release angry feelings by hitting out, but communicates that it's not okay to hit the mother, and instead the child can be given alternatives that are okay, for instance, to hit the teddy bear or bop bag. It accepts the feelings whilst teaching boundaries to behaviour and offering healthy ways to express and process these.

Finally, to mention the importance of confidentiality as part of the filial therapy intervention was vitally important to building the trusting relationship with each of the mothers. This was outlined from the outset in the Participant Information Sheet and consent forms. Although, the mothers knew that they were involved in a research study, they were also assured that their anonymity would be ensured, for instance by not using their real names. The therapist was not feeding back to the carers and other staff members on the sessions although the process would be recorded in the study. In future filial therapy interventions within this context, further confidentiality could be maintained as these would no longer be part of the immediate study.

6.6. <u>Strengths of the study</u>

A main strength of this multiple case study is the in-depth analysis of the journey of three families through the filial therapy process from intake to ending. The study travels with them, navigating the terrain, the ups and downs, living and breathing for 5 weeks together.

It begins with a systematic intake assessment phase where several points of reference are taken together to build a detailed understanding of each family, the relationship between the mother and child of focus, including the strengths and challenges within this. This involves hearing the voices of the mother, the carer and psychologist involved in the care of the family, the history gathered at intake by the social worker, direct observations of the family's interactions through play, the therapist's experience and observations of the child in the play demonstration and a pre-intervention measurement assessed by two independent inter-raters alongside the researcher. All these points of triangulation enable a stronger degree of objectivity and validity of the data collected at this stage.

The continued collection of multiple points of data throughout the filial therapy intervention (including the final assessments) and the subsequent methods of data analysis are further strengths of the study. This can be seen as we consider the key findings of the study and align them to the corroborating evidence. This is illustrated in the table below.

Key Findings	Evidence
Mothers were able to learn filial therapy skills, particularly evident in beginning to middle phase of intervention.	Family Play Observation – to identify key attachment dynamics in the family system and interactions including parental position MEACI scores – including 2 independent inter raters Thematic analysis (Braun and Clark, 2006) of sessions – both play sessions and feedback sessions Therapist observations of live sessions and video evidence of skills learning in sessions.
Mid-post intervention drop in integration of skills where mothers struggle to stay attentive and use skills. Possibly because therapist no longer in room.	MEACI scores – including 2 independent inter raters Final FPOs Thematic analysis (Braun and Clark, 2006) of play sessions Therapist observations of live and video evidence of sessions.
Mothers struggled to stay present and offer empathy, holding, to child when 'triggered' themselves eg. distracted, dissociating, own need to play and interfere taking over, shame triggering 'fight' response.	Thematic analysis (Braun and Clark, 2006) of play sessions Therapist observations of live sessions and video evidence of sessions Final FPOs MEACI – examples identified by all inter raters.
Importance of empathy provided by therapist to mother: 'holder of the holder' and the 'cascade of care' (Goodyear-Brown, 2021) Embodied experience of being held themselves.	Intake interview – key moments Thematic analysis (Braun and Clark, 2006) - feedback discussions Absence of therapist in room mid-post intervention.

Embodied learning and mind learning/bottom-up and top-down learning.	Intake interview – key moments Group training phase Thematic analysis (Braun and Clark, 2006) of feedback sessions – relationship with therapist Thematic analysis (Braun and Clark, 2006) of play sessions with child where mother practices empathy skills Therapist observations of live sessions and of video evidence of sessions.
Importance of play for parents – developing seeking systems.	Group training phase Thematic analysis (Braun and Clark, 2006) of sessions – parent enjoying play themselves sometimes becoming distracted by own need to play. Final FPO – evidence of Marcia and Melissa playing themselves losing sight of child.
Importance of what mother brings into the space – trauma, attachment style, learning, 'here and now' state of mind, self-understanding and awareness.	Initial assessment phase – case history, intake interviews with mother, psychologist and carer, family play observation and initial MEACI scores with use of independent inter raters. Therapist observations of how the data gathered in the initial assessment phase impacts mother's learning of skills and ability to demonstrate empathy to child. Thematic analysis of sessions – both play and feedback sessions. Final FPO MEACI mid and post intervention scores.
Child's ability to progress through therapeutic stages of process and evaluation with 'good enough' empathy provided by mother.	Initial assessment through family play observation and play demonstration with therapist. Thematic analysis (Ryan and Edge, 2011) of child's progress in play sessions with mother. Use of the four stages of therapeutic stages of process and evaluation to track the child's progress and development in play (Landreth, 2012; West, 1992) Therapist's observations of live and video evidence of play sessions. Final FPO.

Table 6.1. Key Findings of the Study and Supporting Evidence

The study grapples throughout with the question of how to measure empathy in the parent-child relationship within this cultural and social context. The MEACI has its place in this as it demonstrates the ebb and flow, revealing patterns across all three cases. As illustrated in the above table, it is also triangulated with the thematic analysis, informed by Braun and Clark (2006), of the play and feedback sessions to observe skills learning, the Change Interview, the final carers' interviews and the final Family Play Observation to assure the development and integration of empathy throughout the filial therapy process.

Indeed, Day and Schottelkorb (2010) advocate rigour for single-case designs in play therapy established through the control of variables such as phase protocols, the use of a 'manualised'

intervention by a therapist trained in this and thorough data collection. This study considers three cases following the rigour identified by Day and Schottelkorb (2010) and thus contributes key findings and evidence into the efficacy of filial therapy with these families.

If an integral part of the filial therapy intervention is the relationship between the therapist and the mother (Thomas, 2018), this multiple case study allows close observation of this relationship and 'the holding of the holder holding the child' (researcher's description). It brings to the foreground how important this process is for the mother and subsequently the child and the mother-child relationship.

Alongside this, the nine components of the intervention identified in the data analysis (Meta-matrix 5.2. and Section 6.2. above) allow us to consider how the development of the mother's capacity to express empathy might be further fostered allowing increased learning and a widening of her ability to hold the child with empathy and attunement in play and beyond. This is also discussed further below.

The process for the parent and for the child comes under the microscope to better contemplate their growth individually and in their relationship. The use of the Embodiment-Projection-Role paradigm (Jennings, 1999, 2011), Erikson's (1963) psychosocial stages of development, Landreth's (2012) and West's (1992) therapeutic stages of process and evaluation of the intervention and Ryan and Edge's (2011) themes in non-directive play therapy all reveal how the child makes progress using play whilst the mother learns, practices, loses sight and returns to her skills learning. Having that space and time with their mother, even if she struggles to consistently stay present and attuned, appears to enable them to express and release their feelings and experiences, seek to solve challenges, build resilience and gain self-confidence during the process which we are privileged to observe in action.

As in Wosket's (1999) research, the researcher also being the practitioner contributes to the development of the relationship with the mother and the child of focus. This allows her to explore and navigate both roles and she becomes acutely aware of how important the therapist's capacity is in providing the holding of both parent and child and in understanding the complex processes at play for the single-parent families that seek refuge at the shelter home, whether in the Brazilian context or another city and nation. In this way, the duo role is

a strength of the study and there are implications for the therapist that will be discussed below.

6.7. <u>Limitations of the study and Implications for Future Research</u>

As with all case studies and multiple case studies, they are limited by the number of possible participants and therefore the generalizability of the findings. Further research studies within this context are needed to substantiate the findings. It would be of value to introduce a different family therapy intervention within the same context as a comparative to that of filial therapy and measure the increase of empathy and thus the growth of the attachment relationship between mother and child.

The MEACI itself has clear limitations. It seeks to capture and record verbal expressions of empathy in the interaction between mother and child. Yet it has no way of taking into account non-verbal mirroring and attunement. In session 6 for instance, there is a powerful sequence between Melissa and Liliana which illustrates an attunement between them that has minimal words exchanged. Liliana invites Melissa to play doctors with her allowing her to examine and treat her as a patient. It involves touch, physical proximity, gentleness and care. They then swap roles and Liliana reflects back the treatment she has received from her mother – a mirroring and attachment building moment in time. Indeed, play often involves non-verbal communication and if the child invites the 'other' into imaginative role-play, this doesn't always elicit verbal reflective statements. Rafael invites Bella for 'coffee and cake' and a similar less verbal sequence flows.

Non-verbal mirroring and responses play a crucial part in the development of the mother-child attachment (Hughes, 2006; Siegel, 2013). At the Research Conference hosted by the British Association of Counsellors and Psychotherapists in Belfast in 2019, the researcher introduced her study in a presentation, focusing on the impact the filial therapy training had on Melissa's interactions with Liliana. Alongside a colleague, they role played two scenes from the mother/child play sessions. The first taken from the initial family play observation depicted how hard Liliana was trying to engage her mother, but Melissa just ignored her exploring the toys herself. The second was the sequence between them mid-intervention when together they play doctors. The tension and discomfort in the audience as they observed the 'painful'

first scene changed to silence and awe as they absorbed the mirrored and attuned interaction of the second. The MEACI could not fully capture this as very few words were spoken.

The researcher would then, consider either developing the MEACI further, seeking to also account for non-verbal mirroring of attunement and expression of empathy, or creating a new measurement that could do so in itself.

As seen in Chapter 5, it is also a measurement that can not preclude subjectivity, however much one tries to mitigate against this. The inter-raters were all trained in its use together and practised using the scoring on a number of pilot videos to reach consensus. Yet even so there were differences in the way the raters scored the identified videos.

Alternative measurements could also be used in future research that could capture different aspects of the parent-child relationship and the attachment bonds between them (see Table 2.2. for instance).

The limitations on time, meant that the filial therapy was delivered as an 'intense' intervention over five weeks, as described in the title. Although this had advantages in capturing the opportunity to work with families that might be transitioning quite quickly through the shelter home, it also made it 'intense' indeed. This perhaps put pressure on the mothers and resulted in absenteeism when it became too much. It also allowed little time for relationship building prior to the sessions with the children.

Delivering the programme over a number of weeks would allow more time for pre-filial interventions like a possible play course for the mothers, that is time building up the mother's capacity to provide that holding and empathy for her child. During the filial training itself more integration and practise of the skills could be encouraged between sessions, although that presupposes that the mothers would 'practice' the skills in the absence of the therapist, during their daily routines. The increased groundwork might increase the likelihood of this.

The duo role of the researcher/therapist could also be described as a limitation, as it could be argued that a higher degree of subjectivity will exist within the data analysis. A future study would benefit from having two co-researchers to share the roles, if only to alleviate the extensive emotional demands of carrying out such a study. Delivered over a longer period of

time, a control group could also be set up with the opportunity post research to also participate in the filial therapy training.

The vast amount of data collected in this multiple case-study presented complexity and challenges in the analysis phase. The decision to limit the analysis to the three families that completed the training was made to alleviate some of this. The researcher is aware that the intervention with the fourth mother-child dyad would still offer further learning and insight particularly around having a baby present within the filial therapy process. Future researchers can take learning from this study and consider a stream-lined version of data collection and possible alternative measurements to facilitate this phase.

6.8. Original contribution to knowledge and understanding in filial therapy

This study carves new ground, contributing to knowledge in two primary ways:

- It is the first study of its kind within Brazil, within the context of a shelter home offering refuge for vulnerable mothers and their children who have experienced homelessness, threat and violence.
- It is the first multiple case study to date offering filial therapy to any particular client group.

It therefore contributes new knowledge to both these areas of study and practice.

Firstly, in the context of the shelter home and within Brazil, the study shows that intensive filial therapy is to a significant extent, an effective intervention with Brazilian mothers and their children, victims of family violence. It reveals how it was implemented, with the support of the staff team, within the daily structure of the shelter home, the engagement of the mothers who had each suffered significant trauma themselves, and the children's ability to respond to the skills that the mothers were developing in the play sessions. The primary skill observed was the development of empathy and the importance of the mother first experiencing empathic holding from the therapist became evident before she herself could offer that to her child.

The understanding that the study has provided has implications for further research, practice and training. It is hoped that the knowledge gained will feed directly into training and future

therapeutic interventions within the shelter home as well as other similar refuges across Brazil. It may inform future national policy aimed at supporting the rights of children to live within a family environment.

Secondly, the multiple case-study has offered the opportunity to not only learn from one case study but to place it into comparison with other similar ones. It has been possible to observe three very different families with the common experiences of homelessness, vulnerability, trauma and violence within the cultural context of Brazil, engage in the filial therapy programme. The reader sees what they manage and learn, witnesses their struggles, observes how their histories and trauma influence their engagement, watches as the child responds and the interpersonal relationship grows or is challenged. New understanding and knowledge is gleaned or what one 'knew' already is confirmed and expanded (see Table 6.1. for key findings).

The study confirms what many other research studies (for example, those included in the meta-analysis by Bratton et al., 2010) have shown into the efficacy of filial therapy as an intervention enabling mothers (or parents) to learn the skills with the support of the filial therapist, to then offer a more attuned and empathic response to her child both within the play sessions. The key role of the filial therapist as both teacher and empathic 'holder' of the mother's process is integral to that process (Thomas, 2018; Goodyear-Brown, 2021). It also supports findings from studies with diverse cultural and social groups (eg. Solis, Meyers and Varjas, 2004; Glover, 2010; Braonáin and Lyons, 2014), highlighting the need for the filial therapist to understand the culture and context of the family, including an awareness of the dynamics of privilege and power that could affect the therapeutic relationship.

What this study has emphasised, which is coming through in more recent studies (Michael and Luke, 2016) and literature (Badenoch, 2018), is the importance of the play therapist and filial therapist also being trained in trauma and interpersonal neurobiology, particularly that of play, alongside a thorough understanding of attachment theory. The study has shown that the mothers would benefit from addressing their own trauma through the support of the wider team at the shelter home for instance, and to experience the EPR play paradigm (Jennings, 1999, 2011) themselves first before being able to be more present and available to their own children. Offering the mothers the opportunity to participate in a play course could be a precursor to being invited to participate in the filial therapy process. Family Play Observations

and the MEACI could be taken before and after the play course to observe changes in the interactions within the family dynamics and attachment behaviour patterns just by having participated in the play course.

6.9. Original contribution to method

This study has pioneered new methods of data analysis, building on measurements that have been previously used in the context of play therapy and filial therapy interventions.

- The thematic analysis informed by the work of Braun and Clarke (2006) of detailed descriptive summaries of the play sessions and feedback sessions.
- Integrating the BAPT intake interview (Appendix 4), the Family Play Observation (VanFleet, 2005) pre and post intervention and the MEACI (1993) pre, mid and post intervention as data points.
- Creating an intake interview for the carers as another data point (Appendix 6).
- Adapting Elliot's (2001, 2002) concept of the Change Interview adding a creative and visual element so that the mothers could more easily engage with this, using both right-hand and left-hand brain processes to express themselves. This enabled their voices to be more clearly expressed and heard. (Appendix 5)
- Integrating and extending the Ryan and Edge (2011) analysis of themes in the play sessions which had previously only been used in play therapy sessions between therapist and child. This enabled a thorough analysis of the child's development in play in response to the filial therapy sessions with their mother.
- Using West's (1992) and Landreth's (2012) therapeutic stages of process and evaluation of intervention to observe and analyse how the children progressed over the course of the play sessions.
- The use of Miles and Huberman's (1994) meta-matrices to compare aspects of data across all three cases to consider both how the mothers were developing empathy and to break down the aspects of the intervention to observe their importance and impact.

6.10. Implications for theory

The research study serves to further confirm and support contemporary knowledge and understanding in the efficacy of filial therapy as an intervention whilst also expanding the

foundations upon which it stands. Prendiville (2017), Prendiville and Howard (2017), Kestly (2016) and Hong and Mason (2016) all consider the principles of neurobiology and how these apply practically to play and expressive arts practice.

This study has shown how crucial it is to expand this to filial therapy. The 'holder of the holder' (Goodyear-Brown, 2021) plays such a key role in building the mother's capacity to 'hold' and 'contain' her child's feelings and experiences with empathy. She does this through building a safe and trusting relationship, through modelling empathy in her own way of being, through direct and indirect teaching. To have this capacity herself, she needs to become familiar with neurobiology and how this directly impacts the relationships and practice involved.

Key principles are introduced in Chapter One and integrated throughout the current discussion. They include:

1. The key role of attachment relationships and dynamics which significantly influence brain development, emotional regulation and are templates for future relationships.
2. The way the brain develops and is organised from the bottom up.
3. The specific mechanisms within the brain designed for assessing and responding to threat which under chronic threat can result in permanent brain changes.
4. The best way to interact with both a child (and their mother in this case) depends on which areas of the brain are dominant at the given moment.
5. To process and change a memory requires activation of the areas of the brain used to form that memory.

(Hong and Mason, 2016)

With all the research in neurobiology and interpersonal neurobiology, the crucial importance of play, an inbuilt motivational circuitry system in the mammalian brain (Panksepp,2009) stands out as natural 'healing agent' to be harnessed, in the case of this research study, with children and their mothers who have suffered homelessness and violence throughout their lives.

6.11. <u>Implications for practice</u>

The findings raise implications for the practice of filial therapy within this context. The therapist would seek to spend more time beforehand preparing the mothers for the filial therapy intervention with the children. Diagram 6.2 illustrates the key features of where the focus would be placed and developed.

Building capacity in the mother as a 'holder'.

- Ensuring there is a strong team around the mother, including individual therapeutic interventions to enable her to process her own history and trauma, including intergenerational trauma, before and alongside the filial play therapy.
- Modelling and teaching empathy through being a 'holder of holders' and the 'cascade of care'. (Goodyear-Brown, 2021)

Understanding play in an embodied way.

- Offering a group play course prior to the filial therapy play sessions so that the mother can herself experience the EPR paradigm in an embodied way.
- 'Bottom-up' teaching through play and in relationship with the therapist and other group members.

Teaching Key Concepts

- Teaching filial therapy skills in group and individually.
- Teaching key concepts both experientially and didactically on trauma, interpersonal neurobiology, self-regulation and co-regulation.
- 'Top-down' teaching of key concepts.

Diagram 6.2. Implications for Practice within the Context of the Shelter Home

To ensure that there is a strong team around the mother, it is necessary to assess whether the carers for instance, have at least a basic understanding of the impacts of trauma and interpersonal neurobiology, as well as basic level training in attentive listening and empathic responding. This would enable the mothers to feel more heard and held within their daily lives at the shelter home. Training can be offered to the staff to build upon their current knowledge and skills base.

6.11.1. Implication for Practice in the Different Types of Provision in Brazil

As highlighted in Chapter One, the shelter home is unusual within the Brazilian context in its focus on providing for and keeping 'at risk' mothers and children together. Table 6.2. therefore considers how filial therapy might be introduced at the various types of shelter homes currently operating within Brazil.

Both the '*abrigo institutional'* and the '*casa-lar'*, where the children and adolescents are removed from their families, aim to maintain contact with attachment figures, either immediate or wider family members, with the long-term goal of returning them to their family environment. Filial therapy would support and work towards attaining this goal and could be introduced during the family visits. Dependant on the individual setting of each shelter home, decisions could be made as to the best format, whether individual family work, a mix of group and individual family sessions, or the group format designed by Guerney and Ryan (2013). As the children and adolescents have limited time with their visiting parents, the researcher would propose that working with the family unit would protect their time together and be beneficial to the strengthening of attachments, in preference to the CPRT model where the direct work is with the parents only.

In foster care and adoptive families, group work has shown itself effective in providing an opportunity for carers and adoptive parents to connect and share their similar experiences and challenges, offering support to each other and contributing to the report of decreased stress in the 'parent-child' relationship (Ryan, 2007; Opiola and Bratton, 2018; Swan et al, 2019).

Again, for the two shelters for parents and children, intensive filial therapy interventions have been shown to be effective where the program is intensified over a shorter period of time due to the transient nature of the families (current study, Smith and Landreth (2003), Kolos et al. (2009).

Type of Shelter	Possible Interventions	Format	Examples of Supporting Evidence
Abrigo Institutional (Institutional Shelter)	Filial Therapy	Individual family intervention	Current study
		Mix of group work with mothers/parents and individual family work	Current study
	Group Filial Therapy	Group work with families together over 20 weeks	Guerney & Ryan (2013) Costas & Landreth (1999)
Casa-Lar	Filial Therapy	Individual family intervention	Current study
		Mix of group work with mothers/parents and individual family work	Current study
	Group Filial Therapy	Group work with families together over 20 weeks	Guerney & Ryan (2013)
		CPRT 10-week model with parents or house parents	Costas & Landreth (1999)
Foster Care or Adoption	CPRT	10-week group intervention with foster carers or adoptive parents	Opiola and Bratton (2018) Swan et al. (2019)
	Group filial therapy	20-week programme with foster carers or adoptive parents with children together	Guerney & Ryan (2013)
República	N/A Residential care for young adults (18-21 years)		
Casa de Passagem (House of Passage) **&**	Intensive Filial Therapy	Mix of group work with mothers/parents and individual family work	Current study Kolos et al. (2009)
Abrigo de Mulheres (Women's Shelter)	CPRT	12 x 1 ½ hour sessions over 2-3 weeks	Smith and Landreth (2003)

Table 6.2. Possible filial therapy interventions at the different types of shelters.

6.12. Implications for training

During this research study the researcher has grown in knowledge and awareness of many practitioners leading the way in play therapy, filial therapy including Child Parent Relationship Therapy (Bratton et al. 2006) and other family therapy interventions using play, particularly in the USA, which integrate the understanding of trauma and neuroscience into their work. Lisa Dion (2018) has developed Synergetic Play Therapy for instance and Paris Goodyear-Brown (2021) has pioneered TraumaPlay. Baylin and Hughes' (2016) family model Dyadic Development Psychotherapy (DDP) is an attachment-focused therapy with foster-adoptive parents and their children. It uses a model called PACE as a way of promoting the attachment relationship with new carers: **P**layfulness, **A**cceptance, **C**uriosity and **E**mpathy. These four 'ways of being' are also very much promoted in the filial therapy training.

As a result of the Covid-19 pandemic, much more training has been developed using online forums. This has enabled practitioners such as the researcher herself, to access these important models from all around the world. Courses can be completed and ongoing supervision from experts can be accessed. Social media and the development of podcasts and blogs is allowing for a wider dissemination also of developments in research and training.

These models are being taken by practitioners here in the United Kingdom and integrated into current practice and local contexts. For instance, Campbell and Cooper (2017) have developed the Nurturing Parent programme, a project in Leeds based on the PACE model, to help parents understand the role they have in their children's emotional well-being, and how their own states affect the whole family.

As noted above the current study emerges within this backdrop of exciting ongoing developments in the understanding of trauma, neuroscience and the interpersonal neurobiology of play. It serves to further support and inform how this understanding can be taken into the practice of filial therapy and the training of both play and filial therapists.

The findings highlight the need for the filial therapists themselves to continue expanding their own capacity to work with families with complex trauma and within different cultural contexts. This is an ongoing process which commences at the Masters level training of play therapists accredited by the British Association Play Therapists within the United Kingdom. Play therapists must have a minimum of 5 years experience working with children before

training in filial therapy. Aspects of the therapist's developing capacity and therefore of training that the research has highlighted as essential for working with the client group are outlined here in Diagram 6.3. Building the Therapist's Capacity.

Knowledge and understanding of the impact of ACEs and developmental trauma.

Knowledge and understanding of trauma and interpersonal neurobiology particularly of play and how these impact on the attachment relationship.

Self awareness and understanding of own experiences of 'being the other', and the intersections of privilege and oppression, especially how this might play out in the relationship with parents in filial therapy.

Knowledge and understanding of the cultural context within which the filial therapy is taking place and the cultural background of the family.

Self-understanding and awareness developed through personal therapy so as to be cognisant of when moving out of social engagement into hyper or hypo-arousal themselves.

Ongoing supervision and support from wider team to enable filial therapist to deliver filial therapy training to families with complex needs.

Diagram 6.3. Building the Therapist's Capacity

Both in play therapy interventions with children and in the filial therapy training, an understanding of the therapeutic powers of play (Schaefer and Drewes, 2014) would also further enable the therapist and trainer to identify those that best fit the goals of the treatment plan. It may be that the current play therapy programmes need to invest further in training play therapists in working with parents and building an understanding of systemic family therapy. Many play therapists go on to specialise in Theraplay (Booth and Jernberg, 2010), Child Parent Relationship Therapy (Bratton et al. 2006), filial therapy (VanFleet, 2005) and Dyadic Development Psychotherapy (Baylin and Hughes, 2016) post-qualification for instance.

6.12.1. Implications for Training within Brazil

The research study also raises implications for training within the Brazilian context and further consideration would need to be given as to:

- Training carers and other support staff in basic Rogerian principles and skills such as attentive listening, empathic responding, unconditional positive regard and congruence.
- Training carers and other support staff on the importance of play in the development of children and in the parent-child dyad, offering opportunities to experience the Embodiment-Projection-Role paradigm (Jennings, 1999, 2011) themselves through playing.
- Training carers and other support staff on the impact of trauma including intergenerational trauma, interpersonal neurobiology and ways to self-regulate and co-regulate.
- Training local therapists in basic play therapy and filial therapy skills.
- Developing training programmes that allow play therapy to be further integrated into the culture and context within Brazil.

These are certainly areas that the researcher will be considering and discussing with the directorate and therapeutic team at the shelter home. On completion of this doctorate, she would endeavour to become a certified filial therapy trainer herself to continue training others in an intervention that contributes to parents and children being able to stay together by strengthening their attachments.

6.13. Conclusion

This chapter has sought to discuss what the cross-data analysis has revealed about the efficacy of filial therapy in helping Brazilian mothers develop and show empathy towards their children, families that have experienced poverty, homelessness and family violence. It has also considered what aspects of the intervention were instrumental in aiding this development or in fact hindered it. Crucial was the filial therapist's ability to model empathy through her way of being, through being a 'holder of the holder' (Goodyear-Brown, 2012) offering the mothers an embodied experience of empathy themselves before them being able to come to a more cognitive understanding and begin to offer it to their own children. The implications of the findings were then discussed for future knowledge, understanding, practice and training.

Chapter 7 – Moments of Impact

Conclusion

Shutters

I see that your shutters will come down if I am anything but genuine. You are alert and sensitive to any hint of 'fake'. I sense that you won't be done to. To engage with you is to come alongside you, to walk with you. To invite you. You need me to see you, to spend time with you, to eat with you, show you that I find you worthy and valuable. My time, my care, my openness to being genuine and vulnerable – that's the currency to walk a while as a fellow traveller on your journey. A journey that so far has been like walking through a terrifying thunderstorm in the dark, alone, not knowing who or what is out there.

(Research Journal: 24th August 2018)

7.1. Introduction

Disadvantage, poverty, family breakdown, homelessness, violence, trauma, social injustice, single parenthood, vulnerability are some of the words to describe the situation that the mothers and children that seek refuge in the shelter home have found themselves up against. Staying together as a family unit is key to help mitigate against further loss, grief, trauma, disruption to attachments and development for the children, and the perpetuation of intergenerational family breakdown and the resulting trauma. The directorate at the shelter home has consistently promoted and sought to keep families together and to address the needs of each family to further enable them to build stronger attachments and be better placed to integrate back in society.

This doctorate study came as a collaboration between the researcher and the directorate team to consider whether filial therapy could be an effective medium through which to promote stronger attachment between mother and child dyads. Using play, a child's natural medium of communication, filial therapy seeks to enable and empower the mother to understand what the child is expressing and to learn how to respond with empathy and 'holding' towards feelings and experiences shared (VanFleet, 2005).

Adopting a multiple case study methodology, the study has accompanied three mothers on their filial therapy journey, one that required the researcher/filial therapist to be truly authentic and above all to embody an empathic way of being herself. Only in doing so, could

each mother feel safe enough to embark on that journey and learn firstly in an embodied way the meaning of empathy.

7.2. Providing Safety Through Structure

Playing is a luxury

In the family play observation, we ask the parents or mother in this case, how the play time compares to similar times at home. 'I've never sat down and played with my children', she said. Her two sons are 10 and 2 years of age. She has also two teenage children.

On reflection, this was a mother whose day to day consisted of survival – how do I keep us safe, provide for us, have somewhere to sleep at night? She is vigilant, wary, ready for a fight. How on earth could she find the time and head space to play with her children? In this case, to play, to have access to toys, is a luxury completely out of reach.

A moment of impact, my chest braces, my throat constricts, my eyes sting.

(Research Journal: 23rd August 2018)

No attachment work can take place until there is a felt sense of safety for the mothers and children (Gaskill and Perry, 2015). Even to play, something many see as a natural part of children's daily lives, requires an assurance that basic physiological needs are met alongside a sense of security.

With the physiological needs met by the shelter home, the research study provided a sense of safety by integrating structure on two levels: the rigorous structure of the methodology and data collection and the structure of the filial therapy intervention itself.

The study was divided into three phases with the first being the initial assessment phase. This included various methods of gathering information about the family to understand their current situation and needs, as well as the family dynamics and patterns of relating and parenting. A case history taken by the social workers, interviews with the psychologist and carer, interview with the mother, a Family Play Observation (VanFleet, 2005), a pre-intervention Measurement of Empathy in the Adult-Child Interaction (Bratton, 1993) all contributed to building a comprehensive intake profile of each family.

The middle phase was implementing the filial therapy intervention itself. With its robust and structured approach, it provided both a well-evidenced treatment protocol as well as a flexibility to tailor this to the cultural and social context of the current study. Group training and individual family work with the filial therapist took place during this phase and evidence was gathered throughout as the mothers and children engaged with the process. A mid-intervention Measurement of Empathy in the Adult-Child Interaction was taken to assess progress in the mother's learning of the four filial therapy skills.

The final assessment phase took place at the end of the intervention with a return to interviewing the mothers and carers to observe changes alongside a final Family Play Observation and a post- intervention MEACI assessment.

The process of data analysis has also followed this three-phase process, both for the individual families and in cross-case analysis. This has been described in detail in Chapters 3-5. Indeed, the innovative methods used are both one of the strengths of the study and a major contribution to research methods. The structured and thorough methodology which allows for the collection of numerous points of data permits for triangulation and strengthens the reliability and validity of the evidence gathered and the conclusions drawn.

The filial therapy itself as noted above, is designed with structure, repetition and routine offering the security of familiarity, holding and containment to the mothers and their child of focus. The play space, toys, set-up, filial therapist, regularity of sessions, format of play time followed by feedback time, even the video recording, all remained the same day to day so the families would know what to expect and feel safe within that knowing and familiar experience. These repetitive patterns support the embodied experiencing of what Gaskill and Perry (2015: 187) call "the ''primal language'' of gentle tones of voice, comforting, repetitive sensory experience; soothing repetitive and patterned movements by patient, safe adults'' which enable the child to develop regulatory organization and the creation of normal homeostatic states. That is, these enable both mother and child to experience regulation through the safety and structure of the intervention and the empathic presence of the therapist. To bring therapeutic change and therefore changes to the neural networks of both mother and child that have been primed to respond to threat, Gaskill and Perry (2015) describe adequate patterned, repetitive and rhythmic input as crucial elements.

7.3. Learning Empathy Through Shared Experience

No-where is safe

It's hard to play when your baby brother is screaming the house down. Your mother is by your side, but her attention is consumed by the screams and the conviction that your toddler is being hurt by another. He isn't, but he desperately wants to be with his mother and sibling. They are his lifeline, his security in a frightening world.

Mum rushes off to fetch him. They return and it takes the breast, cuddles, words, even threats to settle him. Meanwhile we try to play, hoping Mum's attention may focus on you.

Mum chuckles. She is conscious of the fact that you are placing the people in the middle of predators. In fact, you have created scene after scene of threat, danger, predators, attackers and in the middle of each is a person, surrounded. Dinosaurs, wild animals, armed soldiers, villains. I reflect the fear each must feel. I realise this reflects your reality. Nowhere is safe. In the middle a baby is placed high up on a raised rock. A cow and a lady are contained within a fenced area. The only signs of safety in a world raging with danger.

I know that in your young life you have seen too much, things that you should never have seen. You have survived, just. You've spent days on the streets surrounded by violence. You are the protector of your family. You can't settle whilst one of them screams in desperation, his two attachment figures out of sight.

Your life bursts into mine. Your scenes imprint on my mind, taking my breath away. A moment of impact. I am touched that I have met you. It is truly an honour.

I'm glad that Mum witnessed your play and became aware of how you feel. It's a steppingstone I hope we can build with. She shares her own anguish at hearing the toddler's cries and believing him to be vulnerable to harm. She feels it deep within her chest. It's how the family survives.

(Research Journal: 24th August 2018)

The play demonstration between filial therapist and child affords the mothers the opportunity to observe the filial therapy skills in action. 'No-where is safe' captures the most emotionally charged play demonstration that the filial therapist has participated in and experienced. Marcia had shared some of the family's life story in the intake interview yet here it is brought to life both in Gonzalo's own expression through play and through the dynamics that are

created by the younger toddler being downstairs in the care of staff members. It still touches the filial therapist to the core. And that is the power of empathy: to be open to sensing, feeling, capturing glimpses of another's world through what they are consciously and unconsciously communicating about their own experience, emotions and inner life.

The filial therapist here is attuning to and responding with understanding, acceptance and empathy to the child, holding his feelings of fear and powerlessness in light of all the danger and threat. She offers that same empathic understanding to the mother who is triggered into hyper-arousal by her younger son's cries and can't calm herself (or him) until reunited. As mother calms toddler, mother's system also calms. The filial therapist holds and contains the older child's experience until mother is available to notice what he is communicating herself. She witnesses and understands it as the filial therapist also witnessed her own feelings of fear and terror.

It is a poignant example of the filial therapist 'holding the holder' (Goodyear-Brown, 2021) whilst also modelling 'holding the child' whilst the mother begins to learn the skills to be the 'holder' herself. She has made a start by understanding what her son's play symbolises and feeling the feelings he is expressing, in a powerfully raw and impactful way.

A key finding from the study is the importance of the filial therapist being the 'holder of the holder' (Goodyear-Brown, 2021) as she models empathy through her way of being and teaches it more directly through the filial therapy skills. For mothers who have experienced less than secure attachments themselves the embodied experience of empathy in the therapeutic relationship is crucial. Receiving inadequate empathy in their own childhood impacts the mothers' ability to self-regulate and they find themselves easily triggered into hyper or hypo arousal. It then inhibits their ability to be empathic towards their own child as seen with each of the mothers at various points in the play sessions. A summary of the key findings of the study can be found below in Table 7.1.

All the mothers show improvements in their ability to show empathy to their child of focus as they experience the 'cascade of care' (Goodyear-Brown, 2021) and learn the filial therapy skills. The findings show that this is particularly so from pre to mid intervention illustrated in the MEACI score graphs. By the post- intervention MEACI and Final Play Observations these gains are reduced. Various hypothesis are put forward but the one that seemed most plausible

in light of the data analysis was the absence of the filial therapist as she removed herself to empower the mother to take on the responsibility for the play sessions herself. Again, this would validate the importance of the therapist a 'holder of the holder' (Goodyear-Brown, 2021). It also raises the question of whether the mothers are able to learn the skills adequately when still traumatised themselves and often overwhelmed by their own needs and emotions. What she brings into the space appears to significantly impact her ability to stay present and attuned to her child.

Pre filial therapy interventions were considered to further support the mothers in their learning and integration of the skills. Accessing further support from the team around the mother would allow for her to have her own therapy before and alongside the intervention. Offering a play course for the mothers so that they could experience the Embodiment-Projection-Role play paradigm (Jennings, 1999, 2011) themselves in an embodied way would enable them to engage their own PLAY and SEEKING systems as natural healing agents (Panksepp, 2009).

Key Findings
Mothers were able to learn filial therapy skills, particularly evident in beginning to middle phase of intervention.
Mid-post intervention drop in integration of skills where mothers struggle to stay attentive and use skills. Possibly because therapist no longer in room.
Mothers struggled to stay present and offer empathy, holding, to child when 'triggered' themselves eg. distracted, dissociating, own need to play and interfere taking over, shame triggering 'fight' response.
Importance of empathy provided by therapist to mother: 'holder of the holder' and the 'cascade of care' (Goodyear-Brown, 2021) Embodied experience of being held themselves within a secure attachment.
Embodied learning and mind learning: bottom-up and top-down learning (Perry, 2009; Siegel, 2012, 2020).
Importance of play for parents – developing own PLAY and SEEKING systems (Panksepp, 2009; Kestly, 2014),

Importance of what mother brings into the space – trauma, attachment style, learning, 'here and now' state of mind, self-understanding and awareness.
Child's ability to progress through therapeutic stages of process and evaluation with 'good enough' empathy provided by mother.

Table 7.1. Key Findings of the Study

As the mother seeks to learn the filial therapy skills, the child of focus is observed engaging with developmental 'life crisis' through play relevant to Erikson's (1963) psychosocial stages of development. They engage in the EPR paradigm (Jennings, 1999, 2011) and can be tracked progressing through the therapeutic stages of process and evaluation (West, 1992; Landreth, 2012). This suggests that the mother is providing 'good enough' empathic holding through her presence and commitment to the play times and her developing skills, even if she loses sight of these at times throughout the sessions. Feeling 'safe enough' and able to express themselves in play, each child appears to harness the therapeutic powers of play (Schaefer and Drewes, 2014) and moves towards self-integration (Axline, 1989).

The research study concludes in response to its first question, that the gains made, not least for the children, suggest that the filial therapy intervention is effective at least in part to bring about change in the mother's capacity to express empathy for her child, to instil changes in her 'way of being' and to provide increasing moments of a secure attachment along the continuum.

7.4. Learning 'to See the Other' Through the Filial Therapy Process

I see you.
Please look into my eyes and see the beauty of your child reflected there.
Yes. She really is special, beautiful, of great value. And so are you.
I know you can't see it yet. A moment of impact I hope will come.
(Research Journal: 23rd August 2018)

The second research question considers what aspects of the intervention used by the therapist promoted (or hindered) the development of the mother's capacity to express empathy to her child and therefore strengthen the bonds of attachment between them. That is, how does the filial therapy intervention enable the mothers to 'see' their child, to attune to them, their experiences, feelings and intentions expressed, laying aside their own needs and feelings for

a moment, to be fully present and available in the 'here and now', communicating their understanding and holding, all of which are behaviours promoting a more secure attachment.

The research study identified nine components of the filial therapy intervention that were either an integral aspect of the intervention (building a trusting relationship, modelling empathy, teaching methods and the feedback sessions) or an influencing factor (impact of mother's own trauma, group dynamics and shame, absenteeism, robustness of course and duo-role of researcher/filial therapist). These have been analysed and discussed in detail in Chapters 5 and 6 and contribute to furthering our understanding of the filial therapy intervention and its effectiveness within this cultural and social context. Indeed, identifying the nine components is one of the strengths of the study which are here depicted in a table alongside limitations.

Strengths	**Limitations**
Multiple case study allows for in-depth analysis of three families engaging in filial therapy process from beginning to end.	Small number of participants therefore difficult to generalize findings.
Strong structure and rigour of research study and of evidence-based filial therapy intervention allow for reliability and validity of results.	No control group or comparison intervention to consider and compare effectiveness of both in this context.
Mixed-methods study: multiple ways of collecting data including the MEACI, Family Play Observation and thematic analysis (Braun and Clarke, 2006; Ryan and Edge, 2011).	Limitations of MEACI as measurement of empathy: variability of results across inter-raters indicating possible subjectivity and inability to capture non-verbal mirroring and attunement.
Allows observation of both mother-child dyad and filial therapist-mother dyad throughout intervention, drawing focus to the process of 'holder of holders' (Goodyear-Brown, 2021).	Intensity of programme for mothers delivered over 5 weeks perhaps contributing to absenteeism.
Identification of the nine components of the filial therapy intervention that contribute to how the mothers are able to learn the filial therapy skills.	Vast amounts of data collected – complexity of data analysis phase led to decision to focus on three out of the four families that participated.
The observation of the child's process in play throughout the intervention using the EPR play paradigm (Jennings, 1999, 2011), Erikson's (1963) stages of development, Landreth's (2012) and West's (1992) therapeutic stages of process and evaluation of the intervention and Ryan and Edge's (2011) themes in non-directive play therapy.	The duo-role of researcher and filial therapist/practitioner precludes complete objectivity. Some subjectivity in the results is likely to be present, even though this has been discussed and accounted for.
The duo-role of researcher and filial therapist/practitioner allows for the therapist's use of self in both building relationship with the mother	The possible impact of the researcher/filial therapist being white 'British' and the dynamics of 'power and privilege'.

and modelling empathy so that the mother can experience empathy in an embodied 'bottom-up' way as well as learning the skills 'top-down'. (Perry, 2009) This allows the researcher to experience herself the importance of the therapist's 'capacity' to provide the necessary 'holding' for the mother-child dyads.	

Table 7.2. Strengths and limitations of the Study

In considering the key findings, strengths and limitations of the study, the researcher proposes some areas for future research. These include:

- Further studies within the same or similar contexts to substantiate the findings
- A comparative study to introduce either a control group or a different family therapy intervention alongside that of filial therapy within the same context, again measuring the increase of empathy across both interventions
- The implementation of a different measurement tool either alongside or instead of the MEACI that is able to capture non-verbal mirroring, attunement and expression of empathy
- A research study which considers the filial therapy intervention delivered over a longer period of time with pre-filial therapy interventions such as individual therapy and/or a group play course for the mothers
- The introduction of a co-researcher to alleviate the researcher/practitioner role and account further for subjectivity
- A stream-lined version of data collection and analysis and possible alternative measurements to facilitate the process
- A comparative study where the filial therapist is Brazilian with further understanding of the cultural and social context.

7.5. Releasing 'The Crab' from Fear: Implications for Practice and Training

The crab

The googly eyes provide a challenge for the young lad which he embraces with perseverance. Suddenly I see what he is trying to do. His fingers arched, his palm raised. Of course, it's a crab. His hand becomes the crab, the red plastic eyes can now see, cautiously moving around on his knee. The crab investigates the sensory bag where the only toy remaining is the long, rubbery, unpredictable centipede. The crab approaches, withdraws, toying with the idea

of approaching the green creature. Back and forth, testing the lay of the land. Does he enter the cave? Make contact? See what happens? No, he chooses to withdraw, perhaps to leave it for another time.

The crab rests. The hand, it once again becomes a hand.

A moment of impact. A child who has learnt to test the lay of the land. It's a dangerous world.

(Research Journal: 23rd August 2018)

In this 'moment' within the play demonstration, 'the crab' withdraws, uncertain, the risk too challenging to take. In a 'moment' accompanied by his mother who has begun to practice her filial therapy skills, 'the crab' makes a different choice. He seizes the centipede, he battles with it and flings it away victorious. Feeling safer, held by his mother's developing empathy, he appears released from fear, in this small context at least.

Within the context of the shelter home offering refuge for vulnerable mothers and their children who have experienced homelessness, threat and violence, a stress response to fear whether through hyper or hypo-arousal can be seen to override a mother's ability to express empathy. The multiple case study has witnessed and considered the possibility that the mothers may have experienced very little empathy themselves as children in their own attachment relationships so struggle to give what they have not received. Their relationship patterns suggest internal working models which view the world as unsafe, where their needs for love and affirmation will not be consistently met, if at all, and where others are not to be trusted, perhaps avoided or at least regarded with much suspicion. The evidence leads us to conclude that the filial therapist's ability to model empathy through her way of being, through being a 'holder of the holder' (Goodyear-Brown, 2021) offering the mothers an embodied experience of empathy and secure attachment themselves before them being able to come to a more cognitive understanding and begin to offer this to their own children is crucial.

The multiple case study is able to make significant contributions to knowledge, method and theory discussed in Chapter 6 Sections 6.8., 6.9. and 6.10. The implications of these were then considered for future practice, training and in particular training within the cultural and social context of the shelter home in Brazil (Chapter 6 Sections 6.11., 6.12., 6.12.1.). The study

highlights the importance of the filial therapist understanding key principles about trauma including intergenerational and community trauma, its impact on the developing brain and emotional regulation, neuroscience and threat responses, the interpersonal neurobiology of play and how activating the PLAY and SEEKING systems can enable the integration of implicit and embodied memories (Kestly, 2014; Panksepp, 2009). For, in becoming the 'holder of the holder', the filial therapist assumes what Welford (personal communication, August 2022) likened to a 'grandparenting' role, where she works also with intergenerational trauma and the mother's relational system. Through the relationship with the filial therapist, the mother is experiencing a different way of being and relating which in turn challenges her old relational system, her internal working model of attachment behaviours, creating possibility for change.

Therefore, the research study also considers how the filial therapist can expand her capacity to provide the families with the necessary 'cascade of care' (Goodyear-Brown, 2021). This includes a growing self-awareness and understanding of her own experiences of 'being the other', and the intersections of privilege and oppression (Turner, 2019, 2021), especially how this might play out in the relationship with parents in filial therapy. Knowledge and understanding about the cultural context within which the filial therapy is taking place and the cultural background of the families involved is crucial. Indeed, the more self-awareness and understanding the filial therapist has, the more she will be cognisant of her stress responses within her own system, being able to have 'one foot in and one foot out' of the process, regulating herself and maintaining a 'neuroception of safety' in the midst of the dysregulation that can arise (Dion, 2018).

7.6. A Final Check-in with the Families

A Month Later

'Sometimes. The skills helped a lot but I am practising very little. My son has started to develop more. He is less aggressive,' writes Marcia.

'I have played with him using the toys. Yes, I have talked to him and tried to understand his feelings. Changes for the better, because he is communicating better and I am talking with him more,' responds Beatriz.

Melissa chose not to reply.

A month after the filial therapist's return to the UK, she sent 3 follow-up questions to Clinical Psychologist B who works directly in supporting the mothers. Although it was suggested that the questions be asked within a routine conversation, the psychologist chose to ask each mother to respond to the questions in written form. The completed ones were returned to the researcher. Although brief, the answers show that aspects of the filial therapy continued to influence the dyad's interactions and development.

The questions were:

1- Have you continued to play with your child using the skills that you learnt during the filial therapy training? If so, can you give an example?
2- Can you give an example of where you might have integrated an aspect of the training into your daily lives?
3- What changes if any, have you noticed since the end of the training either in yourself, your child or in your relationship together?

In having the psychologist follow up the filial therapy in this way, it gave the mothers the opportunity to respond perhaps more congruently although the researcher was still mindful that the mothers might want to please her in their answers. In future interventions, it would be helpful for the follow up questions to be asked within in a more conversational manner to further explore the answers either by the filial therapist herself if possible or again by the psychologist working alongside the mothers. The questions could also be repeated at a 4 – 6 month period to ascertain the integration of skills after a longer period. As the families are transient through the shelter home, this longer time frame may not be possible.

7.7. Final words

To conclude this research study, the final thought-provoking words are taken from the novel Little Fires Everywhere by Celeste Ng.

> "In Pauline and Mal's house, nothing was simple. In her parents' house, things had been good or bad, right or wrong, useful or wasteful. There had been nothing in between. Here, she found, everything had nuance; everything had an unrevealed side or unexplored depths. Everything was worth looking at more closely."
>
> (Ng, C. 2017: 237)

Appendices

Appendix 1

Virginia Axline's (1989) Eight Principles for Non-Directive Play Therapy

1. "The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognise the *feelings* the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world or reality and to make the child aware of his responsibility in the relationship." (Axline, 1989: 69-70)

Adapted by VanFleet (2006: 13) for parents in filial therapy:

"1. Parents use a warm and friendly tone in relating to their child.
2. The parent accepts the child's expressions, feelings, choices just as they are (provided their behaviors do not violate any of the play session limits.)
3. The parent creates a feeling of permissiveness so that the child feels free to express his or her feelings completely.
4. The parent watches for the feelings the child is expressing and reflects those feelings back to the child so that the child feels understood and learns more about his or her emotions and behaviors.

5. The parent respects the child's ability to solve his or her own problems, refraining from giving advice or solving the problem for the child. The parent gives the child the responsibility to make choices and changes.
6. The parent does not direct the child's actions or conversation in any way. The parent follows the child's lead.
7. The parent does not rush or hurry the child. The process is gradual and the parent shows patience.
8. The parent establishes only those limits needed to keep everyone safe and to make the child aware of his or her responsibilities in their relationship."

Appendix 2

Limit Setting Skill

Adapted from VanFleet (2000) A Parent's Handbook of Filial Play Therapy

The limited setting skill is designed to keep both parent and child safe during the play sessions. It establishes overall parental authority when needed and helps the child become more responsible for their behaviour.

There is a three-step sequence:

1. **Stating the limit:** When the child breaks or is clearly about to break one of the play room limits, the parent states the limit to the child in a brief, clear and specific way. The parent uses a pleasant but firm and forceful tone of voice and says the child's name, then reflects the child's desire to do the prohibited behaviour, states the limit and restructures so that the child can redirect his or her play.

   Eg. John, you would like to throw that car at me. Remember I said that I would let you know if there is something that you may not do? One of the things you may not do here if throw the cars at me. But you can do just about anything else.

   Eg. (Shorter version if needed) John, one of the things you may not do is throw the cars. But you may do just about anything else.

2. **Giving a warning:** If the child breaks the limit the parent has just stated for the second time in the session, the parent gives the child a warning. The parent restates the limit and then states what will happen should the child break it again. This gives the child the opportunity to choose whether or not he/she will risk the consequences. Following the warning, the parent restructures again so that the child can redirect his/her play.

Eg. John, remember that I told you that you could not throw the cars at me? If you throw a car at me again today, we will have to end the play session for today. You can do just about anything else.

3. **Enforcing the Consequences:** If the child breaks the same limit for a third time that session, the parent enforces the consequence. The parent restates the limit and carries out the limit stated in the warning using a pleasant but firm tone of voice. This enables the child to learn that he or she is responsible for their choices and behaviours, and the consequences of these.
Eg. John, remember I told you that if you threw the cars at me we would have to leave the play room for today? Since you chose to throw a car again, we have to leave today, right now.

Appendix 3

A Categorisation of Attachment Disorders (Brisch, 2012)

Category	Attachment behaviour	Impacting Factors
No Signs of Attachment Behaviour	Demonstrate no attachment behaviour toward anyone even in dangerous situations. When exhibiting prosocial behaviour, they show no preference toward one figure. (8 months onwards after the development of stranger anxiety)	Sometimes seen in children who have experienced numerous relational breaks and shifts during infancy or were brought up in institutions or multiple foster homes.
Undifferentiated Attachment Behaviour	Behave in a friendly manner toward everyone and do not differentiate between strangers and people they have known for a long time, a behaviour also called social promiscuity. High accident proneness because they do not refer to an attachment figure before embarking on high-risk behaviour.	May be found in children in institutional or foster care whose attachment figures have changed frequently. They are also found in neglected children.
Exaggerated Attachment Behaviour	Excessive clinging: these children can be calmed and steadied only in close proximity to an attachment figure. React to separation with excessive emotional distress; resist even short separations violently, clinging to the attachment figure and protesting so loudly that separation may be prevented altogether.	May be observed in children whose mothers suffer from an extreme fear of loss. They need their children to serve as a secure emotional base for them so they can stabilize themselves intrapsychically.
Inhibited Attachment Behaviour	React to separation with little or no resistance. In interactions with attachment figures they appear inhibited and demonstrate excessive compliance. Usually respond to demands or orders from attachment figures immediately and without protest. Positive emotional exchanges with attachment figures appear limited.	Learned, often as a result of extensive physical abuse or the use or threat of physical violence, to express their desire for attachment cautiously and reticently. Although they expect to find protection and safety, they fear that these may be delivered with threats

Aggressive Attachment Behaviour	Organize their attachment relationships around physical and/or verbal aggression. This is their unmistakable way of expressing a desire for closeness to their attachment figure.	Overt aggressive behaviour among family members is common. This does not necessarily express itself in physical violence but may show itself in other verbal and nonverbal ways.
Attachment Behaviour with Role Reversal	Characterized by role reversal between the attachment figure and the child (parentification). The child is overly solicitous of the attachment figure and takes responsibility for them, substantially limiting his own exploration of his surroundings, or willingly foregoing it as soon as the attachment figure signals a need for help and support.	Fear loss of the attachment figure as a result of, for example, suicide threats, actual attempted suicide, or imminent divorce. If they have in fact lost a parent to suicide, overly solicitous behaviour with role reversal may be directed toward the remaining parent.
Attachment Disorder with Addictive Behaviour	Addiction-like behaviours, including outright disorders. In seeking attachment, becomes pathologically attached to 'addictive' behaviour as a surrogate for real attachment figure.	May develop if early deprivation or insensitive caregiving were stressful to the infant. In these cases, the child's signals for closeness, protection, or security are met not with physical contact, but with less finely attuned behaviour such as feeding. The child quickly learns that her stress was reduced, but her actual need went unmet.

Appendix 4

Multicultural Quantitative Research Studies - adapted from Bratton et al. (2010)

Researchers/Authors	Study	Participants	Measures	Design	Main Language Spoken
Chau & Landreth (1997)	Filial therapy with Chinese parents: Effects on parental empathic interactions, parental acceptance of child, and parental stress.	34 parents with children aged 2-10. C=16 No treatment waiting list. E= 18 CPRT	MEACI PPAS PSI	Quasi-Experimental	Cantonese, Mandarin or English Training and materials delivered in Cantonese. Audio tapes of PPAS and PSI translated into Chinese.
Glover & Landreth (2000)	Filial therapy with Native Americans on the Flathead reservation	21 parents C=10 no treatment waiting list E=11 CPRT	PPAS PSI MEACI CPBWPRF JPPSST	Quasi-experimental	English
Jang (2000)	Effectiveness of filial therapy for Korean parents	30 mothers of children aged 4-9. C=16 no treatment waiting list E=14 adapted CPRT	MEACI PPAS PSI FPC	Quasi - experimental design	Korean
Yuen, Landreth & Baggerly (2002)	Filial Therapy with Immigrant Chinese Families (Canada)	18 parents experimental groups 17 parents control/no treatment	PPAS MEACI PSI FPC SSPC/PSPCSAYC (translated)	Experimental	Cantonese, Mandarin or English
Lee & Landreth (2003)	Filial therapy with immigrant Korean Parents in the US	32 parents of 2-10 year olds C=15 no treatment waiting list E=17 CPRT	MEACI PPAS PSI	Experimental	Korean and English PPAS and PSI translated into Korean but have not been normed for this group.
Villareal (2008)	School-Based child-parent relationship therapy (CPRT) with Hispanic parents	13 Hispanic parents 4-10 yr olds C=7 no treatment waiting list, E=6	CBCL	Experimental	Spanish
Sheely-Moore & Bratton (2010)	A strengths-based parenting intervention with low-income African American families	23 parents average age of children 4.2 years C= 10 no treatment waiting list E= 13 CPRT	CBCL PSI	Experimental	English

Kidron & Landreth (2010)	Intensive Child Parent Relationship Therapy with Israeli Parents in Israel	27 parents 4-11 yr olds 13 no treatment wait list/14 CPRT	CBCL PSI MEACI	Quasi-experimental	Hebrew Unclear if translated measures into Hebrew
Ceballos & Bratton (2010)	School-based CPRT with low-income first-generation immigrant Latino parents: Effects on children's behaviours and parent-child relationship stress	48 parents C=24 no treatment waiting list average age of children 4.42 years. E=24 CPRT average age of children 4.12 years.	CBCL PSI	Experimental	Spanish Measurement tools translated into Spanish.

Appendix 5 – Intake Interview with Mother

Child's Name:	Date of birth:	Gender:

Child assessment form

Reason for referral

What are parent/carer main concerns?
Presenting problems and other difficulties: Feelings/emotions: Behaviours: Communication: (including nonverbal, e.g. eye contact, use of gestures, body language, tone of voice, etc.) Sleeping/bedtime: Eating: (what they eat, mealtime behaviour) Going to school/returning from school (leaving/reuniting with parent/carer) relationship with siblings/other family members: Friends:

Child's Name:	Date of birth:	Gender:

Educational history:
Risk assessment – any risk to self or others? Any deliberate self-harm or violence to other?
Developmental and medical history: Language, cognitive, physical
Child's interests
Child's typical day

Child's Name:	Date of birth:	Gender:

Current family situation: (contact, divorced etc)
Social History: Family origin: Home/ school moves: Significant changes (e.g. divorce, significant change in finances, injury/sickness-child or significant others): Losses (deaths, divorce, loss of friends, etc.):
Family tree/genogram:

Appendix 6

CHANGE INTERVIEW WITH MOTHER POST INTERVENTION: QUESTION OUTLINE

(Informed by the work of Elliot, 2001, 2002)

Title of study: Intensive Filial Therapy with Brazilian Mothers and their Children, Victims of Family Violence

1. What has the filial therapy training programme been like for you?

2. What changes, if any, have you noticed in yourself since participating in the programme?

3. For each of these changes: a). how much have you expected this change vs been surprised by it? b). how likely would the change has happened if you had not participated in the training?

4. What changes, if any, have you noticed in your child since participating in the programme?

5. For each of these changes: a). how much have you expected this change vs been surprised by it? b). how likely would the change has happened if you had not participated in the training?

6. What changes, if any, have you noticed in your relationship with your child since participating in the programme?

7. For each of these changes: a). how much have you expected this change vs been surprised by it? b). how likely would the change has happened if you had not participated in the training?

8. What do you think has brought about these various changes?

9. Have these changes impacted your family as a whole? If so, in what ways?

Visual Representation of Change Interview

Changes in Myself (Questions 2 & 3):

Mudanças em Mim Mesma

0____10

0____10

Sim____Não

Changes in my child (Questions 4 & 5):

Mudanças em Meu Filho/Minha Filha

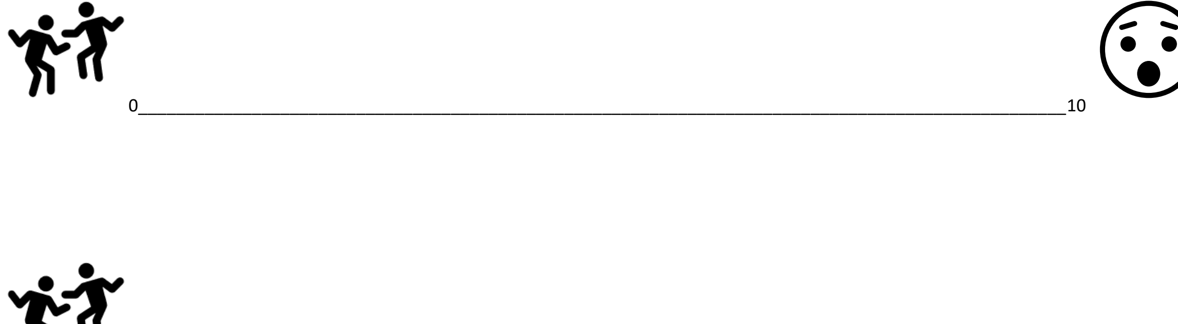
0____10

0____10

Sim____Não

Changes in the Mother-Child Relationship (Questions 6 & 7):

Mudanças no Meu Relacionamento com o Meu Filho/Minha Filha



Sim____Não

The mothers were asked to choose figures to represent themselves and their child of focus. They moved the figures along the continuums to visually show how much change they had experienced to have taken place in each of the three areas, how surprised they were at the changes and whether they believed these were attributable to the filial therapy process. Their answers were further discussed and recorded in the tables in chapters 4, 5 and 6.

Appendix 7

INTERVIEW WITH STAFF MEMBER/CARER AT PROJECT
QUESTION OUTLINE

Title of study: Intensive Filial Therapy with Brazilian Mothers and their Children, Victims of Family Violence

A. Pre Intervention:

1. How long have the mother and her children been with you at the shelter home?

2. Can you give me a brief summary of the family's background and why they are here?

3. What would be your main concerns for the family as a whole at present?

4. How would you describe the mum's abilities to parent her children?

5. What would you consider her strengths?

6. What would be your areas for concern?

7. Which of her children would you consider the most in need of support and why?

8. What behaviours of this child concern you?

9. How do you think the filial therapy training programme will benefit the child, his relationship with his mother and the family as a whole?

INTERVIEW WITH STAFF MEMBER/CARER AT PROJECT
QUESTION OUTLINE

Title of study: Intensive Filial Therapy with Brazilian Mothers and their Children, Victims of Family Violence

B. Post Intervention:

1. What changes have you observed, if any, in the mother's ability to parent her children?

2. What changes have you observed, if any, in the relationship between the mother and the 'child of focus'?

3. What changes have you observed, if any, in the family relationships and dynamics as a whole?

4. Have you observed any changes in the 'child of focus' in terms of his/her behaviour, mood, ability to communicate and general well-being? If so, can you describe these changes?

5. Have your concerns changed for the 'child of focus'? In what way?

6. What contribution do you think the filial therapy training programme has made to any changes you have described in the child, his relationship with his mother and the family as a whole?

Appendix 8

FAMILY PLAY OBSERVATION – Assessment Tool

(Rye and Jäger, 2007)

The Family Play Observation proposed by VanFleet (2005, 2006) serves several purposes:

- It ensures that the mother knows that the therapist/researcher has observed their child interacting with them.
- It gives the therapist/researcher the opportunity to see the family members interacting directly.
- It offers a basis for discussion with the mother about whether the child of focus (and siblings if present) behaved as expected, that is, it offers the opportunity to consider what was typical and what was different or surprising about his/her behaviour.
- The therapist's/researcher's analysis of the observation can generate working hypothesis about family dynamics for example.

It involves a **20 minutes play session** between the family members which is **video-recorded** and then analysed by the therapist/ researcher. The observations and working hypotheses are then shared with the mother for discussion.

The analysis includes **observation of**:

- Interactions between the child and parent – both attuned interactions and misattuned interactions.
- Level of interactions among all participants
- Locus of control in the family
- Methods used by the child to achieve his goals
- Methods used by the parents to control the child
- Verbal and non-verbal affective expressions of the child
- General behaviour of the child
- Neurological or unusual signs eg. Speech difficulties, distractibility In the child
- Problem interactions between the child and other participants

The use of the Family Play Observation including the video recording of the play session as an assessment enables the parents and therapist/researcher to form a working alliance and to decide together on filial therapy as an appropriate intervention. Rye and Jäger (2007) highlight the importance of using the video recording as part of the Observation:

1. To provide 'live' evidence as to whether filial therapy is a suitable intervention for the family
2. To generate working hypothesis
3. To involve the parents, in this case, the mothers in the decision about whether to participate in the filial therapy. This will be important in helping the mothers decide about giving consent also to the filial therapy programme/research.
4. To affirm the parents in their existing skills.
5. To discuss with the parents how the filial therapy training will extend and build upon these skills.
6. It provides a 'base line' assessment to which therapist/researcher and parents can return to as the training progresses.

The Family Play Observation can be repeated at the end of the intervention to observe and discuss changes that have taken place.

Appendix 9

Play Themes: Erikson's (1963) Psychosocial Stages of Development

Erikson's Themes	Age	Erikson's Sub-themes Used by Ryan and Edge (2011)	Erikson's Sub-themes added in current study
Trust	0-18 months	Safety or Protection, Comfort and Nurturing	Rescued/saved, attunement, exploration, rebirth, full/satisfied/having enough, hopefulness Emotions: joy, curiosity, optimism, hopefulness
Mistrust	0-18 months	Distancing or rejection, chaos, trauma and abuse within primary relationship	Relationship ambivalence, death/destruction/loss of self and/or others of importance, dying, emptiness, despair, never having enough, numbness/lack of affect Emotions: sadness, hopelessness, fear, rage, emotional detachment, grief and loss
Autonomy or Independence	18 months – 3 years	Power, mastery, sense of completion	Satisfaction Emotions: age-appropriate self-efficacy and independence
Shame and Doubt	18 months – 3 months	Control/victimization, weakness or helplessness, aggression and anger	Limit testing, over compliance and high approval seeking, defiance, dominance/submission Emotions: helplessness, anger and frustration
Initiative	4- 6 years	Healing or helping, expressing feelings and wishes, exploring adult roles and interests	Goodness, age-appropriate risk-taking, social regulation, respect for physical objects Emotions: sense of purpose and energy, creativity,

			beginning awareness of social obligations and expressiveness of feelings
Guilt	4- 6 years	Injury and harming self or others, non-compliance with social rules, preoccupation with ‘evil’	Damage of property and objects, over-concern for own safety, sneaking and trickery Emotions: blaming self and ‘feeling bad’, confusion of fantasy/imagined worlds with reality, overdeveloped conscience, inhibition of thoughts, feelings and imaginative play.
Industry	7 – 11 years	Friendship, persistence, pleasure in own achievements	Learning, enjoying social recognition for own achievement, Interest sharing with peers and adults Emotions: persistence and overcoming frustration, feeling clever, robust and capable
Inferiority	7-11 years	Over-conformity to social rules and expectations, preoccupation with winning, inability to work cooperatively or ask for help	Lack of persistence at tasks, alienation of peers and adults, feelings of low self-worth, over-compliance and high approval seeking Emotions: Feeling stupid, worthless, unable to learn or accomplish things, unable to work with peers or adults.
Identity	12 years - adolescence	Examining different perspectives simultaneously, Identification with chosen peer group, age-appropriate interest in sexuality	Ability to tolerate a range of complex/mixed emotions simultaneously, respect for societal values overall and appropriate challenge Emotions: reviewing and taking pleasure in remembering childhood experiences, hope for the

			future, sense of belonging (societal, cultural, peer and family groups) and working out meaningful values and aspirations
Role Confusion	12 years - adolescence	Cynical mistrust, preoccupation with or lack of interest in sexuality, over concern about caring for others	Over identification with delinquent peer group, pervasive lack of respect for social rules, lack of identification with adult roles, lack of interest in forming intimate relationships with peers, regression or over maturity Emotions: longing for childhood, despair for the future, low sense of belonging, extreme questioning of values and aspirations of self and others.

Appendix 10

Trail of Categories in Use of Thematic Analysis (informed by Braun and Clarke, 2006) in Analysing Filial Therapy

Step 1: **Initial Engagement** Analysing session summaries and feedback summaries session by session. Process completed for each individual family.	Re-reading family's case histories, intake process, session summaries and feedback summaries compiled in initial phase of analysis.
	Initial coding through use of highlighting and colour coding alongside annotations on case records. Broad themes identified in response to research questions to help manage vast amount of data.
	Four broad themes used to further break down and analyse the data in order to understand in more depth the interactions occurring: mother's responses to child in play session, mother's developing skills, mother's voice in the feedback sessions and the filial therapist's responses to the mother during feedback sessions.

Step 2: **Mother's Responses in Play Sessions & Developing Skills** Analysing sessions using sessions summaries and video recordings session by session. Process completed for each individual family.	'Codes' identified and placed into flow diagrams detailing mother's responses to child during each play session. As these responses demonstrate the learning of the filial therapy skills, these two broader themes are considered together. See Appendices 14 (Marcia and Gonzalo), 20 (Melissa and Liliana) and 26 (Bella and Rafael).
	Codes clustered into 'extrapolations' - codes that were the same across various sessions, grouped together under one 'extrapolation'. See Parts 1 of Appendices 16 (Marcia and Gonzalo), 22 (Melissa and Liliana) and 28 (Bella and Rafael).
	Six themes were identified from active engagement with the extrapolations or code clusters: the four skills taught in filial therapy and (i) responses where the mother's own emotional reaction/needs take priority (ii) responses that incorporated feedback from the discussions with the researcher (see sections 4.2.7.1. (Marcia), 4.3.7.1. (Melissa), 4.4.7.1. (Bella)).

Step 3: **Mother's Responses in Feedback Sessions** Analysing feedback sessions using summaries and video recordings session by session. Process completed for each individual family.	'Codes' identified and placed into flow diagrams detailing mother's responses during each feedback session. See Appendices 15 (Marcia), 21 (Melissa) and 27 (Bella).
	Codes clustered into 'extrapolations' - codes that were the same across various sessions, grouped together under one 'extrapolation'. See Part 2 of Appendices 16 (Marcia and Gonzalo), 22 (Melissa and Liliana) and 28 (Bella and Rafael).
	Eight themes were identified from active engagement with the extrapolations or code clusters. Recorded in indivdual tables in Chapter 4: 4.4. Marcia, 4.11. Melissa and 4.18. Bella.

Step 4: **Researcher's Responses in Feedback Sessions** Analysing feedback sessions using summaries and video recordings session by session. Process completed for each individual family.	'Codes' identified and placed into flow diagrams detailing researcher's responses during each feedback discussion. See Appendices 15 (Marcia), 21 (Melissa) and 28 (Bella).
	Codes clustered into 'extrapolations' - codes that were the same across various sessions, grouped together under one 'extrapolation'. See Parts 3 of Appendices 16 (Marcia and Gonzalo), 22 (Melissa and Liliana) and 28 (Bella and Rafael).
	3 main themes each with sub-themes were identified from active engagement with the extrapolations or code clusters: engagement of Roger's (1951) core conditions (5 sub-themes), direct teaching (5 sub-themes) and indirect teaching (3 sub-themes). See Tables in Chapter 4: 4.5. Marcia, 4.12. Melissa and 4.19. Bella.

Appendix 11:

Trail of Analysis Using Ryan & Edge's (2011) Thematic Analysis of Play Themes

	ANALYSIS OF PLAY THEMES SESSION BY SESSION FOR EACH INDIVIDUAL FAMILY
STEP 1:	The researcher re-engaged with the video recordings and session notes coding the child's play according to the themes and sub-themes in Erikson's stages of development, using the format created by Ryan and Edge (2011). These form part of the rich case record for each family which can not be included due to length and word count. Examples of a sub-theme are given for each child in Chapter 4 (see below).
STEP 2:	These play themes were then clustered into 'extrapolations' describing the child's engagement in play and presented in the appendices. Appendix 13 - Gonzalo, Appendix 19 - Liliana and Appendix 25- Rafael.
STEP 3:	The 'extrapolations' were used to inform and support the first four of Erikson's (1963) developmental conflicts and show the child's progress through these in play during the intervention. These are described in Chapter 4 for each child. (Sections 4.2.6. Gonzalo, 4.3.6. Liliana and 4.4.6. Rafael).
STEP 4:	The main themes identified in each child's play through thematic analysis of the individual sessions are used to illustrate how they move through the four stages of therapeutic process (West (1992) and Landreth (2002)). See Diagrams: 4. 1. Gonzalo, 4.2. Liliana and 4.3. Rafael This progression is supported by the example of a sub-theme from Erikson's stages of development (Ryan and Edge, 2011) for each child and how it develops over the course of the filial therapy sessions. See Tables: 4.1. Gonzalo, 4.7. Liliana and 4.13. Rafael.

Appendix 12

Family Play Observation: Marcia, Gonzalo and Paulo

Rye and Jäger (2007).

Summary

Marcia, Gonzalo and Paulo were present for the Family Play Observation. Carla, as a thirteen year old teenager, did not want to be involved. Marcia stayed engaged with the two boys throughout the session apart from brief moments where she became distracted by the toys herself or by her own thoughts. The 7 year age gap between the brothers was evident in the types of play that they engaged in. For the most part they played separately with Marcia making continuous attempts to engage with each one in turn. Marcia appeared to find it hard to meet the children in what they were playing with and rather persisted in trying to persuade them into what she was exploring herself.

Paulo was largely engaged in early projective play with the toy cars. He repeated lined them up, gathered them together, moved them around and tried to show them either to his mother or when he couldn't get her attention, to me. Gonzalo was also fascinated by the cars and occasionally would join Paulo in looking at them and choosing his favourites. He, however, was curious about many of the toys, spending some time drawing, but mostly exploring and setting up both individual battles between toy figures and then a larger battle scene between three different teams or armies. Although he spoke a lot about the final battle, it didn't take place until towards the end of the play session.

Analysis

- *Interactions between child and parent: Attuned/misattuned interactions*

Marcia shows herself able to both observe and aid Gonzalo in his play. For instance, she watches as he is setting up the two 'teams' or armies that will eventually fight each other. She passes him animals, dinosaurs and toy figures as he separates them into sides. She (eventually) responds to his repeated question about which side she thinks will win. After responding with humour, saying that a small dinosaur will win against the enormity of those around it (perhaps

how she feels herself), she says it's clear that the armed soldiers or third team placed facing both the other two, will win because of their weapons. Gonzalo is quick to protest and this leads to a more attuned discussion between them that it is possible to have other abilities and powers to win the fight, not just weapons.

The three of them also have an attuned interaction when Gonzalo shows Marcia the family figures. Initially she starts to set up the family herself but the two boys are drawn in and they enjoy the setting up of their family unit represented by the figures.

However more common are the misattuned interactions. Marcia tries to engage the boys in toys that she becomes curious about, instead of meeting them where they are at. For instance, she finds the sensory caterpillar and tries to give them both a fright to get their attention with it. She wants them to follow her lead and in the case of Gonzalo, she continually misses what he is exploring and creating. She appears not really interested in his choice of play. It takes his persistence for her to answer his question about who will win the battle. He spends most of the session playing by himself, in his own imaginary world, narrating out loud hoping someone is listening (raising his voice, glancing at Mum or me), recreating sound effects as the battle plays out.

Gonzalo at times pauses what he is doing to meet Mum in her play. He joins in her 'fun' with the caterpillar although not really enjoying the feel of it. He describes it as 'cold'. He allows her briefly to examine him with the doctor's kit although retreating again when she pretends she wants to pull his teeth out. He draws in response to her persistence and goes to help her when asked as she tries to draw around a dinosaur herself.

Marcia is also capable of mocking Gonzalo. She teases him for having coloured in his Spiderman drawing in pink and laughs at him when he insists it is red. The have a disagreement about the colour, neither wanting to back down or perhaps to lose face in the 'battle' of who is right. She later tells him he's like a crazy person for moving around the mat whilst he plays.

- *Level of Interactions Among All Participants*

There is significant amount of talk and interaction happening throughout the session mostly between either Mum and Paulo or Mum and Gonzalo. The three of them move in and out of interactions with each other and into solitary play beside one another. Marcia does try hard to engage with both of the boys, dividing her time between them, yet as noted she misses

opportunities for more attuned interactions by trying to persuade them to play on her terms. She tries to test Paulo for instance with the names of animals. She sees his intent and desire to draw around a car but then takes over from him and doesn't allow him to try himself. In both cases he loses interest. She shows him how to put a figure in a car but when he tries himself, albeit with a figure that is too big, she laughs at him.

Paulo is watchful of all the play that is developing around him and particularly seeks to copy Gonzalo. He imitates his big brother's sound effects and movements with the figures battling and the cars racing. Gonzalo occasionally approaches Paulo in curiosity about the cars, but Paulo is very possessive of these and usually protests at any interference.

- *Locus of control*

It would seem that at any given moment, each one could exert themselves as holding the locus of control. Paulo through being the youngest could use his power of protest, playing the 'baby of the family' card. Marcia shows glimpses of being able to use discipline and shaming to demand control. Gonzalo, being bright and eloquent, perhaps could use his ability to verbally argue back and shame his mother if he chose to. The interaction over Gonzalo's drawing and the red pencil gives a glimpse of this dynamic. He responds to her scoffs and mocking with his own put down saying, "He is red but this is pink. You should know that. *Please!*."

These are fiery dynamics and the researcher feels aware of both mother and son fighting off being shamed by the other.

- *Methods Used by Child to Achieve Goals*

Gonzalo is confident in what he wants to play and pursues this amidst distractions by both Mum and brother. He responds to both their interruptions mostly with patience and curiosity. He is able to express himself and his desires verbally, although often these go unheeded, particularly by Mum. If it's important to him, Gonzalo repeats his question or comment in a stronger voice and until he receives a reply. He asks Mum about 8 times who she thinks will win the battle until he is satisfied with her response and engagement.

Gonzalo uses narration and sound effects and it seems these can be for his own involvement in play, but also to draw attention to what he is playing out. He often checks if Mum is attentive and also the researcher as observer.

Gonzalo is not afraid to challenge Mum either directly or in a more subversive manner. He will argue back as he does over the colour of the red pencil. He walks around the mat even with Mum's protestations. He expresses his views like his conviction that Paulo will cry when told to tidy up the cars.

Gonzalo presented himself with politeness and gentleness to his brother when he wanted to share the cars. When Paulo protested, he distracted him whilst hiding the cars behind his back.

- *Methods Used by the Parent to Control the Child*

Marcia uses direct verbal warnings, instructions and directions. She also uses distraction techniques with Paulo as the younger child. She insists on attention or help, for instance, insisting that Gonzalo help her draw around the dinosaur. She reminds Gonzalo of his general naughty behaviour in daily life and scoffs at him in his attempts to do things independently.

With both boys she repeatedly reminds them that the cars are going to have to stay in the room at the end of the session. She tells them that in a month when the play times end that they will be able to take some of the cars away. She is pre-empting Paulo's distress when is comes to leaving the session.

- *Verbal and Non Verbal Affective Expressions of the Child*

Gonzalo expresses emotions both verbally and non verbally in the session. He shows and verbalises excitement and curiosity as he explores and discovers new toys (Eg. 'Nossa, que massa!' or 'Oh my! How great!'). He asks how long they have been playing explaining that he wants there to be lots of time to play.

Gonzalo shows frustration with his mother both in the discussion about the colour red and in her lack of response to his question. One becomes a minor argument and in the second he continues to persist in his question until she responds to him. He shows much patience with her though and tries to meet her in her own play at times. He also honestly acknowledges verbally that he sometimes can be naughty and will hide from Mum and the consequences.

Gonzalo shows patience also with Paulo especially when he knocks some of his figures over or refuses to share the cars. His flickers of frustration are contained, for instance, when Paulo decides to walk across his drawing Gonzalo protests although minimally and mimes pushing

him rather than actually hurting him. He lets these moments pass although perhaps some of his frustrations are channelled in to the battles that ensue.

- *General Behaviour of the Child*

Gonzalo plays with curiosity and focus, aware of his younger brother and mother playing beside him. He seems engaged and happy, although perhaps would appreciate further engagement by Mum in his own developing play themes. He perseveres in his goals, distracted at times to join in with the others, finding his way to do so. He allows Mum to help and join in, listening to and responding to her. He shows kindness to her and his younger brother. He keeps to the rules of play, using both the space and toys with confidence, able to share these appropriately.

- *Neurological or Unusual Signs (eg. speech difficulties, distractibility in the child.)*

Although Marcia had described Gonzalo as hyperactive the researcher would not describe his behaviour and presentation as such in this session. He was engaged and active but not abnormally so.

- *Problem Interactions Between the Child and other Participants:*

As mentioned above the researcher felt aware of momentary interactions where both Marcia and Gonzalo were perhaps avoiding feeling shame. This led them into one to one disagreements to expose the other's 'failings'. Marcia for instance brings up Gonzalo's misbehaviour in response to a comment he makes about Papa Smurf looking like he was protesting that he had done nothing wrong. She likens it to Gonzalo when he has been naughty. Gonzalo is quick to protest, denying her accusation, then challenging her by saying he is more likely to hide than deny. The researcher wonders, to hide in shame or in fear of the punishment heading his way?

Initial Working Hypotheses about the Family Interactions

1. Marcia tries hard to remain present, attentive and engaged with both boys.
2. This presents a challenge as they are both at different developmental stages, play very differently and have different needs.
3. Both Paulo and Gonzalo are curious, eager to play and interact with the toys.

4. Mum wants to play with the boys yet struggles to keep attentive to what they are playing with. She prioritises her own desires, interests or needs and loses focus on them.
5. Mum's intentions also seem well motivated, wanting them to notice all the toys and make the most of the experiences on offer.
6. All play side by side rather than together for most part but have moments of 'togetherness'.
7. Both boys make bids for Mum's attention in age-appropriate ways initially but when these go unheeded, they seek other ways to persuade her to engage with them. This is particularly so with Gonzalo.
8. Mum perhaps feels inadequate at times and may experience feelings of shame.
9. She projects this discomfort onto Gonzalo and provokes arguments as he fights against being shamed by her.
10. Mum struggles in knowing how to relate appropriately to the boys, unaware of their individual needs and emotions being expressed, and distracted by her own worries.
11. She commands obedience verbally and by reminding Gonzalo of his 'failings'.
12. The family unit is very important to her even if she struggles to position herself within that.
13. Gonzalo has had to fight for his needs and voice to be heard, perhaps sometimes in 'naughty ways' as suggested. He shows determination, resilience and some confidence.
14. He is caring and patient towards his younger brother, perhaps holding and containing some frustration however that comes out in other behaviour.
15. Marcia also has two teenage children that must fit into the family dynamics highlighted above, teenagers that will have their own set of needs and demands for her to respond to and manage.

Follow Up Discussion with Marcia

Mum immediately admits that she has never played with her children in this way before and that she has not made the time because there are always things to do. It's difficult to take time to sit and play and since arriving at the shelter home, she says she is always in a rush. The researcher comments that she has observed that they have quite a few chores they are responsible for each day. She asks how she has enjoyed her first experience today.

Mum explains that she doesn't know how to play with the children as they play by themselves. She feels 'fora da brincadeira deles' or removed from their play. The researcher affirms how well she actually did with the two of them pointing to how both of them equally wanted her attention. She explains how there was plenty of interaction happening, sometimes more with Paulo and at other times with Gonzalo. She responds that she was dividing herself between them. The researcher explains that this is hard to do when they are both different ages and at different developmental stages. She points to Gonzalo wanting to engage more with the toy figures and recreate battles whilst Paulo is still young and playing with the cars. She reassures Mum that she did well to divide her time and that the boys responded to her.

Marcia reflects that playing with them is important and that she needs to make time to do this even when they leave the refuge. She says that otherwise the children can grow up angry and frustrated. The researcher highlights how important these play times are for children and how much they appreciate the interaction, pointing to Gonzalo's question about how much time he had left to play. Marcia comments on how much he likes to play and the researcher notes how important it will have been to him to have his mother playing with him today.

The researcher asks Marcia whether there were toys she particularly enjoyed playing with or those she didn't like. She responds how much she enjoyed playing with all the toys, in particular the family figures. The researcher affirms this as a particularly special point where she recreated her family unit and that the boys appreciated it too. 'I found it fun and interesting' comments Mum. She reflects that Paulo only really wanted to play with the cars and the researcher explains that this appropriate to his age and developmental stage. She describes the way children line up cars, move them around then line them up again repeatedly.

Marica comments on Gonzalo liking to play 'fighting' and wonders if this again is his age. Having reassured Mum that it is age appropriate she draws her attention to the fact that Gonzalo was constantly attempting to draw her in to his play. He did this by calling her, inviting her to interact and play with him. He sought her attention. Marcia listens and nods. Both children wanted her attention and interaction the researcher adds.

Marcia explains that before she had Paulo, Gonzalo was her youngest and focus of attention. She says she tries to give both equal attention and that she loves them both the same. The researcher reflects that they are both different personalities but that both of them are special.

The researcher draws Marcia's attention to Paulo and how although he is playing alone, he keeps an eye on his brother at the same time. At times he likes to copy what his big brother is doing, giving the example of him copying Gonzalo's movements and sound effects with the cars. Mum agrees and the researcher reflects how he learns to play through watching and copying his brother. She notes how Gonzalo was patient with Paulo, not getting angry with him when he didn't want to share the cars and asking again kindly. The researcher uses humour to consider whether he is as patient out of the play session and Mum comments that 'sort of'. She says that he is respectful when others are around but that they do play well together generally.

Downstairs, Paulo can be heard calling constantly to his mother wanting to join us, or rather her. Marcia has been folding, unfolding, folding and fidgeting with one of his t-shirts throughout the conversation.

The researcher points to Gonzalo having respected his mother's direction about staying on the mat whilst he was moving around behind her. He kept to what she asked of him. She reflects that it's about how she speaks to him. If she yells at him, he disobeys but if she speaks with love then it's better. She says that if I child grows up with love he is happier but if he is shouted at and called names, that he will grow up angry and rebellious, and will disobey more. (The researcher notes this to herself in light of what the carers have said about her during the intake interview.)

The researcher is keen to affirm and encourage Marcia and congratulates her on the lovely personalities that the two boys have. She shares how she thinks the play times will help Gonzalo, how she will learn to understand his play more fully and how much he will enjoy her

being present with him. She highlights the imagination that he already has revealed and Marcia agrees, commenting on how she has been dumbfounded at times by what he has created in play. It will be helpful then for Marcia to understand his play themes.

Arrangements are made for the play observation where Marcia will come just with Gonzalo. The researcher has asked the carers to look after Paulo so Mum can focus on her play and relationship with Gonzalo during the filial therapy process.

Appendix 13

Extrapolations: Gonzalo

1. G expresses himself predominantly in projective play, creating 'worlds'.
2. These 'worlds' explore themes of danger, threat and aggression vs. safety and containment.
3. He explores a lack of clarity of who is trustworthy and who is not, who is good or bad.
4. His play appears to reflect some of his experience of growing up exposed to the dynamics of threatening situations on the city's streets. This is validated by Mum's explanations in the feedback sessions.
5. The scenes he creates are 'whole' scenes telling a story and change over the course of the intervention. They begin as chaotic and confusing, with maximum danger and threat present. They evolve gradually becoming more organised, with dangers/threats dissipating, more contained and protected against. They expand including different 'eco systems'.
6. G appears to enjoy his mother's attention and her efforts to narrate the story of his creation. He sometimes lets her run with it and accepts her narrative and other times explains, co-creates or corrects her.
7. He persists in what he sets out to do in spite of Mum's complaints, teasing or lack of enthusiasm to engage in what he has chosen to do.
8. Both defend against shame.
9. G is tolerant of his brother's presence which increasingly distracts Mum from being attentive to his play.
10. He is kind to his brother, allowing him at times to join in or taking account of his needs.
11. He enjoys drawing and engaging with Mum through a guessing game.
12. He tolerates Mum's interference and need to play herself, allowing her to lead and following her direction at times.
13. He attunes to Mum's mood and responds to maintain connection and/or keep self safe.
14. He appears less comfortable/familiar with interactive play eg puppets, doctors.
15. Perhaps he is used to playing alone. Often seen alone within home.

16. G enjoys exploring the toys and playing with the toy kit.
17. Relationship ambivalence with Mum: enjoys her attunement vs defending against her imposing her will on his play/narrative – power struggle between them.
18. He is mistrustful of her intent: ‘nurtures’ and ‘strikes’ within minutes of each other (s10). Also, Mum’s tendency to take over. Keeps her at distance through more solitary projective play?
19. Invites Mum to join in/help in later sessions.
20. G creating frightening and threatening scenes within larger story – doesn’t himself express feelings but listens to Mum’s narration and expression of feelings.
21. G integrates his experiences through using material he has watched on TV – especially Jurassic Park: play and stories as containers for difficult material being processed.
22. Mastery, persistence, completion, independence.

Themes as identified by Marcia:

Friendship, the police, competition, problem-solving, danger, risk, victim, limit-testing, rescue, fight, different emotions, winning/loosing, war/terrorism, food/eating, good/evil.

Emotions identified by Marcia:

Happiness, sadness, fear, pride in what he does,

Appendix 14 - Flow in Marcia's Responses in Play Sessions

Session 1

M missed all but one training session - has only been introduced to skills 1 and 3. R starts session by playing herself with G illustrating skills 1-3.M takes over with support by R.

M observes G and what he is creating attentively.

M initially asks questions of Gonzalo. R reminds her no questions, M catches herself and tries hard not to.

M tries to practise skill 2 - empathic listening and reflecting - notices and states what she sees G doing with the figures, animals and dinosaurs.

M allows G to correct her, listening, understanding and accepting what he describes.

M directs G to play with the hand puppets when he wants to play with the finger puppets.

G becomes shy and M checks with R if she can help him by starting interaction.

M enters into imaginative play with G through the puppets, developing caring story line.

M uses the play to draw his attention to his 'naughty' behaviour, albeit playfully.

M manages to stay present with G throughout even though P is present.

Session 2

Using prompts on wall, M introduces session herself.

M tracking and reflecting with more confidence.

G creating scene silently to begin with - M very focused, trying to understand and develop narrative for his actions.

M sometimes adds own interpretation to what she is observing.

M accepts corrections that G gives and adapts the narrative accordingly.

Co-creating - one more visually and one offering words.

Seeks to attune to his intentions, paying close attention, discerning his developing 'world'.

M laughs at various points perhaps out of overwhelm at what he is creating?

Tries to be patient, observes G's drawings and entering into game with him of Guess what?

Enjoys interaction, responds playfully.

Begins to show signs of frustration in the 'not knowing'.

Session 3

M expresses how she is feeling this morning - 'without enthusisam' as she is concerned for her elder son. It is also cold.

M questions why G has picked the same toys again, commenting that there are many toys to choose from.

M accepts his choice, begins to observe, track and reflect his play. Allows self-direction throughout.

Co-creating narrative - G creates with toys and M providing narrative.

M strongly reprimand P pushing him away, to immediately feel guilty and seek to comfort him - loses focus on G. Difficulty with consistent parenting.

M makes suggestions/interpretations of G's play eg naming dinosaurs mummy, daddy, brothers. Accepts any clarifications G offers.

M changes her body position so that she can see/observe what G is creating more clearly.

M reflects G's process in Guess What? game. (Picked up on what R said in feedback session.) M warns G not to make fun of her if she can't guess. Wonders if he is making her guess for his own entertainmnent 'diversão'.

M joins in, perseveres, celebrates and enjoys game.Maintains focus on G. At times expresses frustration at G. Both M and G look to R as intermediary when 'stuck'.

Session 4

M initially resistant to coming to session today.

M expresses surprise at turn G's play takes and reflects this back to him. eg dino in paddock

M allows G to develop his play with his chosen toys, trying to observe and provide a narrative for his play.

M adds her own interpretations to scenes G is creating, even before he has started adding figures at one point, so that he has to point this out to her. Pre empting the narrative.

M becomes focused on a scenario that appears to distress her and wants to rescue the figure. (boy in trough, whilst sister waves at him)

She creates a sub story of her own. (A little girl is lost amongst the threatening creatures, whilst her mother searches for her. She is desperate, asking the monsters for help.)

She reflects her lack of enthusiasm to play the drawing game and distracts G into playing with the puppets.

M initiates the imaginary play and creates acompetitive game with the finger puppets.She takes over and directs the play.

She concedes to G drawing one bomb to then insist that he interact with her with the feeling cards. She tells him what to do.

(P taking up more space in the session.)

Session 5

(M late as trying to sort out some clothes for G and a nursery for P.)

M introduces session with confidence, then teases G saying that he can't play with same toys.

M reflects well and attempts to understand his story.

Checks with him regularly and adapts what she is narrating to fit with what he decides. G more vocal today.

M names some feelings through the characters.

Sometimes she can't help discussing and negotiating. A struggle to be 'right' or the one holding upper hand. G holding on to ownership of his story.

Attempts to play drawing Guess What? in good humour and patience, celebrating when she gets it right. Frustration shows through at times.

M's attention drawn to P who is still present and wanting to either join in or take M's attention away from G. M finds it difficult to manage, oscilating in her responses to him.

Session 6

(M states that she is not feeling well and choses not to sit on the floor.)

She teases G using sarcastic tone about his 'great farm' and exclaims happily that he is setting it up differently today.

M tracks G's play checking her understanding with him.

She is attentive, listening and summarising what he is saying. She allows more space for him to create and speak his own narrative.

M suddenly announces that G's father is coming to take him out today.

M reflects that the characters are scared.

M reflects how the characters could have behaved differently. eg soldier shoots Shaggy as he is in the way. G defends his action by saying the soldier had asked him but he refused and was disrespectful.

She reflects on how different the scene and story are today.

M responds defensively to G noting that she has said reflected less today.

M becomes confused, tense, impatient, frustrated during the guessing game. When she succeeds, she is clearly pleased with herself. She responds appropriately to G asking her to wait to guess until he has finished drawing.

M continues to struggle in managing P's presence in the session. She swings from reprimanding and threatening, to comforting and breastfeeding.

Session 7

(M has been able to visit her teenage son and appears more upbeat and ready to engage with G.)

M accepts G choice of toys and affirms him as he begins to set up.

She reflects what she sees.

She begins to create her own story line as G is quieter today which appears to reflect how she is feeling. eg it's a holiday and everyone is going for an outing to clear their heads

M catches herself telling G that he is wrong in his likening of a figure to a film character and accepts his association.

M tries to give voice to what she is observing. G not feeling well and accepts.

M using expression and intonation of voice to match what she is reflecting.

M becomes excited by what she is perceiving and expresses expectation of what will happen. When it doesn't she is able to accept this and help him in his development of play.

M continues to reflect what G is doing and helps him. She again catches herself directing him and allows him to decide.

M seems to have found a more comfortable rhythm with G today, co-creating the narrative.

M becomes distracted whilst G is drawing. She is finding it hard to guess and begins tidying up. P still present and bidding for M's attention.

M accepts that she can't guess what he is drawing and affirms him instead.

Session 8

(M has been absent for 3 days, trying to resolve an issue with her eldest son. She explains that she has sorted the difficulties out but is now concerned for her daughter who is refusing to go to school.)

M distracted and absorbed in own thoughts to start with.

M reflects what G is creating noticing that it is different again. Each time the fence encloses a different creature.

M adds her own interpretation to his play but allows G to correct her.

M enters into a discussion with G about the correct name of a goat, about the cars and the figures. She must be right above him and vice versa. She is unable to concede.

M moves herself forward in an attempt to stay focused and attentive despite P's bids fo her attention.

M listens to G's narrative, asks questions to check her understanding and reflects her understanding back to him.

M jokes saying that a small black figure is her eldest son.

She makes suggestions about the play eg. the figures are playing volleyball because their arms are up.

M contests G deciding that a character is a 'baddie' saying he can also be good.

M and G engage in fun, spontaneous play with the foam noodles. (new to play kit)

(P is still present growing more demanding of M's attention, trying to be involved in G's play.)

Session 9

(M and G alone in session with new filial kit that will be their's upon completion of training.)

M arrives agitated and anxious - following argument with C who had run away from the home. Safely back now. P downstairs with C but can be heard crying.

M distracted and conscious noone seemed to be responding to P. Tells G to shut up.

Crying stops and both M and G more able to explore new filial play kit together.

M becomes like an excited child, engaging in her own exploratory play, losing sight of skills and becoming more directive. Tells him how he will need to look after toys and play with them by himself. Own need to play apparent.

Enquires what he has created today so that he can give his narrative. Working on scene together, M placing out family figures. Able to focus more on G, work silently side by side.

M distracted by instruments and sensory toys, becoming more directive. She hits his face playfully with a toy but it hurts him.

Amidst playing with doctors announces to G that she won't be able to take him to his doctor's appointment as she is going out to work. Discussion over use of doctor's instruments.

Responds to baby doll and nurturing toy as if they are girl's toys. Delight at finger puppets.

Enters into a discussion with G about the playing cards.

Affirms G for knowing how to play with the cards.

Session 10

M structures session well. P not present in session.

M interferes in the play, creating her own section and directing G in what to do.

Gives G space to develop scene as he wants to. Respects his choice of toys.

M becomes distracted by sensory toys and engaging in play with these herself. eg. caterpillar, ball, Shaggy. She moves figures that he has placed.

Hits G on the head with blowup microphone and enters into discussion with him over whether it hurts or not. Minimises his experience of being hit.

Asks G about playing with the toys post training and again reveals no intention to play with him. M becomes distracted in thought at various points.

Follows G's direction to put cars out but then becomes distracted by her own associations with the cars. Argues with him about which are new/old to kit.

Creates own family unit with figures, not attentive to what G is creating.

Look through craft materials together. M reminds G of time/end of session but then becomes distracted by materials herself.

Appendix 15 - Analysis of Feedback Sessions with Marcia

Feedback Session 1

M expresses that she found the reflecting back more difficult and imaginative play much easier.

M shares that G loves to engage in imaginative play by himself, often finding him playing alone.

M notes that G is very shy.

(M reflecting on her own preference in play and G's engagement in solitary imaginative play.)

FT affirming M's first attempts at tracking and reflection acknowleding that she found it difficult to start with.

FT notes how practise will help it become more fluid and increase M's confidence in using skills.

FT teaches 3 skills using visual aids as prompts and introduces 'doughnut' metaphor to encourage M to focus on and verbally affirm G's strengths rather than 'negatives'.

FT empathically accepts M's description of G as shy and reassures that he too will become more familiar with the process.

FT acknowledges M's observation of G's imaginative play and encourages her to express curiosity and interest in this - explains importance of this for G's development.

FT affirms M's engagement in first session, reflecting that skills she is learning will help play with P too.

Feedback Session 2

M expresses being more at ease, enjoying the play session with G.

M expresses that she found it difficult to know what was happening in his play at times and to always get it right.

M says that she likes the fact that he was more talkative with her and freer 'solto'.

M notes G's knowledge of bombs and how this left her feeling inadequate. She says he's intelligent.

(M reflects on how she felt during the session, what she enjoyed, what she found difficult and reveals her own vulnerability and perhaps susceptibility to shame.)

FT validates M's experience, agreeing with her perception that it was difficult to know at times what was happening in G's play. Uses eg to support this. (little girl surrounded by dinosaurs - threat or protection?) HIghlights that it's okay to get it wrong.

FT explains importance of being attuned to and reflecting back G's play.

FT affirms these M's developing ability with this skill.

FT affirms M's noticing that she enjoys G talking to her whilst playing and notes that M will get to know G more as he expresses himself in play.

FT explains process in G's play Guess What? today both in its importance for him and in order to avoid M stepping into shame.

FT affirms her progress and how she is managing her 4 children - brings 'doughnut' biscuits to reinforce rule of thumb.

Feedback Session 3

M reflects on G's choice of toys and play, showing awareness and understanding that these toys are significant to him as well as the story and scene he creates. She notices that some things stay the same and some aspects are new each time.

M shows that she is focused and attuned to him and his actions.

M describes the way he wants her to tell the story and 'guess' what's happening as his giving her a challenge inferring that this could be a negative - him trying to trip her up or a power play. 'desafio'

M links G's knowledge of bombs with all the films that he watches.

M is aware that P is beginning to present a difficulty in being able to concentrate on G. Says he is going to a creche tomorrow.

(M reveals an awareness and understanding of G's play and what he may be expressing, yet sometimes presenting this from a place of defensiveness.)

FT affirming M's awareness and ability to stay attentive to G and his play.

FT names 'challenge' as G's desire for her engagement, thus reframing M's perception that he is somehow 'out to get her'.

FT reassures M that we don't know everything and that G does - it's okay in play.

FT thanks M for her engagement on a day that she expressed having so much on her mind. (Holding Mum in mind as she tries to hold G in mind).

FT reassuring M that P being in a creche will help both P himself and her.

Feedback Session 4

M expresses her enjoyment of the session, describes it as 'good'.

M notices how the story and meaning of his play contain changes each time.dependent on objective.

Prompted by the R, she reflects on themes, noting that the soldiers represent the police but are baddies. The other characters, esp. the creatures/monsters, are superheroes coming to rescue those in danger. M reflects how 'cool' G's play is.

She expresses disappointment that he struggled to join in the conversation with the finger puppets.

M expresses her feelings of signigicant concerns for her two teenage children.

She explains how they have together lived through dangerous situations, with many presenting as 'good' and 'helpful' but actually being 'bad' and 'harmful'. Mistrust and fear themes in play being co-created today. (Making connections play and real life.)

(M able to reflect on themes of play and link to their lived experience. M struggling with her own worries about children and keeping them safe in dangerous world. Unable to see how she's taking over in play.)

FT notes that G was more interactive. She notes that M is looking for understanding and asks her to reflect on possible themes. FT affirms M's responses and seeks to extend these. (trust and danger)

FT draws M's attention to the enthusiastic response G gave to M's introduction of a competitive game, reframing M's disappointment and negative reflection about G in finger puppet play.

FT highlights examples of M reflecting feelings and empathises with M's expression of her own feelings of concern for children. Draws attention to facial expressions - as seen in feelings cards.

FT continues to explain importance of and reinforce skills that M is learrning eg. stories as containers.

Feedback Session 5

M acknowledges that G is more relaxed and more open to verbalising what he is doing so that his play is easier to follow without guessing. -

M makes links and connections between G's play and their experience eg the biggest threat in the neighbourhood being the police who G has witnessed being brutally aggressive and violent to drug addicts for instance. She reflects that not all police are bad but that it is difficult to know the difference between them. She notices that the humans are under threat from the police instead of the dinosaurs and that this makes sense in light of G's experience and care for animals.

M reflects on G's enjoyment of solitary play where he 'travels away' in ihis imagination.

(M shows a natural attunement to discerning the themes in G's play, making links between play and real life experience. She is able to identify feelings of threat and fear for their personal safety.)

FT listening empathically to the family's lived experience of threat and danger in the neighbourhood.

FT reflects the upside down nature that in G's experience the police are more terrifying than the thoughts of wild animals, creatures and dinosaurs.

FT affirms M's ability to discern themes being explores in play, making links to lived experience and understanding what he is trying to express.

FT raises issue of power struggle between them, reinforcing skill of allowing self direction and explaining that it is not an affront to her parenting.

FT explains how solitary play is part of his development and encourages M to continue expressing curiosity when able, explaining impact of this.

Feedback Session 6

M notes how different G's story was in the session, both visually and in narrative. 'ele que falou' 'he was the one telling'

M sensitive to and aware of links between G's play and real-life situation and themes he is exploring.

M expresses her hopes to see her eldest son this weekend.

(M shows an awareness and understanding of G's exploration of themes pertinent to himself and their collective experience as a family through his play and created narratives. She sees beyond the play itself.)

FT affirms M's engagement particularly as she wasn't feeling well.

FT affirms M's acceptance of G's play having at first expressed her own exasperation with it. She re iterates the importance of allowing G to have the 'control' and lead the play as he needs to.

FT discusses with M the changing nature of his play and his increased confidence to describe the evolving narrative himself.

FT decides to introduce themes of play as M shows awareness of these. She introduces a list of themes, explanding each using egs where possible from G's play.

FT aware of tension between M and G - power struggle and avoidance of shame?

Feedback Session 7

Use of video recording to help reflect on session together.

M expresses amusement at watching herself and also embarrasment as she realises she has her kitchen cap on from chores.

She quickly notices how P consistently tries to get her attention, wondering why he keeps saying 'My mum.' She wonders if another mum would look after him next session.

M notices that G looks at her frequently, laughing at one of his expressions.

M is able to agree that G is very patient with P throughout the session and in day to day life.

M is amused at herself, calling herself 'super-nanny' and exlaiming how well she is doing.

M picks up on the two occasions where to began to take over. She sees how she stopped herself and allowed him to take the lead. She watches closely.

M becomes aware of how P insists on breastfeeing and how big he is to be doing so.

M says that she can often be impatient.

(Through use of video M is able to observe the three of them and reflect on their interactions and process together. She shows self awareness and knowledge of when she is doing well with the skills and where she can improve.)

FT affirms how well she is keeping her focus on G even with P seeking her attention.

FT offers possible explanations for P's statement 'My mum', his breastfeeding and G's frequent glances towards her. She affirms M's tracking, narrating of play and her acceptance of G's corrections.

FT reflects on G's patience and care toward his little brother.

FT affirms M noticing herself taking over and pulling back, and her self-awareness during discussion.

Feedback Session 8

As M watches video she notices clearly what she is already aware of: P's increasing demands for attention. She verbalises what she sees and notes that it isn't helpful to the session.

Aware that it would be beneficial to G if P could be looked after during play session.

M explains situation with eldest son and expresses concern for daughter. She says that it has been difficult to stay present in thought with G today as her thoughts are all over the place.

M picks up on G's stutter in video and draws it to the R's attention.

M listens (?) to FT's description of limit setting skill but at first attempt appears not to be taking it on board - in response to P throwing toy across room. Recreated engrained cycle with P of push and pull.

(M able to see and reflect upon situation with P from video, however struggles to introduce consistent changes in behaviour. Moves from rigid to chaotic parenting.)

FT acknowledges that M has much on her mind and her concern for each of her children.

FT reflects on G's changing and expanding world, pin pointing M's reflections and understanding as she interacts with him. FT affirms her attentive presence as far as possible. She notes how G choses carefully and thoughtfully where to place things.

FT reflects on G's patience with P, noticing that he had shown some frustration today.

FT teaches limit setting skill using P's in the moment behaviour to illustrate.

FT aware that M's good intentions are then not put in to action - struggles to follow through.

Feedback Session 9

As it is late in the day the filial therapist decides not to have a follow up discussion with M choosing instead to appreciate that they have both come inspite of the unsettled afternoon and that they have had a play time together without P exploring the play kit.

Feedback Session 10

Final session: FT introducing various worksheets to encourage M to think about aspects of play and her skills in the filial therapy process.

M able to identify acitivities and themes in the play session.

She reflects on new things that she has learnt about G and his preferences in play.

M compares G to herself growing up and reveals a glimpse of her own experience: gathering matchsticks in a car park to play with and entering into her own imaginative world.

She reflects on the feelings that he expresses in his play.

M reflects on realising that she still likes to play and she is partly a child whilst playing. It makes her feel happy.

She acknowledges that she has engaged well and can understand his themes and emotions expressed in play.

Her biggest challenge she expresses as having P in the sessions, wanting her attention.

(M reveals the capacity to reflect upon herself and G's play and process. She realises the importance of G having time just with her and how she responds to P's demands. She struggles however to translate that understanding into new behaviours and responses particularly if in sympathetic arousal. She becomes overtaken by her own needs and by protecting her family from whatever threat feels most pressing.)

FT affirms M's awareness of and ability to identify themes in the play - one of M's strengths.

FT acknowledges how difficult it has been for her to be present and engaged when so many other things are happening in her life at the same time. Almost every day something arises with one of the children and M responds passionately in order to help and protect them with the minimum resources available.

Appendix 16

Extrapolations from Flow Charts: Marcia

1. **Extrapolations from Marcia's responses in play sessions**:

- M practices empathic listening and reflecting (s1, s2, s3, s4, s5, s6, s7, s8)
- M is attentive to G and tries to understand what he is sharing through his play (s1, s2, s4, s5, s6, s7, s8)
- M allows G to lead the play (s1, s2, s3, s4, s5, s6, s7, s8)
- M develops a narrative for G's play (s2, s4, s5, s6, s7, s8)
- M adds her own interpretation to that narrative (s2, s3, s4, s6, s7, s8)
- M allows G to correct her, or checks with him, accepting his lead (s1, s2, s5, s6, s7, s8)
- M and G co-create the narrative (s2, s3, s5, s6, s7)
- M allows G to share his own narrative (s9)
- M takes over the play becoming directive/following her own agenda (s1, s4, s6, s9, s10)
- M enters into discussion with G over narrative, wanting to be 'right' (s5, s8, s9, s10)
- M catches herself being directive and taking over the narrative, stops and allows him to lead/decide (s7, s9)
- M is able to enter into imaginative play with G (s1, s9)
- M reflects back feelings in play (s6)
- M reflects back things that she has noticed about the play (s6, s8)
- M uses the play to shame G (s6, s10)
- M stays attentive to G even through P is present (s1, s2)
- M introduces session (s2, s3, s4, s5, s6, s7, s8, s9, s10)
- M enjoys the interaction with G, able to respond playfully (s1, s2, s3, s5, s8, s9)
- M tolerates 'not knowing' (s2, s3, s5, s7)
- M becomes frustrated with 'not knowing' (s2, s4, s5, s6)
- M is distracted by concern for a sibling not present in the room (s3, s8, s9)
- M expresses frustration with G playing with the same toys (s3, s4, s6)

- M is distracted by P's behaviour in session struggling to deal with it appropriately, losing focus on G, (s3, s4, s5, s6, s7, s8)
- M changes body position to enable her to remain focused on G (s3, s8)
- M very sensitive to being shamed herself (s3, s4, s5, s6, s8, s9, s10)
- M enters into power struggle with G (s5, s8, s9, s10)
- M reacts defensively to G's reflections (s5, s6, s10)
- M incorporates feedback from s2 to recognise and reflect process in G's play (s3, s7)
- M overtaken by her own needs/distress (s4, s5, s6, s9, s10)
- M overtaken by her own need to play (s9, s10)
- M creates own narrative from G's play that appear to communicate her distress/meet her needs (s4, s8, s10)
- M expresses her own feelings rather than being attentive to those of G (s3, s4, s5, s6, s9, s10)
- M uses humour that appear self-deprecating or humiliating to G (s5, s8)
- M hits G with toy (s10)
- M throws in a random piece of news/ information to G (s6, s9)
- What is happening to M before session/real life events greatly affects how she is able to engage with G in session (s5, s6, s7, s8, s9)
- G not feeling well and is more accepting of mother's responses when incorrect (s7)
- M becomes distracted (s7, s9, s10)
- M appears dissociated (s8, s10)
- M affirms G (s9)
- M reveals no intention to play with G following end of training although encouraging him to do so alone (s9, s10)

2. Extrapolation Marcia's Responses in Feedback Sessions

- M able to reflect on own preferences in play (s1)
- M recognises own desire and need to play (s10)
- M reflects on G's preferences in play (s1, s5, s10)

- M reflects on and expresses own feelings during session (s2 – enjoyment, uncertainty, feelings of inadequacy/vulnerability, s4 – enjoyment, admiration, disappointment, s7)
- M reflects on G's choice of toys, revealing understanding that toys are significant for him as is the story he creates (s3, s4, s5, s10)
- M reflects on how he likes her to tell the story and work out what is happening – she expresses it as a challenge to her, like he is using it to have power over her (s3)
- M noticing that G more relaxed and verbalising his own narrative so that she is not needing to work it out so much (s5)
- M shows an attunement to and ability to understand G's play, the themes that are arising (s4, s5, s6, s10)
- M links G play with real life experience (s3, s4, s5, s6)
- M expresses and reflects on their lived experience together (s4, s5, s6)
- M identifies feelings that G is expressing in play (s10)
- M aware that P's presence is posing a challenge (s3, s7, s8, s10)
- M expresses her concern for her teenage children (s4, s6, s8)
- M not able to see how she is taking over in G's play (s4)
- M not aware of power struggle that develops between them – sees it as him challenging her, trying to be better than her (s5, s6)
- M notices that G like solitary imaginary play (s5)
- VIG enables M to notice dynamics with P (s7, s8, s8)
- VIG enable M to observe herself and be pleased with her interactions but see where she needs to improve (s7 – stopping herself being directive, s8)
- M mocks G – (s7 – facial expressions as she becomes aware of how much he glances at her)
- Unaware of own shame triggers, own vulnerability and defensiveness
- Unable to take on limit setting skill – (s8 – rigid to chaotic parenting evident in responses to P)

Capacity to reflect upon herself and G's play/process. Realises importance of G having time with her and how she responds to P's behaviour. Yet struggles to change understanding into

new behaviours and responses especially when in sympathetic arousal. Overtaken by own needs and by protecting the family from whatever threat she perceives as most pressing.

3. **Extrapolations Filial Therapist's Responses/Interventions in Feedback Sessions**

- Affirms M's tracking and reflection skills (s1, s2, s4, s7)
- Acknowledges the challenges of this for M (s1, s2)
- Teaches M in a direct manner and reinforces the four skills **(**s1, s4, s8)
- Models empathic listening skill (s1, s3, s4, s5, s6, s7, s8, s10)
- Reflects M's ability to observe G's play and explains importance of play in his development (s1, s2, s5)
- Affirms M's ability to discern themes in G's play, making links to real life experience (s1, s5, s8, s10)
- Reflects G's experience and feelings as M explains real-life experience (s1, s5, s8)
- Extends M's understanding of themes in play (s1, 4, s5, s6, s8, s10)
- Affirms M in her attempts to stay attuned and engage with G in his play (s1, s3, s6, s7, s8, s10)
- Attentive to M's feelings in process (s1, s2, s3, s4, s5, s6, s7, s8, s10)
- Reassures M that we don't need to know everything – it's okay not to know (s3)
- Discusses with M how G's play is evolving and that he is becoming more verbal providing his own narrative (s6, s8)
- Validates M's experience in play (s2, s4, s6, s7, s10)
- Validates M's experience of real-life situations that she describes (s5, s8, s10)
- Affirms M's developing skills (s2, s3, s4, s6, s7, s8, s10)
- Affirms M's allowing G to lead the play, explaining the importance of this (s6)
- Explains importance of the skills so that M understands their purpose (s4, s6)
- Describes importance of G inviting M into his play and the process involved with the aim of M not slipping into shame/power struggle (s2, s3, s4, s5)
- Affirms M as parent to 4 children at different developmental stages, one of whom is not with the family currently (s2, s4, s8, s10)
- Explains importance of M affirming G in qualities that she notices (s1, s2)

- Draws attention to G care and kindness toward brother (s7, s8)
- Reframes play situations with aim of helping M to perceive these in a different light (s3. S4, s5)
- Discusses with M the struggle she is having with P being present in the sessions and competing for her attention (s6, 7, s8)
- Affirms M’s growing self-awareness – helped by video (s7, s8)
- Introducing worksheets to extend understanding and skills (s10)

FT aware of containing M’s process so that she is more able to contain G’s process. Lack of own nurturing attachment figure means that M doesn’t know how to provide this for her children, living instead in constant state of sympathetic arousal trying to keep her family safe and basic needs met. Importance of helping M regulate her system before she can begin to regulate that of her children.

Appendix 17

Final Family Play Observation: Marcia and Gonzalo

Rye and Jäger (2007).

Summary

Marcia structures the play session well as the researcher leaves them alone. Paulo is being cared for by another mother at the shelter and no crying can be heard. The two of them are trying to put the crown and masks together.

Gonzalo begins to set up the animals, placing the wild cats inside the fence. Marcia calls it a farm, both of them adding farm animals nearby followed by feeding troughs. Marcia takes the crown and uses it to create a fence or barrier behind which she instructs Gonzalo to place the dinosaurs so that they are contained. Although this is a directive move, the researcher reflects to herself that it feels very significant. Marcia as mother demonstrates a protective role, creating a barrier between the threat and vulnerable, containing the danger. She adds trees whilst Gonzalo points out that the carnivore dinosaurs won't eat those. She then finds food for them in the form of the finger puppets, placing them inside the dinosaurs' mouths. It seems that they are feeding and their mouths are occupied so can no longer be threatening to the rest of the farm. Marcia expresses empathy for the 'cow' finger puppet and exchanges it for a 'bear'.

A couple of small dinosaurs are loose but Gonzalo places them set back. They look for the figures to add. Marcia finds the sensory toys and is again distracted by the hairy caterpillar. She rolls it down her own face and then asks Gonzalo to close his eyes whilst she rolls it over his. She enjoys the sensation repeating the action on both of their faces. She says it tickles and could help her go to sleep.

Gonzalo begins to place the soldiers encircling the whole farm. He asks Marcia to help him, directing her to put them on the curves of the mat where one piece 'jigsaws' into another. It means that they are evenly and well-spaced to spread right around. Marcia is distracted in play herself, then by her own thoughts. She 'returns' when Gonzalo finds the inflatable microphone. She takes it from him, blowing it up then hitting Gonzalo on the head. He exclaims but she responds that it does not hurt, hitting herself on the head a few times to reinforce her claim. She explores the sensory ball whilst Gonzalo continues to place the

soldiers. They discuss what type of ball it is. Gonzalo finds the ‘owner of the farm’ and Mum advises him to put him inside the ring of the mask, another safe and contained space.

Marcia asks Gonzalo if he is going to play like this in his bedroom with the toys. He affirms that he will when Paulo is asleep so that he doesn’t wreck everything. Marcia reveals no intention to play with him. Gonzalo adds the different figures to his farm, stating how good it’s looking. ‘Mmhmm’ agrees Mum. The largest soldier Gonzalo finds is placed near the dinosaurs. Marcia tries to find a spot for Shaggy, settling in the end by sitting him on the horse’s back. Gonzalo asks his mother to set the cars out. As she does, she examines them closely, talking about them and discussing them with him. She moves some family figures, creating a small group or family unit together, for instance a mother, baby and cat become a small group.

Gonzalo finds two small army tanks and some more soldiers. He places these at the opposite end of the mat to the dinosaurs, turning them to face outwards from the farm. He says that they are looking towards a threat coming from outside, bandits. The farm is complete, threats accounted for. Indeed, it seems that together they have ensured that the soldiers and protection outnumber and outweigh the dangers or risks.

Gonzalo checks out whether the blow-up microphone hurts or not by hitting himself on the head a few times. Satisfied he decides he’d like to engage in a craft activity. They look through the materials together, but Mum knows time is nearly up and encourages him to wait until tomorrow. She herself is curious and although advising him to stop, she finds it difficult not to explore what’s in the box.

Analysis

Interactions between child and parent (attuned and misattuned):

Marcia is involved with Gonzalo in the co-construction of the ‘farm’. However, she is focused on the toys and play itself to a much greater degree than on Gonzalo. She often directs the play, becomes engrossed in what she is exploring and seeking to create, interrupting his ideas and flow and at times dissociating, lost in her own thoughts.

Marcia misses an opportunity to attune to Gonzalo's feelings when he expresses 'How rubbish! There are only 3 days left, or is it 2? ...I wish there were more days to play.' She laughs at him, then reflects briefly, 'More days left to play.' Shortly later, Marcia shows the ability to show compassion and empathy to a finger puppet cow she has placed in the dinosaur's mouth: 'Oh poor cow!' she states and replaces the harmless creature with another predator, a bear.

When Marcia notices a 'feeling', she tends to diss it, as above. She notices his preoccupation to find the bag with the vehicles. This is a new play kit that will be theirs to keep once the training is over. Gonzalo is curious to know which cars are there. Marcia reflects his concern but does it in a mocking and critical manner.

Yet both seem to be exploring danger and threat vs safety and protection.
G: I'm placing the soldiers here. Will there be enough to go right round? (the dinosaur enclosure)
M: Yes, I think it is good to place them where there is danger.'

Level of Interactions among participants

Marcia and Gonzalo maintain a dialogue throughout most of the session, with intermissions when she becomes 'dissociated', enveloped in her own thoughts. Gonzalo, having tried to reach her, becomes aware of these moments and plays quietly until she 'returns'. They converse with each other about the toys and the scene that is emerging between them. Marcia tells Gonzalo what she is doing and directs the play. Gonzalo shows her different toys adding fragments of information about these, as he places them within the scene. There are moments of negotiation and others of disagreement. They play more as 'friends' than as mother practising her new skills in filial play therapy with her son.

Locus of Control

Marcia mostly holds the locus of control throughout the session. She is directive, for instance, by creating a fence and enclosure for the dinosaurs. She insists on playing with toys that interest her, like the centipede. Although she allows him to continue the set up the scene as he wishes, she struggles to remain present and attuned to him. She interrupts his play, she

makes connections between the toys and her own childhood experiences and she develops scenes that are pertinent to herself.

Methods used by child to achieve his goals

Gonzalo joins in his mother's play and allows her scope to develop her own ideas. Yet he is quietly persistent in his overall goal. He continues to develop his scene taking up more and more space. He stays engaged with Mum, talking to her, showing her things, expressing his thoughts, intentions and story line. He makes his point, sometimes needing to repeat himself to be heard, sometimes risking disagreement with her. Sometimes he asks for her opinion, seeking to keep her involved and to have her approval. He seeks connection with her and appears to accept what she can give in the way she can give it.

Methods used by parent/s to control the child

Marcia is very direct in controlling Gonzalo. She tells him what to do, she takes toys from him, she hits him on the head with the inflatable microphone, she insists verbally on his attention, she interrupts the flow of his play, she criticizes, laughs at or contradicts him and she dissociates.

Verbal and Non-Verbal Affective Expressions of the Child

Gonzalo expresses his disappointment that the play sessions are coming to an end. He seeks reassurance that the toys that have been meaningful to him are still within this new play kit that will be his to keep. He vocalises 'ow' when Mum hits him on the head with the inflatable microphone, but she denies his pain. He later checks this out himself to validate his experience. He does not express any frustration with Mum. He expresses his desire to do craft activities having finished his farm scene.

The scene Gonzalo is creating reflects an exploration of danger, threat and fear and the containment of these, providing safety and protection.

General Behaviour of the Child

Gonzalo appears outwardly calm, accommodating Mum's behaviour throughout the session but also continuing to pursue his own play. He is focused and intent on playing, engaging with Mum as the session unfolds, judging when to enter into discussion and risk contradicting her.

Neurological or Unusual Signs

None.

Problem Interactions Between Child and Other Participants

None. Gonzalo has been free to play without the presence of his younger brother.

Final Working Hypotheses:

- Marcia is enthusiastic in wanting to play with Gonzalo and co-construct a scene with him as well as explore the toys available.
- Marcia has made the space to be present in the session with Gonzalo without the younger brother, appreciating that he needs this time with her.
- Marcia continues to struggle to allow Gonzalo to lead the play without interfering.
- Marcia easily slips into retrieving the locus of control – perhaps feeling anxious and vulnerable not to hold on to it.
- Marcia continues to struggle to stay focussed and attuned to Gonzalo, prioritising his needs. Her own desires, interests or needs become more pressing, often taking over.
- Her intentions seem well-motivated but become distracted and self-serving.
- Marcia has moments of dissociation, where she is lost in her thoughts and becomes 'immobilised' physically.
- The relationship between them is more like two friends playing together, co-constructing and negotiating rather than a mother attending to the child.
- Marcia allows Gonzalo more space to develop his play.
- Gonzalo shows acceptance of Mum's interaction and play, engaging with her as she is able.
- Gonzalo shows determination, focus, imagination and resilience in his play, despite Mum. He makes the most of the play times and expresses disappointment that the end is near.
- Gonzalo knows how far to challenge Mum without risking punishment.
- Marcia has shown an ability to learn the filial therapy skills yet can easily give way to her own unmet emotional needs. (Emotional and survival brain overtake thinking brain.)

Appendix 18

Family Play Observation: Melissa and Liliana

Rye and Jäger (2007).

Summary

Both Liliana and Melissa showed great curiosity over the toys and both engaged in a thorough exploration of these. Liliana sought to engage her mother in play throughout the session, making a variety of attempts to draw her into play. Melissa became distracted by her own interest in the play and often remained engaged in her own activity and thoughts. There were various moments of contact between them, for the most part directed by Melissa or where Liliana concedes and joins in what her mother is doing so that they can play together.

Analysis

Interactions between child and parent

Attuned/Misattuned Interactions

Liliana initiates most of the interactions with her mother, attempting to engage her attention using a variety of strategies. She invites her to play verbally, she calls for her attention, she tries to show her various toys and when all else fails she defers to what her mother is doing, attempting to play with her. Liliana appears very attuned to her mother, consistently glancing at her and monitoring what she is doing. Liliana joins in her mother's activities, seeking attunement and attention.

Melissa is either engaged in her own activity or directing Liliana as to what she should be doing. She tries to get a reaction out of Liliana, for example, trying to scare her with the caterpillar or chasing her with the shark finger puppet. She seeks to lead the play, for instance telling Liliana to play with the baby doll, she corrects her, she gets her attention by calling her name or tapping her, she seeks her approval and affirmation. For instance, she asks Liliana three times whether she likes her drawing, then directing her daughter to copy it.

Melissa does at one point allow Liliana to lead in a game of house. Liliana is caring for the baby and her child (Melissa) and Melissa enters into the role play, eating the food she has been given and then playing with her toys. Again, she becomes distracted by the activity and Liliana has to work hard at re engaging her.

Level of Interactions among all participants

Melissa and Liliana play mostly side by side, each engaged in their own activity, with some moments of interaction between them. These include mutual explorations and observations about the toys, 'chase interactions' where Melissa tries to 'scare' Liliana with a toy, directions or corrections from Melissa and social interactions about the activity of focus. For example, when Melissa makes an enclosure and they begin to add animals to it.

Locus of control

Melissa appears to hold the locus of control, either through her direct instructions and leading, or through her lack of attention and attunement to her daughter. Liliana, although engaging in her own play, appears to crave interaction with her mother and responds to her lack of engagement by seeking proximity in different ways.

Methods used by child to achieve goals

Liliana invites her mother directly to play. She repeatedly tries to get her mother's attention For instance she says, 'Mum, look. Look, Mum,' and when Mum doesn't look she crashes the toys together making a loud sound in a bid to get Mum to look. Conceding her own lead to join in Mum's activity is the option she takes to engage in interaction.

Methods used by parent to control the child

Melissa uses a firm command to control Liliana at one point when Liliana moves to leave the play space. She verbally directs her and calls for her attention. She also ignores Liliana's calls for attention.

Verbal and non verbal affective expressions of the child

Liliana is curious about the toys and enjoys exploring these. She wants to share the experience with her mother. She smiles and giggles when her mother initiates contact through the finger

puppets, although she also seems a little reticent about having these put so close to her face. She seems to accept her mother's lack of attention yet continually attempts to engage her. Liliana enjoys working alongside her mother in putting the animals in the enclosure and near the water trough.

General behaviour of the child

Liliana appears confident to develop her own play ideas alongside her mother yet she repeatedly approaches her in a variety of ways to engage with her. She is well behaved, showing no aggression, making the most of the interactions she has with her mother.

Neurological or unusual signs in the child

None were observed.

Problem interactions between the child and other participants

Baby brother Daniel was at creche. Melissa did refer at one point to Daniel, saying that he would love the instruments.

Initial working hypotheses about the family interactions

1. Mum struggles to keep her attention on Liliana, being distracted by her own interests, curiosity, activity, thoughts, needs and process.
2. Mum therefore finds it difficult to attune to Liliana and her needs.
3. Mum demands Liliana's attention to what she wants and needs either overtly by asking for it or covertly by disengaging from her.
4. Mum's only show of attunement was to her son Daniel commenting on his absence and how he would have enjoyed the instruments.
5. At times Mum seeks to direct and therefore control Liliana's play.
6. At other times she allows her to play by herself, so that they are playing side by side rather than together. This perhaps reflects an early developmental stage of her own.
7. Liliana, although capable of playing alone, repeatedly seeks to invite Mum's attention and engagement.

8. Liliana is very attuned to her mother and is seeking relationship with her.
9. Liliana's persistence and willingness to concede control allows them to find common activities and so opportunity to interact with her mother.

Follow up discussion with Melissa

The follow up discussion took place immediately after the family play observation and the final play sequence when both mother and daughter were more attuned to each other whilst creating the animal area with enclosure and water trough. Melissa seemed engaged, smiley, interactive, chatty and maintained significant eye contact.

In considering the similarities and differences between play in day to day life and in the observation, Melissa reflected on her own lack of patience to play. She says that she reads to Liliana or draws for her to colour in but that she has no patience to actually play with toys. Sometimes they play with Liliana's barbies but not for long. Melissa says she prefers to play outside with a ball, or to play catch and hide and seek, for instance. She later notes that Liliana too seems to play in short bursts, easily losing interest.

The researcher reflects on the positive play sequences and interactions observed, noting how they both appeared to enjoy exploring and investigating the toys. She accepts Melissa's need to engage in exploratory play herself. She then highlights moments when they played together such as the 'chase' sequences when Melissa pretends to 'chase' Liliana with the finger puppets or the dinosaur 'chases' the princess, the playing house with the baby, and the final sequence when mother and daughter are constructing the animal enclosure and feeding trough together. She speaks warmly, smiling and affirming the moments of interaction, noting Liliana's response to having mother's attention whilst playing together.

Melissa shares that her highlight of the play time was playing with the animals at the end. The researcher again reflects on the interaction between them at this point as opposed to when they were just playing side by side. The researcher tries to explore if either of them takes the initiative or directs the play in day to day life but either the question or the way it is expressed seems to cause confusion or a misconnect. Melissa says it can be either of them.

The researcher comments that Liliana seems quite calm and obedient. Melissa replies that she is improving.

Finally, the researcher once again affirms the positive aspects of what she has observed to lead into how the filial therapy can build upon these. She notes Liliana's desire to interact and play with her mother, using an example of how she calls to mum for her attention. She explains how the training and sessions will help Melissa observe and understand what her daughter is communicating and how she can respond to that. She reflects on Liliana's enthusiasm to play in the session and stresses how this will offer her the space, toys and time to play and be close to her mother. Melissa herself reflects on how Liliana likes to be close to her using the example of how she will come and take her mobile, sit closely to her and watch cartoons on the phone.

Appendix 19

Extrapolations Liliana

1. L consistently seeks to be engaged with and in relationship with her mother.
2. L perseveres at this – when M's attention is elsewhere, she finds ways to draw her back into being present in the moment. Eg. session 5
3. L ramps up physical play, the level of energy, to engage M. Eg. foam swords, pencil play.
4. Both L and M enjoy the interactions/games that are physically energetic and active. (true both in and out of session – M describes L's love of playing outside and the carer does the same for M.)
5. L takes risks to engage M even though M can be aggressive.
6. L takes steps of defiance/limit testing.
7. L appears to have had 'good enough' nurture and parenting from her maternal grandmother – in looking at Erickson's stages of development she has developed trust, autonomy and independence, initiative and the beginnings of industry.
8. She is now finding her place alongside her mother who can be unpredictable in response – depending how dysregulated M is herself.
9. L intent of becoming part of M's life and home now – making food and adding her creations to M's house.
10. L shows herself capable of care and nurture for another – baby doll and baby brother in session.
11. L is curious and has confidence to reach out and explore her environment, using her senses.
12. L is creative and enjoys exploring her creativity through drawing and artwork alongside M.
13. L is creative in inventing interactive and fun games to engage with M.
14. L discovers herself as capable, practising and mastering new skills. She can effect change.
15. L needs to express and discharge a build-up of aggressive energy.

16. L enjoys attuned moments with M where they share nurturing touch and care for each other.
17. L shows elements of self-regulating – making den to rest, singing to self, colouring, own time out.
18. L engages in embodiment play – sensory exploration of toys, prolonged engagement with foam clay.
19. L engages in projective play – making food to add to M's house, creating world with animals and people, to be destroyed by cars. Feelings eg. session 11 reassuring baby that doesn't need to feel scared.
20. L engages in role play – mum and children, doctor's.

Themes identified by Melissa in sessions:

Taking initiative, personality, competition, winning and losing, rules of play, creativity, control, co-operation, nurture, organising (S8). Real life situations, friendship, emotions, identity, competition, rules of play, winning and losing, nurture, co-operation, creativity, daily routines, organising and initiative taking (S9). Real life situations, family, emotions, problem-solving, attachment, nurture, daily routines, food and organising (S11). Creativity, ability, co-operation, attachment, nurture, building, organising and taking initiative (S13).

Feelings identified by Melissa throughout sessions:

Happiness, embarrassment (S8). Happiness, anger, sadness (S9). Happiness (S11). Joy, pride, happiness (S13).

Appendix 20 - Flow in Melissa's Responses in Play Sessions

Session 1

M sharing house that has made with L

M spontaneous kiss on L's head

M structuring session - as learnt, ensures eye contact

M allowing L to lead, follows - throughout

M verbal tracking, reflecting - eg L placing animals around water trough

M eye contact - attentive, sits facing L, cross legged

M facial expressions - curiosity, openness - eg L starts to explore Drs kit

M lack of interference - focused on her play, tracking, arms to self

M gentle voice: some expression, mismatch of intensity with destruction by cars

M acceptance of play, no reprimands

M waits for invite to join L's play - L creates card game between them

M responds quickly to L's 'ei' when L notices her zone out (once). Yawns, rubs eyes.

Session 2

M demonstrations of affection, snuggling faces, smiles a kiss before session starts

M structuring - as learnt, ensuring eye contact

M observes, tracts and reflects L's play

M remains attentive even whilst L focused and silent - difficult to stay tracking

Absence of verbal expressions of understanding of L's actions and intent or noticing and reflecting L's qualities as she works on task.

(M later reveals that is aware of latter but hadn't voiced. Has allowed L to use scissors and glue independently whereas would normally take over from her. Held and tolerated own anxiety whilst allowing her to do so.)

Session 3

M watches L's play carefully - 'Oh you are going to make a doll.'

M attentive despite L's silence and focus on activity

M reflects back intermittently

M smiles and returns eye contact

M offers questions expressing curiosity

M offers help when requested

M rocking, wriggling her toes, yawning and rubbing her eyes

pauses between tracking and reflections increase. Has a big stretch post session.

Session 4

M & L arrive energetically already playing with each other

M eye contact, 'knowingly' shared experience over feelings cards but nothing voiced or reflected upon.

M follows L's direction and drawing side by side. M becomes focused on own art work missing what is happening for L - struggling with glue, perserveres alone.

M realises and returns focus to L and helping her. Affirms her success

M attuned interaction with/through baby doll, follows L's lead, tracks, reflects, joining in imaginative play, celebrates her successes after perservering on task, begins to identify feelings and have fun together

M uses phrases taught last session to affirm qualities and effort 'You did it!'

embodies and names the feeling 'fear'

M attuned sequence of caring for and nurturing the baby - perhaps a transitional object between them that allows for interactive play.

Session 5

M not fully present initially? responding quietly to L's play with baby doll,drs kit and tea set, yawning and rubbing her face

M affirms L

M follows L's direction, mirrors her movements and creates mirror image of L's drawing - more present once physically involved?

Mirroring, allowing L to direct, following lead, entering in to play - yet in body and movement, very few words.

M playful engagement, allowing L to be mischievous

L creates game with changing rules - play becomes more energetic, physical and fun

Mutual enjoyment and laughter, connection

Play wrestling and body contact, delight

A sleepy mum awakes in response to engaging and playful daughter.

Session 6

M 30 minutes late having missed previous session.

Energetic physical play with new addition to play kit - foam noodles

M follows L lead through puppet play, foam noodle play and game play with pencils

M allows her to be mischievous, responding to boisterous play matching energy level

M mirroring, playing side by side and interacting with each other

M limit setting - twice assertive and direct, then once aggressive and direct.

M increasingly distracted as energy level drops not tracking or reflecting verbally her presence and attention

M responds when L approaches directly and by entering into activities.

(present in body but not mind?)

Session 7

M tells me that she has had a much needed good sleep previous night

M foam noodle play - sustained for 10 mins with M responding to ebb and flow, moves and countermoves, different games and level of aggressive energy in L's play. Play more fully directed by L.

M responds to L's request to lie down and rest on a 'den' of cushions. faces turned toward each others, watching

Mutual care and nurture - allows L to examine and care for her with doctor's kit, mirroring the sequence back to her in reversal of roles.

Sit facing each other, knee to knee, physical closeness and intimate touch

Attunement and mutual understanding through role play, no words other than those relevant to doctor/patient interaction

Laughter and mischief between them

Session 8

Limit setting - Hasn't integrated 3 stages of limit setting. Uses distraction, direct command and sometimes explanation of why eg. pencils.

Engagement with embodiment play and interaction with foam swords

Drawing side by side

M 'allowing' L to be in control, aware of process

M goes with the flow of session, some familiar, ritual play and some new play

M loses focus on L, becoming distracted by own drawing

Singing: M responds to L's request for creating a narrative for drawing in song

M develops own drawing, lost again in own image making, L has to insist in regaining her attention

M realises time, only able to give 1 minute warning.

(FT no longer in room)

Session 9

M hurts L as form of control/discipline - squeezes her nose

M follows L's lead and direction, reflects back

Drawing together - focus on drawing not L, energy drops in play

L initiates rough and tumble play through pencil game to re engage M

fun, laughter and competitiveness

Physical play in different forms - responds to L's choice of play and games

M initiates clapping and singing games but in attempt to distract L back into play.

Reciprocity and attachment through these as L joins in

M shows affection, taking L's face in hands and kissing her

Game that leads to pinching each other's cheeks and slapping foreheads- part of game but L gets hurt (cultural) as M pinches too hard not letting go.

Limit setting - still directive, controlling and sometimes punitive (interaction over biscuits/L hungry) M's amusement at L's discomfort.

Session 10

Baby brother present in session - face to face opens up to circle

Shared curiosity and delight over new filial play therapy kit that will be theirs at end of programme

Both mindful of brother's presence and needs, including him where possible

Role play interacting with baby doll - M accepts her role as daughter and L explores the role of mother

M allowing L to lead play and explore materials

M fully present and engaged

M today controls use of glue perhaps due to baby's presence

Mutual decision not to continue with crafts as difficult with baby there - L trying to make a peg doll

Sensory play and exploration together - M seems comfortable with messy play with foam clay. Helps L tidy up.

Session 11

M lying on bed with baby. Agrees to come up and *expresses her anger at the rule and regulations at the home.*

Uses filial therapy skill of not directing/reflecting choice and decision making back to L - she can choose gender of the baby.

Managing being present with L in her play and keeping baby away from what L is trying to create. Gives D sensory toys to play with.

M becomes distracted in own thoughts - play moves to each of them playing individually and side by side.

M responds to L's request for help showing her how to clean the foam clay from her hands. Encourages and teaches her how to do so.

M re engages in sensory play with L and the foam clay, touching hands.

M carefully helps her remove it from her hands.M shows patience, care and tolerance.

M uses direct commands instead of limit setting. M ends session abruptly.

Session 12

M expresses her frustration that she has to wash up today and comply with the chores

(no baby brother today)

M catches herself reacting defensively to L's bubble play and changes response to engaging playfully.

M follows L's lead to engage in sensory play with foam clay, touching each others hands.

M engages in messy play, interactive, nurturing, embodied play

Moments of becoming focused on own play/hands, distracted

M not verbally tracking or reflecting process back to L

Session 13

M threatens L playfully

M criticises L for letting air out of the blow up saxophone

M distracted by and engaged in own drawing activity - not focusing L or aware of what is happening for her

No verbal tracking or reflection

Mirroring in activity yet individual freedom of expression

Allows L to explore and use the materials

M makes clear that L is not to touch her art work

M asks L to affirm what she has done

M ends session abruptly.

Appendix 21 - Analysis of Feedback Sessions with Melissa

Feedback Session 1

M volunteers information that had initiated play time with L in bedroom, positive experience between them.

M notes L's silence in session comparing to that the previous evening and that she didn't verbally invite her to join in play.

(M reflecting on session and L's behaviour and applying learning in everyday life)

FT asks M how she felt session went. (asks for her own reflection first)

FT affirms M's integration of play time into day to day. Also positive and confident way M uses structuring, attentive tracking and reflecting skills as well as allowing L to lead play throughout. (R narrative)

FT suggests M try to recognise and reflect any emotions that L be exploring and communicating. (extending learning)

FT links this to culture - voice and dramatic exageration used by actors in Brazilian soaps to communicate feelings eg. fear of centipede and destruction of landscape by cars.

FT and M discuss L wanting to invite M in to play but unsure how. (eg drs kit.)

FT recalls 'doughnut', has brought biscuits to link back to/re inforce to training.

Feedback Session 2

M explains own feelings and rule about L using scissors and glue. She reflects how much L enjoyed the experience and her ability. M expresses pleasure in discovering L's competence.

M reflects on inclination to do things for child, keeping them dependent rather than allowing them to develop.

(M reflecting on session: self reflection and awareness - learning and expressing new things about L and herself, delight in daughter, surprise at new discovery, reconsidering own behaviour)

FT reflects and affirms M's feelings - anxiety over L using scissors and glue yet ability to tolerate and hold

FT reflects L's qualities - patience, care and ability, also pride, exploring diff textures.

FT notes that M understood what was evolving between her and L during play sequence. R encourages M to verbally express her thoughts and understanding to L to improve communication, strengthen L's sense of self, self confidence and esteem as she experiences herself as valued and capable. Affirms M's knowledge of L and that learnt something new.

FT asks M how she is feeling at end and whether will change beh with L and homework.

Feedback Session 3

M states it was hard to stay focused today - 'cabeça tá a mil' (my head is racing). M expresses that she is preoccupied with many things and that the carers provide no assistance

M comments that it is unusual for L to stay focused playing for such a long time, noting that she normally lacks concentration and prefers to play outside.

M shares that she slept badly because baby was awake for most of night.

(M aware that not present in session, describing preoccupation and exhaustion. M notes difference in L's play and ability to concentrate.)

FT expresses empathy and acceptance for M's frame of mind, noting how hard it must be to stay attentive when L engrossed in her own activity.

FT asks M to begin to consider themes in play.

FT offers reflection/observation that L appeared to want to contribute to M's homemade house - care and attention to detail showed by both M originally and L now.

FT teaches/extends skills - phrases to reflect back process and effort put in by L. FT reminds M to be aware of feelings L may be expressing in play.

Feedback Session 4

M expresses own feelings of enjoyment in the session, in playing 'with' L.

M shared how L is involved in caring for her brother and has been to doctors with him on several occasions.

(M expressing own feelings, noticing difference in play and being involved. M making connections between play and real life experience.)

FT reflects M's different experience today in being involved in imaginary play, noticing L's creativity and her care and nurturing play towards the baby.

FT affirms M's developing skills.

FT and M consider feelings expressed, highlighting moments when M reflected feelings back to L.

FT reflects on L's qualities of character observed. Focuses on problem solving, reflecting also on M's own ability to respond in proactive way to difficult situations. Connects all to skills in daily life.

FT encourages M to use skills learning in daily life: noticing examples of L's qualities and reflecting them to her to build sense of self and self esteem.

Feedback Session 5

M reflects on process herself: comments on fun, reflects that it was hard to stay present initially but with the change of pace she stopped thinking about everything and was distracted by the play.

M identifies how L brings everyday themes and experiences to explore and share with her.

(M reflecting on process herself, self awareness, reflecting on own learning and L's behaviour and process.)

FT affirms M's ability to mirror L in her drawing activities, making a link to the group training and the importance of this mirroring skill on L's development/ self identity. Attention, giving importance and value to L.

FT affirms M's ability to enter into L's play, following her lead and responding with curiosity and engagement.

FT introduces worksheet with possible play themes that can emerge and together discuss what M has noticed in L's play today and in previous sessions. FT reflects on attachment building through play, importance of with L only recently joining M at home.

*example of immobilised-mobilised-social engagement: L waking M up, engaging her in an ingenious way. M sleepy-wide awake and playful.

Feedback Session 6

R has introduced foam swords into play kit and in feedback session begins to share with M the video recordings of the sessions.

M smiling and laughing in response to video, reflecting that when L laughs she loses the strength to 'fight' with the swords.

M notes that L is increasingly chatty and speaking more than in initial sessions.

(M observing, reflecting and commenting on L's behaviour in the play whilst watching video with R.)

FT is able to use video recording to highlight postive interactions between M and L, M's developing skills and L's development eg. her growing confidence to direct the play and be in control. She notes L's determination to interact with her mum and her enjoyment of her mum's attention and engagement.

FT affirms M's ability to allow L to lead and so permit her to express herself through play.

FT reflects on 'control' and importance of M holding overall boundaries through appropriate limit setting and 'fencing' around the play space.

Feedback Session 7

M reflecting on L's play whilst watching video - fun, energy, facial expressions, sound effects, creativity and delight. Notes L much more at ease.

M reflecting on feelings expressed - happiness and possible anger, noting L's facial expressions.

M makes connections with daily life - L possibly enjoying a more physically aggressive sport and the tension that builds up amongst all the mothers 'stuck' in the home which can result in heated arguments.

M identifying a problem and need amongst the mothers and trying to be proactive in bringing about a resolution.

(M reflecting on play and feelings, making connections with daily life, identifying problem/need and considering solutions.)

FT affirming M's attentiveness, attunement, confidence in following L's lead and being comfortable with her aggressive play.

FT draws attention to M's facial expressions, sense of humour and mischief.

FT leads discussion on aggressive energy.

FT affirms M's proactivity in response to problem/need and her transfering her learning into every day life.

Feedback Session 8

R no longer in session. M and R watch video following session. Allows M the opportunity to be the expert on play session and what happening.

M reflects on L's embarassment at singing out loud to her.

M notes that L used a skill on her and then monitored M's behaviour 'You can do what you would like to.' M aware of how bright L is - nothing gets past her.

With aid of theme sheet, M able to identify themes of play. Understands concept.

M expresses that she has learnt that she knows how to play with her daughter - confidence. She expresses having felt happiness during the session. (on sheet)

(M aware of L's feelings, her intelligence and behaviour during play session. Growing ability to identify themes.)

FT makes observations as watch video together drawing out skills learning and interactions as evolve. Checks understanding with M. Highlights importance of embodiment play.

FT affirms M for her ability to follow the ebb and flow of L's play - uses metaphor of a dance between two partners, one leading and the other following.

FT introduces session notes to encourage M to think further about emotions and themes expressed and explored in L's play. Offers ideas to clarify.

Feedback Session 9

M shares openly about her plans for the upcoming weekend and her visit to see her birth family the previous weekend. M expresses that her family aren't sure whether L should be living with her. (own self doubt?)

M quiet yet attentive observing video of play. Knows what's happening - clarifies for R. Can identifiy L's feelings yet shows amusement at L's angry/sad reaction to her mother's reprimand. M expresses amusement at L's pain in the slapping and cheek pinching game. (Cultural)

M confident in identifying themes and making connections to everyday life eg competitiveness.

M relays at end of session that didn't sleep well last night.

(M identifying feelings, themes and extrapolating into daily life whilst completing feedback form)

FT reframes M's narrative - perhaps family miss L. (caring, energetic happy)

FT noting dynamic between M and L. Addresses limit setting by reminding of process. Reflects empathy for L in more aggressive game.

FT highlights relationship building as theme through singing and clapping games, focus on nurturing touch and care, sitting face to face vs competitiveness. (R learning point.)

Feedback Session 10

Brief as baby D with M. Watched 10 minutes then we decided M needed to attend to his needs.

M attentive to video, seems happy - R reflects 'felicidade'/joy that both M and L express.

M aware of what evolving in play and clarifies what is happening at different points.

M enters into role play with L, taking role of 'daughter'.

Both M and L adapting play so that D is accounted for.

M reflects that he is very active/doesn't stop and is amused by his attempts to weild a foam sword.

(M managing play and attention with both children present in session at different developmental stages. M entering into role and imaginary play.)

FT reflecting on L's determination for success, her play and interaction with M, clarifying her understanding.(over missing horse and creating peg doll)

FT reflects on D's determination to be a part of the play. (quality all of them share?)

FT notices L's care for brother - blowing bubbles for him, tracking interaction.

FT modelling importance of taking care of needs.

Feedback Session 11

M stays just to fill in session notes as D with us again.

Upon R's enquiry explains that the families had been allowed to use sports are on Sunday supervised by a carer. She shows R a video clip to illustrate what a good time was had by all.

Feedback form reveals M's awareness of L's play, emotions and themes. She reflects on her own emotions too.)

FT aware that M not in a good frame of mind as she expressed her anger at the home and arrived late for the session.

FT expresses pleasure that M's voice had been heard by staff and a positive response had been made. (contrast to M's expression of anger at the home)

Feedback Session 12

M does not want to engage in discussion today or fill in the session notes form. She states that there are dishes awaiting her.

FT respects her decision and thanks her for coming to the session.

Feedback Session 13

M fills in her session notes form but again doesn't want to engage in a discussion.

M reflects on how creative L is. She notes that L expressed happiness, pride and joy, She identifies varies themes.

M describes her own emotions as happiness and pride, noting that she did all things well.

(M identifies L's qualities, emotions and themes of play.)

FT thanks M for completing her form and respects her decision to leave without the feedback discussion.

Appendix 22

Extrapolations from Flow Charts: Melissa

1. Extrapolations from Melissa's responses in Sessions:

- Ability to use 3 of the play therapy skills - structuring session, reflective listening and imaginative play (s1, s4, s7, s10, s11)
- Struggle with limit setting skill - more likely to raise voice, be directive and more aggressive in tone, at times using physical means to ensure discipline and control. This could be her own need to be in control, learned behaviour and cultural in a society that still generally uses physical methods of discipline. (s8, s9, 13)
- A shared 'knowing' over feeling cards - a mother's angry face (s4)
- Moments of affection and care (s2, s4, s11)
- Moments of attunement and empathy with (s4) and without verbal expressions (s7)
- Verbal expressions of feelings (s4,
- M's struggle to be present at times – becomes distracted 'zones out', physical signs (rocking, wriggling tones, yawning, rubbing eyes), becomes involved in own drawing and colouring losing sight of L even when she calls to her (hypo arousal) (s8, s13) Loses ability to track, reflect, stay focused on L.
- Awakens to more physical activity – increase of engagement, mutual enjoyment and delight in play and each other. (Move through hyper arousal to social engagement) (s5)
- L uses this to her advantage, knowing how to reengage mum when she is not fully present. (s5)
- Importance of physical play – laughter and mischief (s4, s5, s6 addition of foam noodles, s7, s9)
- Physical play tipping into aggression – (s9, s13)
- M understands more of L's play than she expresses in session – scissors and glue play (s2), feelings (s4) and themes (
- L works hard to reengage M in play when she 'zones out' (s6, s8, s13)
- Both M and L adjust their play in s10 and s11 whilst baby brother present – mindful of and caring towards him. Play becomes more sensory.

- M's mood and attentiveness appears influenced by what is on her mind that day – lack of sleep (s9), increasing frustration with rules and restrictions at home (s7, s11, s12). Misses two sessions (between s5/6 gone out, s11/12 gone to give out CV). Late for s6.
- Abrupt end to sessions where M has been zoned out (s8, s11, s13)
- Own needs prioritised – self focus, control, affirmation (s6, s13)
- Towards end of programme M less willing to engage in feedback discussion. (s11-13)

2. **Extrapolations from feedback discussions after sessions:**

M has ability to reflect upon sessions, noticing and observing:

- L play (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11)
- L behaviour (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11)
- L facial expressions and feelings (s1, s2, s6, s7, s8, s9, s13)
- L themes of play (s4, s5, s7, s8, s9, s10, s11, s13)
- L abilities and qualities of character (s2, s3, s4, s7, s8, s13)
- Changes in any of the above (s2, s3, s4, s5, s6, s7)
- Her own play (s4, s5, s10)
- Her own behaviour (s2, s3, s4, s5, 10)
- Her own feelings (s2, s3, s4, s5, s11, s13)
- How external situations are affecting her presence in the session. (s3, s5, s7, s9, s11)

M shows abilities for:

- Self-reflection (s2, s3, s4, s5, s9, s11)
- Self-awareness (s2, s3, s4, s5, s9, s11)
- To learn new things about L, herself and their relationship (s2, s3, s4, s5, s6, s7, s8, s9)
- To change behaviour (s2, s5, s9)
- To identify and apply learning to outside situations (s1, s2, s7, s9)
- to make connections between daily life and L's play (s2, s4, s5, s7, s9)
- M finds delight in her daughter (s2, s4, s6, s7, s8)

3. **Filial Therapist's responses and interventions used during feedback sessions:**

- Asks M how she felt session went, encouraging her to reflect herself on process (s1, s2)
- Affirmation – M's developing skills (s1, s2, s4, s5, s6, s7, s8)
- Direct Suggestion/encouraging development and extension of skills (s1, s2, s3, s4)
- Linking skills to cultural examples (s1, s9)
- Reflecting M's feelings, facial expressions (s2, s7)
- Reflecting M abilities and qualities (s1, s2, s4, s5, s7, s8)
- Reflecting L abilities and qualities (s2, s3, s4, s6, s10)
- Explaining importance of /the why of using skills (s2, s4, s5, s6)
- Expresses empathy and acceptance to M (s2, s3, s11)
- Expresses empathy for L (s9)
- Teaches and extends skills (s2, s3, s5, s6, s7, s8, s9)
- Links back to training (s1, s2)
- Reflects M's experience of play (s2, s4, s7, s9)
- Discussing M's experience and perspective (s2, s4, s5, s6, s7)
- Discuss what might be happening for L including feelings expressed (s1, s2)
- Drawing comparisons between L and M's behaviour/abilities (s2, s4)
- Reflecting on the relationship between M and L (s2, s9, s10)
- Connecting skills to daily life (s2, s4, s7, s9)
- Encouraging M to use skills in daily life (s1, s2, s4, s7, s11)
- Highlights good practice (s1, s4, s6)
- Highlights learning points (s1, s2)
- Use of metaphor (s1, s8)
- Checks understanding (s2, s8, s10)
- Reframes M's narrative (s9)
- Modelling skills (s10, s11, s12, s13)
- Use of video recording to reinforce all above from s6 onwards.

Appendix 23

Final Family Play Observation: Melissa and Liliana

Rye and Jäger (2007).

Summary

Melissa introduces this final session playfully threatening to hit Liliana with the foam swords, tapping her once on the head. Liliana listens, shielding herself then taking the foam sword away and moving them out of Mum's reach. She wants to blow up the saxophone which Mum does for her. Once she's seen how it's done and what it is, Liliana wants to try herself and persists even with Mum's initial discontent that she is letting the air out.

Liliana explores the box of toys pulling out the arts and crafts folder. Inside she finds the paper dolls and the two of them settle down into creating a variety of characters for the rest of the session. They mostly work silently on their own creations with moments of interaction. Liliana sings to herself, observing what Melissa is doing, sometimes copying and sometimes encouraging Mum to copy her. She finds her own solution to problems as well as asking Mum for help. Mum is engaged in and enjoying the craft as much as Liliana and doesn't like it when Liliana touches her art work. She makes it clear although the tone could be taken as firm but playful. Liliana encourages Mum to keep making new dolls. She often approaches Mum through laughter and playfulness to engage with her and draw her attention.

Noises from the building site outside intrude in the session. Melissa finds some of these amusing and laughs at the workmen singing along to the radio.

Liliana shows attention to detail. On her last doll she places a big heart in the middle and later insists that Mum does the same. Although working separately and quietly, there appears to be an ease between them, a mirroring through activity yet with freedom of individual expression. Melissa allows Liliana to explore and use the materials without being controlling.

Melissa forgets to give a five-minute warning and then jumps to directing Liliana in the tidying up process. Today they are able to take the box of toys with them.

Analysis

Interactions between child and parent: Attuned/Misattuned Interactions

Melissa allows Liliana to direct the play and goes along with her desire to make paper dolls. However, she does become intent on creating her own dolls and loses sight of what her daughter is doing. They are working side by side rather than together. Liliana tries to engage with Melissa at various points, but Melissa misses key opportunities to reflect back her daughter's emotions and behaviours. Liliana is engaged in problem-solving as she works out how to collect and spread the glue for instance. Melissa does not see the positive self-initiated resolution but instead asks why she has done it that way in a critical tone.

Melissa comments once on how beautiful the doll is that Liliana has created and is showing her. She does not communicate Liliana's hard work and determination in creating the dolls.

Mother and daughter work as a team when it is time to end and tidy up.

Level of Interactions among all participants

The interactions that take place are about the activity and materials. Mother and daughter are working separately although Liliana tries to engage Melissa at various points. Melissa's interactions are often critical about the way Liliana is doing things.

Locus of control

Melissa seems comfortable to be engaging in the activity that Liliana has chosen. She allows Liliana to use the scissors, glue and craft materials to create her own dolls without taking over from her as she did in the beginning. The locus of control appears shared although Melissa's various directive comments undermine this. (Eg. Don't touch my dolls. Use these for the hands.)

Methods used by child to achieve goals

For the most part Liliana works confidently using the materials to create her paper dolls. When she does require help from Melissa, she adopts a more infantile, wingy voice to ascertain a response from her.

Methods used by parent to control the child

Melissa is verbally directive and sometimes critical in tone with Liliana. However, she doesn't raise her voice as much as observed previously and there is less aggression in her manner. At times, it is difficult to discern if she is actually being playful whilst being clear in what she expects. She is also helpful towards Liliana, for instance, having realised that she was finding it easier to use the glue from the lid, Melissa refills it for her even though previously she had questioned what she was doing.

Verbal and non-verbal affective expressions of the child

Liliana is engaged in and enjoying the activity, wanting to show Melissa what she is doing. She sings as she works. When she is struggling with something she is trying to do, she expresses her frustration and helplessness by using the infantile wingy voice to draw her mother's attention to her. She encourages her mother to make more dolls with her and wants them both to stick big hearts onto their dolls. She proudly places all the dolls on a cushion at the end of the session and wants the researcher to see them upon her return. All the dolls have smiley faces and many sensory aspects to them.

General behaviour of the child

Liliana is well-behaved and engaged in the activity alongside her mother. She appears much more self-confident and relaxed.

Neurological or unusual signs in the child

None were observed.

Problem interactions between the child and other participants

Baby brother Daniel was at creche.

Final working hypotheses about the family interactions

1. Melissa is significantly more comfortable with Liliana taking the lead in the play sessions and in allowing her to use the materials independently.
2. Both mother and daughter appear more relaxed and at ease in each other's company.
3. Liliana is much more self-confident using the space and materials for her purposes and finding solutions to problems.

4. Liliana continues to work hard to engage Melissa's attention at time and resorts to 'babyfied' behaviours such as helplessness and an infantile voice.
5. Melissa becomes distracted and absorbed in her own activities so that she is not fully present for Liliana.
6. Although she has shown herself capable during the training of communicating empathy and acceptance to Liliana, when distracted she reverts to old behaviours.
7. Melissa's tone has softened but she is still capable of being critical and directive towards Liliana.

Feedback form

Although there is no feedback discussion as Melissa, she filled in her feedback form. She writes that she has learnt from the session that her daughter is very creative. She reflects that the emotions expressed by Liliana included happiness, pride and joy. The themes or skills explored were creativity, managing to do something/problem solving, cooperation, strengthening attachment, nurture and care, constructing, organizing and showing initiative.

Melissa expresses her own emotions during the session as happiness and pride, noting that she herself did all things well.

Appendix 24

Family Play Observation: Bella and Rafael

Rye and Jäger (2007).

Summary

Throughout the family play observation both Bella and Rafael are engaged in reciprocal play, sharing the play experience together. Although there are moments where Bella becomes distracted by particular toys herself, she soon moves to include Rafael in the experience by encouraging, if at times quite directly, his involvement. In these moments of distraction, she does however miss some of his explorations and expressions of intent or feeling.

Rafael is highly attuned to his mother, pacing himself to match her level of interest, involvement and energy. Although Bella comfortably allows him to take the lead at various points, he carefully monitors her response, taking care of her as they create their narratives together.

Analysis

Interactions between child and parent

Attuned/misattuned interactions

Bella remains largely attentive to Rafael, allowing him to explore the bags of toys which he does alongside her and with her help. She does at times lead or direct him in what to do with the toys, for instance, taking the animals from him, naming them and setting them up. She also draws his attention to toys that take her interest or that she believes he will like.

In their shared interactions, there are various attuned moments such as the discovery of and mutual curiosity/uncertainty towards the rubbery centipede. Rafael expresses fear of it in a humorous manner, holding it by one leg. Mum acknowledges the oddity of the creature, responding to the humour (although she doesn't capture the 'fear' expressed). The finger puppets allow for more sustained exploratory play, brief 'conversations' between characters, 'I'm coming to get you' play and again some humour between mum and son.

Bella and Rafael talk throughout about the toys they are discovering, making connections through shared experience, albeit these being brief, and play together through the most part of the session. There are moments of playing side by side, although Rafael's attention is always partly on his mother.

In these moments Bella becomes distracted into herself and her own thoughts, so that she isn't attuned to Rafael. For instance, she misses Rafael's statement that Salsicha or Shaggy from Scooby Doo is fearful of things that are strange/unknown to him. She also misses Rafael's determined attempts to put on the Doctor's stethoscope and listen to his own heart. He returns to the doctor's equipment a few times, but Bella misses each occasion.

Level of Interactions among all participants

As noted above, the participants remain interactive throughout most of the session, with the toys and play as a medium or vehicle for interaction between them. They are able to talk about the toys and make superficial connections to their lived experience together. For instance, Bella asks Rafael through the finger puppet play how school is going. They both identify toy characters that they recognise from different TV programmes or stories.

Locus of Control

There is an overall sense that Bella is holding the play space for Rafael and yet at times she is quite directive and draws his attention to what she wants him to do. She decides for instance that they will play with the cars, or the playing cards and then at the end she encourages him to draw pictures. I wonder whether she wants him to make the most of all the experiences on offer. Rafael in turn concedes control to her and follows her lead. Yet he seems to do so from a place of taking care of her and protecting her.

This is particularly evident when he wins the card game. Bella initially allows Rafael to decide what game they will play and what the rules will be. This is perhaps from a place of not knowing what to do with the cards and trusting that he will be able to direct the play. Rafael does indeed create a game with rules that unfold as they play. He wins, but quickly reassures Mum as to why this has happened, perhaps protecting her from the shame of having lost to him.

It's like the two of them are aware of and attuned to each other's strengths and weaknesses and the dance or the ebb and flow of play between them takes these into account. Rafael, being more astute than Mum, perhaps takes greater responsibility for her emotional and mental wellbeing, whilst Bella ensures provision for his safety, his practical and physical needs/wellbeing.

Methods used by child to achieve his goals

Rafael quietly and confidently explores the toys and engages in play. He takes the opportunity to lead when it's given and concedes control when Bella is more directive. When Mum becomes distracted, he takes the opportunity to play with toys that he is interested in, remaining attentive and attuned to what she is doing. He does not become boisterous or demanding in any way. At times he inserts suggestions of what to play with.

Methods used by parent to control the child

Bella uses verbal statements or directives to control Rafael. She will call for his attention to something, ask him a question, direct him to a particular toy or begin to play with something herself. She is not aggressive in anyway.

Verbal and non verbal affective expressions of the child

Rafael expresses fear through different play interactions. He humorously reacts with fear to the centipede, exclaiming 'Ai!' as he comes across it and moving it by pinching one of its spindly legs. He later describes it as 'very scary'. He also highlights Shaggy's fear of strange and frightening things. He tries to frighten Mum with the dragon finger puppet and later the hyena.

Rafael expresses enjoyment of various toys, saying 'Que legal!', for instance the cars.

As noted above he seeks to reassure Mum when she loses at the card game.

General behaviour of the child

Rafael remains calm, friendly, interactive, quietly spoken and attentive to his mother throughout the session. He is playful and appears thoughtful in manner.

Neurological or unusual signs in the child

None were noted.

Rafael manages his physical disability with efficiency throughout the session, not allowing it to hamper him in any way. He finds a way to achieve what he wants to do. Bella allows him to struggle and succeed on his own. At this stage it is unclear whether this is due to lack of attentiveness or whether she wants him to be self-sufficient.

Problem interactions between the child and other participants

None were observed.

Initial working hypotheses about the family interactions

1. Mum tries hard to remain present, attentive and engaged with Rafael.
2. Mum at times becomes distracted by her own interests/needs and loses focus from Rafael.
3. Mum can be directive but it seems with good intent, wanting him to notice other toys and make the most of the experiences on offer.
4. Rafael is curious, eager to play and interact with the toys.
5. Rafael accepts Mum as she is and is very attuned to her throughout the session, conceding his wishes and needs so as to protect her and stay engaged with her.
6. Bella and Rafael have a particular dynamic between them where they have found a working balance with each other's 'strengths' and 'needs'.
7. Rafael takes upon himself a caring and protective role towards his mother, perhaps aware of her limitations and the suffering that she has been through.
8. This perhaps leads to his emotional needs being missed and not met by his mother.
9. Rafael shows himself as adaptable, resilient and self-sufficient particularly in terms of his disability.

Follow up discussion with Bella

The filial therapist was aware of brief interactions or statements which reflected Bella's possible low self esteem and confidence. For example, when Rafael finds the mirror and looks at himself in it, she comments: 'A mirror, to look at yourself. (Laughs) For you to see your

beauty.' Rafael passes the mirror to his mother for her to look at herself, but she doesn't. She takes it and places it reflective side down. Having observed her, he moves to play with another toy. As previously noted, when she lets Rafael decide on how to play with the cards, there is the possibility that she doesn't know what to do with these. When I affirm them both at the end of the session, she questions disbelievingly whether they had done well. 'Really, I wonder?'

In feeding back therefore to Bella, the filial therapist was mindful of affirming the positive interactions that she had witnessed. She draws attention to the way in which Bella had stayed largely present with Rafael and how both of them were attentive to the other. She notes how sometimes they played side by side and at others they had played together.

The filial therapist enquires as to whether Bella and Rafael had play times together as they seemed comfortable in the play session. Bella replies that sometimes they do play together. Bella struggles to pick out any particular play sequence that she had enjoyed, saying that she had liked all of it. The filial therapist draws Bella's attention to the interaction with the finger puppets where there was direct involvement between them both. She highlights Rafael's reaction and responses to the centipede. Bella herself names Rafael's 'fear' at the creature due to its strange texture and form.

In thinking about the skills Bella will learn through the filial therapy training, the filial therapist points out how she was able to allow and encourage Rafael to make choices and take the lead. She uses the playing cards as an example, affirming Bella's ability to let him decide and tell her what to do. The filial therapist highlights why this is important for Rafael's developing self-confidence and self-esteem. She encourages Bella by describing how her ability to stay present and attentive to him, will help him know that he is valued and prized by her.

Bella shares how she enjoyed playing with Rafael as she could see it distracted him for a while but also it helped her to 'be distracted' from her problems.

Rafael's ability to manage his physical disability is discussed briefly, and Mum is confident that he is capable of tackling different situations himself.

Finally, the filial therapist affirms and reassures Bella again of the skills she has already shown and that will be further developed in the filial training programme. It's a case of building upon what she is already doing.

Bella throughout the discussion, follows closely what the filial therapist is saying, showing agreement through her vocalisation of 'mmm hmmm' and often repeating back phrases she is hearing. The filial therapist is aware that this could be compliant behaviour, and/or the possibility of the power dynamic where she is being seen as the professional and Bella herself as subservient, accepting what she is being told without questioning or discussing further. Her aim is to empower Mum/Bella, not to take more power away from her in any way.

Appendix 25: Extrapolations - Rafael

1. R appears to have had 'good enough' nurture and parenting from Bella – in looking at Erickson's stages of development he has developed trust, autonomy and independence, initiative and the beginnings of industry.
2. R is able to show care, tenderness and attentiveness in his play with the baby doll and doctor's kit.
3. R is aware of Bella, sometimes inviting her in to play with him, yet mostly playing individually and alone with Bella as his 'witness'.
4. He nurtures Bella with 'coffee time'.
5. Sometimes he becomes very task focused, absorbed in what he is trying to do.
6. R often appears to have a vision of what he wants to create and do. He sets to task, persevering, problem solving until he fulfils his purpose.
7. He practises his skills, developing mastery eg choosing to place playing cards in numerical order whilst creating a road.
8. R rarely asks for help, despite his disability, finding a way to manage and succeed.
9. R plays silently much of the time, adding sound effects to his play, but verbalising little, even when asked.
10. He speaks more to Bella when the researcher is no longer directly observing the sessions.
11. R expresses fear of the centipede but takes risks, returning to it over the sessions, until he finds 'peace' with it and can enjoy it as a toy.
12. R explores themes of anger, aggression and violence in small doses – perhaps so he can tolerate these himself and/or perhaps in being protective towards Mum and what she can tolerate.
13. R is very creative and uses the toy kit to explore those themes pertinent to his experience eg. the creation of a superhero cape and mask out of the most fragile of resources, tissue paper. It possibly illustrates the emergence of strength out of challenge and difficulty and the fragility of this in an unpredictable world.
14. R's silence echoes of a child being silent and 'compliant' to keep himself safe in a situation of domestic violence. He stays mostly in the middle of the mat, although does at times move his body around as he plays.

15. He creates a superhero's safe base, with hidden resources, invisibility super powers, a complex road system for access and hidden traps for those that approach.
16. He creates safe places for animals from predators.
17. He explores the dynamics of aggressor/victim, hunted/hunter, predator/prey.
18. He doesn't explore friendship and help from others apart from the doctor role play.
19. R and Mum engage in foam sword play – mobilising both their bodies to some extent and allowing for a release of aggressive energy. R defends himself from Mum's playful hits.
20. R accepts what Mum can offer in terms of interaction and responses to his play. Doesn't pursue more from her.
21. When Mum and the therapist reflect back his creativity and achievements, R seems to beam, pleased with himself. This in turn appears to encourage R to explain more of what he has created each time the therapist returns to the room at the end of each session.
22. R engages in embodiment play – sensory exploration of toys.
23. R engages in projective play –creating worlds with animals and people, creating spy base, interplay between Shaggy and soldier.
24. R engages in role play alone – caring of baby doll and doctors.

Themes identified by Bella with support in sessions:

Transitions, fight, energy, creativity, problem solving (s8); being imprisoned/being free, choice/having options, exploring sounds (s9); police, prisoner, escape, fleeing, aggression, power, fight, authority, transitions, building/constructing (s10); construction of a road, espionage, trapping enemies, counting and putting numbers in order (s11); soldiers preparing for battle, caring for the baby, real life family situation – setting out tea set and eating together (s12); caring for baby doll, real life situation – care, nurture, feeding (s13); animals and cars, creating a farm and looking after it (s14).

Feelings identified by Bella throughout sessions:

Happiness (s8); happiness, fear (s9); happiness, anger, rage (s10); calm, concentration (s11); joy (s12); happiness (s13) (s14).

Appendix 26 - Flow in Bella's Responses in Play Sessions

Session 1

Bella asks researcher for help and uses prompts on wall - how to structure session and what she should be doing.

Attempts to direct play - tells R to play with her puppet and later to take figures out of the bag.

Attentive, observing. Says the odd word or phrase to describe what sees.

No tracking, no reflection or narrative. Silence. No voice, no conversation or interaction as she watches R play.

Engages in imaginative play with puppets when invited - brief interaction between characters.

Directive - insists that puppets should be given a name.

Takes maracas out of house where R has place it. and re arranges family figures.

Takes toys off R, asking for the 'googley eyes' that he has started playing with. Becomes distracted playing with them herself. Plays with figures herself. Bored?

Reflects R's fear. Shows empathy for 'victim' characters.

Session 2

B uses prompts on wall to help her structure session.

B more present, attentive and engaged.

More tracking of play - through reflection and asking questions to check what he is doing. (Perhaps trying to connect with him.)

Prolonged periods of silence but less.

Focus on R and not playing with toys herself.

Nurture scene with baby and doctor - reflecting what he is doing, checking understanding.

Interferes/directs R in his intent/play. eg. telling R not to undress the baby. Yet when R pursues own direction, B accepts and follows.

B allows R to struggle up to a point eg dressing baby and up twisting pencil. Shows him how to wind up pencil, next time allowing him to struggle and succeed. Affirms his success.

Session 3

B uses prompts on wall to help her structure session.

Remains attentive throughout, verbally tracking R's play and reflecting back consistently and effectively. (Uses inflection in voice to pose reflection enquiringly - allows R the opportunity to nod or shake head.)

Acknowledge's centipede with humour - both understanding R's 'history' with it. Describes the centipede - it's movements as R plays, characteristics and R's actions towards it. Fully present in R's play although he speaks no words.

When R looking through emotion cards describes the person she sees rather than the emotion depicted by facial expression eg girl, lady, man. Misses opportunity to reflect and verbalise feelings/emotions. Cards used in training phase.

Continues to seek connection with R even in his silence by being inquisitive into what he is doing. He turns his body towards her. (Use of questions)

Rocking herself (soothing? staying present?) when he's engrossed in individual play and stops herself from picking up a puppet returning her focus to him.

Session 4

B becoming more confident in introducing/structuring session.

Tracking and reflecting the play with much more confidence.

Recognises and expresses some emotions eg angry, tired, scared. Give rise to R's expressing own fear of centipede and now no longer afraid.

Loses focus briefly as R engaged in play by himself and begins to tidy up around him. Realises and draws attention back to R.

Reflects trying to verbalise what she thinks he is doing - Pinocchio. Stays present and tracking even when unclear what R is playing out. R explains at one point what he is doing - taking splinter out of Pinocchio's leg.

(Parallel process: when B silent FT trying to second guess what's happening for her. When R silent, B trying to reflect/verbalise what she thinks he is doing. Theme of silence and giving voice/reflexivity. After session R explains that the soldier was trying to break in to the house where P was safe inside.)

Session 5

Bella takes sole responsibility for the structuring of the session - clear and confident introduction, keeping eye on time, issuing 5 and 1 minute warnings before ending.

B remains attentive throughout, observing play, tracking R's movements, creating narrative for his play, reflecting back.

B checks understanding with R through reflections, raising intonation at end of statement turning it into a questions - either disagrees or agrees.

B tries hard to follow and understand what R is creating. He is mostly silent, with scarse brief explanations of what he is doing. He does add sound effects to his play. B continues to describe what she is seeing.

B at one point becomes more directive in her questioning, insisting that he explain why he's put the playing cards in the middle of the farm and suggesting it's a house.

Session 6

B present and attentive, appears more relaxed and confident.

Responding with more enthusiam and dynamics in voice - playful and interactive even though R enacting a narrative with finger puppets by himself.

Responds playfully to his interactions with her - eg dinosaur playfully attacks Mum's hand. ('Help! The dinosaur is going to get me!')

Attention to detail and verbalising through tracking and reflecting.

Identifies some emotions eg. The shark is angry. The shark is very angry.

More verbal interaction - together discussing what creatures some of the puppets are.

Responds to R asking for help. Allows him to struggle and persevere.

Tries to advise R on how many finger puppets to put on and question him directly - What are you trying to do? Hmm?

Session 7

B attentive, observing R's play, occasionally reflecting back to keep track of what he is doing.

Quieter but still present, shifts her own position so that she can see what he is doing.

Checks her understanding with R about what he is making - cape, mask.

Allows R to struggle before offering to help. (eg glue, tying arms of cape)

Responds positively and affirmingly to his creativity and achievement.

Enables him to succeed - although arms of mask too short, she finds a way to tuck them behind his ears.

Expresses her delight in his creation and reflects how he looks like a superhero. Celebrates R.

Becomes distracted and less present as R plays alone with the cars. Returns briefly to then lose concentration again. At one point, both turned slightly away from each other, B distracted with boots.

Session 8

(FT no longer in the room and foam swords introduced into play kit.)

B enters into a fun and fairly energetic foam sword fight with R. She adds sound effects and comments.

B allows and participates in the safe release of aggressive energy, albeit with gentle strikes on arms and legs.

B becomes aware that he is tired and offers him the choice of stopping.

B expresses curiosity in and reflects back R's play.

B becomes distracted, folding paper and fiddling with her nails whilst he plays alone, focused on what he is doing.

B listens to the narrative R is sharing with her, asking questions and giving reflections, enabling him to express his story.

B has moments of being distracted, rocking herself, to then return her attention to R.

Session 9

B more comfortable on a chair at edge of play mat.

B able to identify and and voice R's change in relation to the centipede - 'You've lost your fear of the centipede,' accepting his response to her comment.

Playful interaction between B and R with a ball - B entering into his play.

B attentive to and tracking/reflecting R's play throughout session. Moments of silence as he develops the more complex road system but B appears to remain focused on what he is doing.

B and R in more interactive relationship - R explaining to his mother some details of what he is doing.

Session 10

(B directs R to put his cape and mask away if not playing with so that they don't get ruined.)

B remains attentive, tracking R's play and providing a narrative for his play. Clear and consistent. eg story he creates between soldier and Shaggy with house.

B reflects emotion eg. Shaggy destroying house 'Oh, he is angry! Oh!'

Fun, playful interaction with foam swords. Safe release of aggressive energy.

B more physically involved/active, smiling and 'persecuting' R playfully, trying to get most 'hits'. R giggles, avoiding hits, able to defend self and make own hits on B. B able to be active rather than passive.

Give and take. B smiling and responding to him.

B becomes quieter whilst R sorting cards into reds and blacks. Loses impotus of tracking. Questions what he is doing, trying to hurry him up.

Session 11

B appears to be watching R closely but is much quieter, offering very little tracking and reflecting. R has to pull her back in at various points calling out to her 'Mãe! Mãe!'

B checks his intention and reflects his play. Asks him what he is looking for as he searches intently through the cards. R creating complex scene, like a film set, ready for action. eg. You are making a black road? The black ones are finished. Now only the red.'

Long silences, R plays in a focused way, explaining at times to B what he is doing.

(B sits incredibly still, only her toe moving within her boot - she looks immobilised.)

Session 12

FT introduces filial therapy kit that will be theirs to keep at end of training.

B enquires if R would like her to play with him with the finger puppets. B initiates and leads the conversation between the puppets. Insists on names for puppets.

B allows R to struggle with the nappy on the baby, responding with affirmation when he succeeds: 'Ah! Now it works! You did it!' Again with the dressing of the baby and the readjusting of the nappy.

R setting up coffee time. B directs R to pretend that the liquid in the bottle is milk.

B reflects that there are many soldiers as R begins to set them out. She reflects/enquires whether they are at war. R explains to her what he's doing.

B present throughout, observing quietly, joining in when possible, tracking and enquiring after his play intermittently. Sits through most of the session with dog puppet on finger.

Session 13

B joins in role play as assigned by R describing what he and she are doing - make believe drinking and eating.

B reflects R's success at dressing the doll and his intentions with the baby doll rocking her to sleep.

B and R connect through shared role play, caring for baby.

B tracks R's play although there are periods of silence when he is focused on his activity and she just observes eg as he is dressing baby, setting tea set out.

B loses track of time and then stops play very suddenly, no warnings.

Feedback form shows B aware of the themes explored today, therefore present in session even in silence.

Session 14

B introduces session well.

B says no to helping R blow up the lollipop and directs him to put it away.

B much quieter today, appears to be observing R's play but not consistently verbally tracking or reflecting. Periods of prolonged silence.

B makes intermittent reflections.

B allows R to persevere and to fail in his task. ie fixing crown together.

B allows R to direct the play and oberves quietly - it is difficult to know whether she is fully present or 'dissociated'. Her body is 'immobilised'. Her intermittent responses however, suggest awareness and understanding.

B finishes the session abruptly.

Appendix 27 – Analysis of Feedback Sessions with Bella

Feedback Session 1

B describes the session as 'good', 'interesting' and 'easy'.

B repeats back her learning in the feedback session after the FT has explained things to work on. 'Tem que ficar falando o tempo todo.' 'I have to keep saying things the whole time.'

B enquires whether there are to be any more group sessions in the training.

(B checking her understanding by repeating back what I have asked her to do.)

FT affirms B's initial structuring of session, her attentive presence and the observations that she managed to make, in particular reflecting back the R's fear expressed of the centipede.

FT notes that R chose to play alone so it may have been more difficult for her to feel part of the session.

FT reminds B of the empathic listening skill, highlighting how well she had managed this in the group training. She explains the importance of the skill and uses a story R created in the session to illustrate examples of tracking and reflecting back.

FT uses humour to explain skill, affirm and encourage B.

FT discussed with B how we can support her coming to the sessions with R from the other 'casa' where she is living.

FT draws attention to the lion as an agressor and the dr as a carer in interaction with centipede.

Feedback Session 2

B acknowledges that she said more in the session today, trying to reflect back and follow R's play.

(B aware that has participated more in the session using skills that she is learning.)

FT affirms increased participation and practise of skills.

FT picks 3 particular points of R's play to discuss with B bringing them into her conscious awareness:

Reflecting on R's nurture of baby and caring of it when poorly

Reflecting on R's silent play yet very present with B, responding to her reflections.

Reflecting on his determination to do things despite of limitations imposed by disability and B's choice to allow him to struggle. Allows him to develop positive sense of self and self efficacy. B appears to step in at right time to help him - judgement call.

FT highlights importance of affirming R's success and models this at the end of the session with R. Models also with B, affirming her success in using skills this session.

FT encourages B to keep practising skills.

Feedback Session 3

B recognises herself that the session went well and that she is getting more used to it.

B agrees that R is not inviting her in to play and reflects that R might be silent because I am there watching them playing. He may be feeling shy.

With support, B starts to see the connection between R's play and his real life experience at the doctor's. Initially says he hasn't been to doctor's much but then realises he has.

B expresses curiosity about his play with the animals.

(B aware that she has been able to reflect back and track R's play. She offers her thoughts on why R is playing silently. Begins to consider themes in play with help.)

FT affirms how well B has done, describing her as appearing more relaxed, self confident and comfortable with the skills. Affirm B's responses to R's play with the centipede.

FT reflects on each skill and how she is doing. We make plans with the clock to help her structure the session herself, both start and ending.

FT introduces 'themes in play' and uses the example of R playing with the baby and doctor's kit. Also setting up the farm, chosing which animals to include, rejecting others.

FT reflects on how B could have shown curiosity over the emotion cards, developing a possible interaction with R. These were used in the group training.

Feedback Session 4

Bella tracking R's play more confidently.

B notices and names some feelings in her reflections. eg. angry lion, tired worm, fear of centipede.

B notes that R seems calmer and playing with wider variety of toys.

B pleased with affirmations receiving 'Que bom'/'How good.'

(B increased confidence in tracking and reflecting, noticing feelings. Reflects on changes in R and receives FT's affirmations.)

FT highlights B's increased confidence, attentiveness to R and the noticing/reflecting back of feelings. R tries to encourage B to give her opinion eg what do you think went well?

FT shows B her notes and each example of B's positive use of skill.

FT highlights change in R's response to centipede through his play with 'crab' and B's reflection of this.

FT focuses on theme of emotions - uses worksheet and pointing to R's body language and physical expression. eg. Puppet story and Pinocchio's experience of the soldier.

FT continues to affirm positives to build up B's confidence and awareness - both self awareness and to R's play and process.

Feedback Session 5

B takes sole responsibility for structuring session - introduction, time warnings and ending.

B describes scene that R created today alongside FT - co creating narrative and checking understanding of his story.

When asked, tries to identify themes emergin in play.

(With prompts B able to describe some of R's 'story' and begin to identify possible emerging themes.)

FT affirming B's use of skills: structuring, staying attentive, reflecting his play and feelings.

FT reflects that R had created complete scene and continuous narrative, encouraging B to help describe what she saw happening.

FT introduces concept of 'themes' in play, affirming B's responses and extending these.

FT highlights R's perseverance, the creativity of the scene and the narrative he develops. R does not reflect on what it might mean/provide possible interpretation.

FT stays with the metaphor, giving words to the narrative of R's play which appears to reflect the narrative of their experience. Breaking silence.

Feedback Session 6

B describes herself as more relaxed and confident as R plays.

B says that she thinks R enjoyed her interactions with him.

B able to notice themes in play as we discussed themes worksheet - more straightforward ones and ones that have impacted them both recently arriving at shelter home.

(B identifies being more at ease and enjoying interactions between her and R. B beginning to understand 'themes' in play - especially more concrete themes.)

FT reflects how well B entered into R's play even though he was still playing mostly by himself and gives examples highlighting how B used both her voice and words to respond.

FT reflects how R continues to develop his own stories and is becoming more verbal and interactive with B.

FT introduces worksheet focused on themes in play - reads through, giving examples from and making links to R's play. Discuss together, encouraging B to pick themes out too. eg the roles of agressor and victim - the shark and all his victims.

FT links themes to previous discussions around transitions, change and loss - pertinent to both B and R. B able to understand and acknowledge that this has been challenging.

Feedback Session 7

(FT introduces watching the video back together - VIG)

B watches the video with curiosity and focus. She expresses that is has been helpful to watch it, noticing how much she has moved around herself to get comfortable.

B struggles to answer open ended questions.eg what has been helpful to you in watching the video?

B identifies a sequence that she most enjoyed: 'the cape'. She notices R's delight in his own creativity.

(B notices her own 'embodied self' on video. Able to identify a sequence that she enjoyed in R's play and reflect on his creativity.)

FT models tracking and reflection skill throughout.

FT highlights important aspects of R's play and process, drawing attention to details eg. facial expressions, his vision of what he is trying to do and problem solving along the way.

FT highlights and affirms B's responses and interactions with R during session.

FT gives examples on how B could extend her developing skills eg when playing with cars.

FT reflects on a particular play sequence and 'wonders' about the significance of the superhero cape.

FT makes preparations with B for them to have their special play times without her presence in the room. Next stage of filial process.

Feedback Session 8

(FT no longer in session. B and R watch video following session. Allows B the opportunity to be the expert on play session and what happening.)

B able to describe what's happening in play/interaction between them eg. R's road becomes a kite.

B notes herself that she became distracted whilst R seeking to construct a road/solitary play.

B able to offer responses to questions in session notes form. eg own feelings as happy, what she did well as interaction with foam swords.

(B shows some awareness of her own process in play.)

FT notes important sequences in play and the interaction between B & R. eg play with foam swords, release of aggressive energy.

FT affirms B's responses and skill development. eg. joining in playful interaction, expression of curiosity and reflecting back his play.

FT reflects on R's qualities of character, including his perseverance, creativity and problem solving.

FT offers ideas and possible ways to stay engaged with R's solitary play.

FT continues to try to increase B's self awareness and awareness of R's play. eg session form. R responds to B's need for a more comfortable seating position - struggle on floor.

Feedback Session 9

The sound on the laptop is very quiet so B becomes the 'one in the know', explaining to the FT what is happening and what is said.

B explains for instance how R is using the playing cards to create a road and ramp.

B explains the narrative he creates with the tiger, pterodactyl, fence and car.

B stays attuned to R throughout, tracking, reflecting back. R in turn is much more interactive, explaining to her what he is doing at various points.

B expresses her own enjoyment of the session and being able to watch it back.

(B gives voice to R's play and their interaction, explaining various sequences...a parallel process to R's in the play session.)

FT listens attentively, affirming B's reflections and tries to extend these to help B think wider/develop further awareness and understanding of R's play and experience. eg centipede possibly representing other things that R might be afraid of.

FT guides B through completing session notes - awareness that B able to respond in more direct, simple manner (the concrete/visible) she struggles to see beyond.

Feedback Session 10

B able to explain to researcher what she has observed in R's play and in his intentions. eg. she explains what R is doing as he sets up the cars and begins to sort the cards out.

B expresses her enjoyment of being involved in his play and not just watching and narrating.

B helps complete the session form alongside the researcher, remaining in the concrete experience of the play, rather than thinking more abstractly. eg not able to link the repeated theme of aggression with what they have personally been through.

(B continues to give voice to R's play and their interaction, explaining his stories and play sequences. Expresses enjoyment of interactive play.)

FT affirms B's ability to narrate R's play (even when not clear what he's doing) and explains the importance of this for R's developing self. ('giving value to his story/narrative')

FT affirms B's reflection of emotion - eg. the angry soldier.

FT reflects on their mutual enjoyment of foam sword fighting, noting how R has found ways to engage his mother in the play. Give and take.

FT points out how B became quiet during R's more solitary activity and makes suggestions of how she can stay present and engaged.

FT reflects on dynamic between them, finding their own rythmn in play together.

Feedback Session 11

B able to describe what R has spent the session doing - narrative.

(B aware of and able to describe what R has been constructing throughout the session.)

FT uses humour to reflect how B has been quieter with less tracking and reflecting in this session.

FT reflects on R's process in play (focus, working towards goal, care, attention to detail, vision, creativity) offering suggestions to B about how she could reflect back on this and stay vocally engaged. She explains the importance of this.

FT affirms how B checks with R what he is doing and offers examples of how to extend/respond.

FT affirms B's presence, observing and being with him in play. Although silent, B does seeem to be aware of what R is doing throughout.

FT and B complete session form together, B contributing the more apparent/concrete observations. B expresses pride in R and what he created.

Feedback Session 12

B explains why she helped R open the bag of finger puppets.

B explains at a couple of points what R was trying to do with the baby and the nappy.

B reflects on letting him struggle with dressing the baby, noticing that she wanted to help him but decided to let him try.

B verifies what R is saying about the noises outside, linking to battle sounds of play.

B more able to offer contributions to the session notes today, outlining his play and his persistence. Expresses that she observed well.

(B explaining what R was playing and also some of the choices she made in deciding to help him or not. She understands the links that he has made between his play and noises outside. She shows she can use the skills taught.)

FT affirms B's ability to structre the session confidently.

FT uses humour to draw B's attention to finger puppet on her finger throughout.

FT draws B's attention to R's qualities demonstrated in his play.

FT affirms B allowing R to struggle and achieve, highlighting her positive response to his success.

FT highlights, trying to bring into B's awareness, her ability to allow R the space to keep trying when things are hard but also knowing when to step in. Attunement to him.

Feedback Session 13

As program coming to an end, FT takes decision to give B opportunity to complete session form herself and not have a feedback session. She seeks to empower B and communicate trust in her ability to continue the play times without supervision.

B has noticed themes in R's play based in real life experience - tea set, sharing food and eating together, caring for and nurturing the baby.

What I did well - to observe and play with him.

Feedback Session 14

As for sess 13.

Less detail in feedback form, noting that he played with the animals and cars creating a farm.

What I did well - to observe.

Appendix 28

Extrapolations from Flow Charts: Bella

1. Extrapolations from Bella's responses in play sessions:

- Ability to structure session (s4, s5, s6, s7, s8, s9, s10, s11, s12, s13, s14)
- Ability to allow R to direct the play (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12, s13, s14)
- Ability to track and reflect back (s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12, s13, s14)
- Ability to identify and reflect back feelings/emotions in play (s4, s5, s6, s7, s9, s10, s13)
- Gives voice to R's feelings (s4, s9)
- Checks understanding/tries to connect with R by posing observations as questions (s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12, s13)
- B attentive to narrative/story line in R's play, repeating this back to him (s8, s9, s10, s11, s12, s13)
- Ability to join in interactive/relational play when invited by R (s1, s6, s8, s9, s10, s13)
- Ability to join in imaginative play when invited by R (s1, s6, s12, s13)
- Responds to R's play with enthusiasm and dynamics in voice (s6, s7, s8, s10, s13)
- Struggle with limit setting skill – more likely to raise voice and be directive. Cultural discipline. Doesn't really need to use this skill as R very attuned to B and does not challenge her in any way. (s12, s14)
- Passivity (s1, s10, s11, s14)
- Distracted (s1, s7, s8, s11, s14)
- Prolonged periods of silence (s1, s2, s7, s8, s10, s11, s14)
- Plays out drama triangle with R in his play unconsciously (s1)
- Allow R to struggle and succeed (s2, s3, s4, s5, s6, s7, s8, s9, s12, s13, s14 (fails))
- Steps in to help if asked (s2, s6, s7, s12)
- Interferes in play by being directive (s2, s5, s10, s12, s14)
- Staying present even in the silence (s3, s4, s5, s6, s7, s9, s10, s11?, s12, s13, s14?)

- Stays in concrete, perhaps not used/able to think beyond to more abstract (s3 emotions, s12)
- Aware of/acknowledges shared experience (s3 centipede, s9, s13)
- Rocks self to stay present, soothe self? (s2, s3, s8)
- B celebrates R's creativity and achievement (s7, s8, s9, s12, s13)
- B appears 'immobilised' (s11, s14)

2. Extrapolations from feedback discussions after sessions:

- B keen to learn, attentive (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12)
- B listens to R and repeats back segments of what she is saying (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11)
- B struggles to offer her own thoughts often giving one words answers (s1, s4, s7, s10, s11)
- B's learning style – FT as expert (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12)
- B aware and verbalises that has reflected more in session (s2, s3, s4, s5, s6)
- B aware and verbalises that has enjoyed the session and felt more at ease and confident (s6, s8, s9, s10, s13)
- B able to describe R's play in more detail herself (s5, s6, s8, s9, s10, s11, s12)
- With examples and highlighting, B makes connections between play and real-life situations (s3, s13)
- B able to describe real-life situations to R (s3)
- B notices detail of R's play (s3, s5, s6, s7, s8, s9, s10, s12)
- B notices change in R's play (s4, s6, s9)
- B appears not to be making conscious links between R's play and their situation having fled DV (s5, s6, s10)
- B noticing possible themes in play (s5, s6, s8, s10, s11, s12, s13)
- B takes on board what the FT is saying and repeats back adding her own words to it as she is understanding more and integrating the learning/process (s7, s8, s9, s10, s12)

- B taking responsibility for sessions herself with FT no longer in room allows her to be the expert of what is happening – describes in more detail what is happening (s8, s9, s10, s11, s12)
- B's responses to filial therapist's questions stay in the concrete, the visible and more tangible experience (s8, s9, s10, s11)
- B explains her own choice of response in session voluntarily (s12)

3. Filial therapist's responses and interventions used during feedback sessions:

- Asks B how she felt session went, encouraging her to reflect on process herself (s1, s2, s3, s4, s5, s6)
- Affirms B's structuring (s1, s3, s4, s5, s12)
- Affirms B's attentive presence and mirroring that she makes (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12)
- Affirms B's reflecting back of emotion (s1, s4, s5, s6, s7, s10, s12)
- Notes challenges to B staying involved and using skills eg R playing individually and silently, being able to see clock, B's discomfort on floor (s1, s2, s3, s7, s8)
- Uses more direct teaching eg reminds B of mirroring skill and explains its importance (s1, s4, s6, s7, s8, s10, s11, s12)
- Uses examples from play to re-enforce and extend skills (s1, s2, s3, s4, s5, s6, s7, s8, s10, s11)
- Gives examples of good skill use (s3, s4, s5, s6, s7, s8, s10, s11, s12)
- Uses humour to emphasise learning of skills (s1, s6, s10, s11, s12)
- Uses cultural links to enable/emphasise learning of skills (s8)
- Draws B's attention to themes in play (s1, s2, s3, s4, s5, s6, s7, s8, s9, s10, s11, s12)
- Seeks to support and enable B to attend sessions (s1, s9)
- Seeks to bring into awareness possible themes that are out of awareness (s2, s3, 5, s6, s7, s9, s10, s12)
- Affirms B's allowing R to struggle and succeed, also offering/giving help when needed (s2, s6, s7, s8, s9, s12)
- Explains importance of latter for R development (s2, s12)
- Models skills in relationship with R and B (s2, s4, s5, s6, s7, s8, s9, s10, s11, s12)

- Encourages B in development of skills and encourages her to keep practising (s2, s3, s4, s5, s6, s7, s8, s9, s10)
- Acknowledging B's experience in home, outside of session, showing empathy (s3, s6)
- Introduces worksheet to further learning eg. to enable awareness and identification of emotions, to expand understanding of themes (s4, s6, s8, s9, s10, s11)
- Draws B's attention to whole scene R has created and the flow of the narrative (s5, s6, s7, s9, s11)
- Encourages B to describe/give narrative to her observations (s5, s6, s7, s8, s9, s10, s11, s12)
- Highlights R's qualities of character (s5, s6, s7, s8, s9, s11, s12)
- Stays within metaphor when she feels that B not ready to make link between play and reality (s5, s6, s10)
- Uses video recording as a learning tool (s7, s8, s9, s10, s11, s12)
- Uses recording to draw attention to detail in R's play and process (s7, s8, s9, s10, s11, s12)
- Uses recording to draw attention to detail of B's responses and interactions (s7, s8, s9, s10, s11, s12)
- Asks B to reflect on how an experience felt to her in the moment (s8, s12)

Appendix 29

Final Family Play Observation: Bella and Rafael

Rye and Jäger (2007).

Summary

Rafael tries really hard to blow up the big lollipop but doesn't have the 'puff' to do it. He asks Bella to do it for him but she says no and tells him to put it away. He does obediently. He takes out the colouring pencils and craft folder, taking time to look through it as if searching for something in particular. He doesn't find whatever it is and puts it away.

Rafael tips out the cars and notices that some are different. He examines the tow truck trying to attach another car to the hook with mixed results. He creates sound effects as he plays. He then tips out the animals once again looking for those that are new. Bella names the animals as he sets them out. He fixes the fence panels together but not äoining them into an enclosure but rather creating a barrier. He sets out a food trough with a pig, noticing that now there is only one trough. He sets out more hay.

Rafael returns to the tow truck using it to move the fence. He decides to take one piece of the fence and attach it to the hook. He has to try again as it falls off, before driving it around. He wants to attach the fence panel to the middle of the barrier he created to form two separate enclosures. The pieces don't join together so he balances the panel instead to create the effect that he wants. He explains this to Mum. The pig is placed in one enclosure.

As he starts to drive the cars to the 'garage', Rafael realises that there is only one of the original 'secret' cars in his kit. He seems disappointed.

Rafael finds the crown in the play box and explains to Mum how it needs to be fixed together to fit on his head. He tries and then finds the tape to secure it. To tear a piece of tape and position it to hold the crown together is a real challenge for Rafael, one which he fails to do even though he perseveres. Mum is watching quietly and allows him to fail. She says, 'The tape didn't fix on properly.' Rafael explains what happened saying that he couldn't hold the tape properly so that it became scrunched up.

Rafael returns to the cars and animals. He sets the animals up as if in a farm although both wild animals and farm animals are present. Mum re engages tracking his play and naming the

creatures. He spreads the cars around the mat at different positions. The red car drives around the outside of the farm whilst the tow truck moves in and out of the animals and moves the fence panels. The pig is feeding.

As I rejoin them at the end of the session, Rafael explains to me that he has created a farm and the cars are all parked up. Two of them will fetch and bring anything that they need for the farm. The red one goes for a drive all the way around and back.

Analysis

Interactions between child and parent (attuned and misattuned):

There are only a few direct interactions between Rafael and Bella during the play session. Rafael is playing by himself on the floor whilst Bella is sitting in a chair observing. She has struggled to sit on the floor with him and this appears to create a 'distance' between them. She remains observant and tracks his play intermittently although not consistently.

Rafael asks her to blow up the inflatable lollipop having struggled to do so himself. At first, she considers this taking it from him, but then decides and states that she doesn't want to and directs him to put it away and choose something else to play with.

Bella interacts more proactively with Rafael when he is getting the animals out and together they identify and name the different ones. This happens both towards the beginning and the end of the session. Both appear to enjoy this interaction and Bella doesn't mind Rafael correcting her.

At various points Rafael is trying to achieve something and Bella allows him to struggle, without saying anything. Although she has explained that she does this so he can achieve success, she doesn't vocalise his intent or perseverance to him, or affirm his success. Eg. trying to put tape on the crown to hold it together.

Level of Interactions among participants

Rafael plays individually with Bella observing. He sometimes talks to her and draws her in. Bella intermittently tracks and reflects but also has periods of prolonged silence. She appears 'immobilised', perhaps dissociated, yet then will suddenly make an observation that reveals that she is still watching his play. She moves her body around to stay present.

Locus of Control

Bella structures the session well as she has done each time. She allows him to lead and direct the play. However, she is clear when she wants to be, showing that she is ultimately in control.

Methods used by child to achieve his goals

Rafael is resilient and persistent in seeking after his goals in play. He doesn't give up easily in difficult tasks or let his disability stand in his way but actively pursues what he wants to achieve. Examples of this are in his determination to fix together the fence pieces and attach the hook from the tow truck to a piece of the fence. He also struggles with cutting the tape to stick the crown together to place on his head.

Rafael does not challenge his mother once she has made her desire clear however. Eg. with the inflatable lollipop.

Methods used by parent/s to control the child

Bella is direct and clear in her decision and instruction – 'No, I am not going to blow up the lollipop. Choose something else to play with.'

She instructs him on what to do – you need to tighten the crown.

Bella does not criticise his attempts at difficult tasks and she allows him to struggle.

Verbal and Non-Verbal Affective Expressions of the Child

Rafael shows surprise in finding new cars and animals as part of his own filial therapy kit, expressing curiosity about what is new here.

He doesn't generally verbalise his struggles. Bella reflects what he is trying to do with the tow truck hook and fence piece. Later, when the tape refuses to stick on the crown and it pops off his head, Rafael sees the humour in this and laughs. He explains to Mum his struggle. Here Bella listens to him and responds with an affirmative 'Yes' but no verbal reflection or expression of his struggle.

Rafael sometimes catches his mum's eye and smiles at her.

General Behaviour of the Child

Rafael 'just gets on with it'. He is self-motivated and directed in play, exploring the toys and playing imaginatively. He accepts his mother's interactions or silence and is easy going and compliant.

Neurological or Unusual Signs

None.

Rafael has a physical disability.

Problem Interactions Between Child and Other Participants

None.

Final Working Hypotheses:

- Mum continues to try hard to remain present, attentive and engaged with Rafael.
- Mum is comfortable in structuring the play times and allowing Rafael to direct the play sessions. She is able to track and reflect back his play although this happens intermittently.
- Bella is more attuned to Rafael in play.
- Mum appears at times to 'zone out' and not be fully present, although her sudden observations show she is still watching Rafael's play.
- Rafael is curious and imaginative in his play.
- He is self-directed and self-motivated.
- He is resilient and perseveres in achieving his goals, in spite of his disability.
- Rafael continues to accept Mum as she is, accepting her limitations.
- He remains attuned to her, although shows more confidence in playing as he wants to.
- He concedes to Mum's direct instruction but seems less anxious about pleasing her whilst she allows him freedom to play and lead the play.
- Rafael and Bella continue to have a comfortable dynamic between them that is perhaps more balanced now that Bella appears to understand the value of play for him, even if at times she struggles to verbally track and reflect what he is doing. It seems to be 'good enough'.

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